

BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

FIRE INSURANCE 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. Period of Insurance: From: _____ To: _____

5. Please specify type of coverage required

- a. Fire including catastrophe perils
b. Fire excluding catastrophe perils
c. Fire only

6. Situation of property to be insured: _____

7. Mortgagee/Loss Payee: _____ Branch: _____

AMOUNT TO BE INSURED			
	Sum Insured	Rate	Premium
8. On Building, including electrical installations and lifts, if any _____			
„ Machinery, Plant and all other Contents therein and thereon, the property of the Insured or held by them in trust for which they are responsible excluding Stock in Trade _____			
„ Stock and Materials in Trade, the property of the Insured or held by them in trust or on commission for which they are responsible _____			
„ Fixtures and Fittings _____			
„ Months' Rent of each of the Buildings insured by this Policy in proportion to the sum insured there on _____			
„ Other Items (<i>please specify</i>) _____			
Total			

N.B – Buildings standing apart from one another, or not communicating internally, must have separate sum insured upon each and if contents are in two or more distinct buildings, the sum to be insured thereon in each building must be specified.

9. Occupation of premises

(a) Describe your own use of the premises
(e.g. retailing, storage, etc.)

(b) Do you occupy the whole of the premises?
If not, state how the remainder are occupied

(c) Are hazardous materials kept on the premises?
If so, please give details and quantities

(d) Will the premises be unoccupied for more than 30 days in any one year?

10. (a) Construction of Walls (b) Construction of roof (c) Number of storeys

11. Do the premises adjoin communicate with (delete as applicable) any other premises? If so, please state

- (a) How the neighbouring premises are occupied
(b) Of what materials are the walls and roof constructed

12. Is there any hazardous trade carried on near the premises or any other circumstances increasing the risk of Fire?
If so Please give full particulars

13. Are there any other insurances on the property proposed for this insurance?
If so, please state names of insurers and sums insured

14. Have you previously insured against fire or additional perils?
If so, please state names of insurers

15. Have you ever had a fire at these or any other premises? If so, give details and names of Insurers interested?

NOTE- Additional information required if premises are occupied for any trade purposes.

16. Has any Insurer declined, refused to renew or cancelled insurance on this or any other risk in which you have been interested or any person associated with you in business at any time has been interested? If so, give full particulars

17. (a) How long have you conducted business in these premises?
(b) Have you alone, or in partnership, conducted business elsewhere?

DECLARATION: I/We warrant that the above statements are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

I/We agree to accept a policy in the Company's usual form for this class of insurance.

Date _____ 20 _____ Proposer's Signature _____