

BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

HOMEOWNERS/HOUSEHOLDERS PROPOSAL FORM

AGENCY: _____

UNDERWRITER: _____

PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM

No Insurance is in force until the proposal has been accepted by Bahamas First General Insurance Company Ltd.

1. Name: _____

2. Postal Address: _____ E-mail Address: _____

3. Telephone Nos. Work _____ Home _____ Cell _____

4. Profession or Occupation: You: _____ Spouse: _____

5. Period of Insurance: From: _____ To: _____

6. Address of property to be insured: _____

YOUR HOME Please complete in all instances

7. (a) please specify the type of coverage required
- | | | | | | |
|---------------------------------------|--------------------------|------------------------|--------------------------|---------------------|--------------------------|
| (i) Homeowners Including Catastrophe | <input type="checkbox"/> | b) Is your house | <input type="checkbox"/> | (iii) a condominium | <input type="checkbox"/> |
| (ii) Homeowners Excluding catastrophe | <input type="checkbox"/> | (i) a private dwelling | <input type="checkbox"/> | (iv) other | <input type="checkbox"/> |
| (iii) Fire only | <input type="checkbox"/> | (ii) an apartment | <input type="checkbox"/> | | |

8. Is your home
a. occupied only by you and your family
If "No", how many tenants? _____

Do you live on the premises? Yes No

b. used for any business or professional purposes Yes No

c. a weekend or holiday home? Yes No

d. left unoccupied for more than 40 consecutive days Yes No

e. normally unoccupied by adults for more than 4 hours on work days? Yes No

f. in a good state of repair and will be so maintained at all times? Yes No

g. adjacent to any body of water – such as the sea, lake or canal? Yes No

h. Describe the construction of your home
Walls _____

Roof _____

i. How old is your home? _____

9. Have the Buildings and/or contents suffered damage by hurricane, earthquake or flood during the past five years? If so, give particulars:

10. Has the neighborhood been subject to burglaries recently?

11. Please describe the precautions taken to avoid loss or damage by theft.

12. Have you ever sustained loss from any of the perils (other than those referred to in question 9 above) to which the insurance is to apply? If so, please give particulars:

13. BUILDINGS

Do you require this cover? Yes No
 If yes please answer the questions below:

14. What is the full rebuilding cost?

- (a) The Buildings including landlords fixtures \$ _____
 - (b) Architects & Surveyors Fees \$ _____
 - (c) Sea Walls \$ _____
 - (d) Docks and Piers \$ _____
 - (e) Paved, concreted and asphalted areas
Used solely in connection with Item 1. \$ _____
 - (f) Swimming Pools/Tennis Courts \$ _____
 - (g) Retaining Wall(s) \$ _____
 - (h) T.V. Antenna \$ _____
 - (i) Satellite \$ _____
 - (j) Gates, Fences (catastrophe perils) \$ _____
 - (k) Other \$ _____
- Total Rebuilding cost \$ _____

Rate	Premium

15. Mortgagee(s) or Loss Payee(s) Branch _____

16. BUILDING (specifically insured hereunder as separate)

- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____
- (5) _____ \$ _____
- (6) _____ \$ _____

17. CONTENTS

Do you require this cover? Yes No
 If yes please answer the questions below:

18. What is the replacement cost of your contents?
 (excluding items to be insured under Personal Possessions) \$ _____

Rate	Premium

- CONTENTS** (specifically insured hereunder as separate)
- (a) _____ \$ _____
 - (b) _____ \$ _____
 - (c) _____ \$ _____
 - (d) _____ \$ _____
 - (e) _____ \$ _____
 - (f) _____ \$ _____

Optional Extensions
Personal Possessions

19. Do you require this cover? Yes No
 If yes please answer the questions below

- (a) **Unspecified items** (up to \$500 each)
 Sum to be insured \$ _____
- (b) **Specified items** (list on separate application with description and values.
 Evidence of value required for all items)
 Sum to be insured \$ _____
- (c) **Pedal Cycles**
 Sum to be insured \$ _____
- (d) **Sports Equipment**
 Sum to be insured \$ _____

Rate	Premium

20. **Liability**

When you take "Buildings" or "Home Contents" you are automatically covered for Liability arising out of you being owner or occupier of your home or in a personal capacity.

By how much do you wish to increase the \$500,000.00 limit provided under the policy?

- Increase Personal Liability by \$ _____
- Increase Public Liability by \$ _____
- Increase Employers Liability by \$ _____

Rate	Premium

21. If any of the buildings to be insured are within 100 feet of any other building, state the distance, type of construction and use of such building.

22. For how many days (whether consecutive or not) is the dwelling likely to be left without an inhabitant during one year?

23. Has any Company or Insurer, in respect of any of the perils to which the proposal applies:

- (a) Declined to insure you? _____
- (b) Required special terms to Insure you? _____

If so, give full particulars: _____

DECLARATION: I declare that the above answers are true, and that I have withheld no material information regarding this proposal. I agree that this Declaration, and the answers given above, as well as any further Proposal or Declaration or Statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED and I further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy. I also declare that THE TOTAL SUMS INSURED REPRESENT NOT LESS THAN THE FULL VALUE OF THE PROPERTY, as above mentioned. I ALSO UNDERSTAND THAT ANY CHANGE IN THE DESCRIPTION OR OCCUPATION OF THE BUILDING(S) COULD INVALIDATE ALL COVERAGE UNLESS I ADVISE THE COMPANY IN WRITING PRIOR TO ANY CHANGE.

Date _____ 20 _____

Proposer's Signature _____