

HOME INSURANCE

Proposal Form



The questions on this form and any other questions which we specifically ask, relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance.

A copy of the completed Proposal Form will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract. A specimen policy is available on request.

Please write in block capitals or tick the boxes as appropriate.

DATE INSURANCE IS TO BEGIN

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Forename (Mr/Mrs/Miss)

Surname

Postal Address

Home Tel. No. Business Tel. No. Cell No.

Your E-mail address

Is this your main communication address YES NO

☐ ☐

Address of Property to be insured

Occupation (including part-time occupation and nature of business)

You

Your spouse

YOUR HOME Please complete in all instances

1. a. Please specify the type of coverage required
- | | |
|--|--------------------------|
| (i) Homeowners (Including Catastrophe) | <input type="checkbox"/> |
| (ii) Economy (Excluding Catastrophe) | <input type="checkbox"/> |
| (iii) Fire only | <input type="checkbox"/> |

- b. Is your house
- | | | | |
|------------------------|--------------------------|--------------------|--------------------------|
| (i) a private dwelling | <input type="checkbox"/> | (ii) a condominium | <input type="checkbox"/> |
| (ii) an apartment | <input type="checkbox"/> | (iv) other | <input type="checkbox"/> |

2. Is your home

- a. occupied only by you and members of your family YES NO
- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If tenanted how many units are rented

- b. Is this your primary home ☐ ☒

- c. used for any business or professional purposes ☒ ☐

- d. left unoccupied for more than 30 consecutive days ☒ ☐

- e. in a good state of repair and will be so maintained at all times YES NO
- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

- f. on a site which has been free from flooding during the last 10 years ☐ ☒

- g. adjacent to any body of water – such as the sea, a lake or canal ☒ ☐

- h. Describe the construction of your home including any out buildings.

Walls

Roof

- i. What is the approximate age of your home.
If any shaded box is ticked please provide details:

BUILDINGS

Do you require this cover

Yes No

If you require buildings cover, please answer the questions below:

1. What is the approximate area of your home in square feet

2. Mortgagee or other interest

Name

Address

- \$
\$
\$

- \$
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PLEASE READ THE FOLLOWING DECLARATIONS VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THIS FORM.

DECLARATION

I declare that neither I or any person normally residing with me, at my present address or elsewhere:-

- have sustained any loss, damage or liability during the last 5 years or has any insurer decline or cancel insurance or impose special conditions
- have ever been convicted of any offence other than driving offences

Where applicable, it is declared that **no director where the Proposer is a limited company** has ever been convicted of any offence other than a driving offence

I further declare that to the best of my knowledge and belief the above statements made by me or on my behalf are true and complete.

DECLARATION

I We/declare that the foregoing answers are true to the best of My/Our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between Me//Us and the Insurers.

DATA PROTECTION (PRIVACY OF PERSONAL INFORMATION) ACT 2003

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection (Privacy & Personal Information) Act 2003. For the purpose of providing this insurance and handling of any claims, which may arise under it. Underwriters may need to transfer certain information, which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

Signature

Date

Please note that your policy is subject to the Condition of Average. It is important that you review your sums insured to ensure that they reflect the current Replacement Cost. This means that if the sum insured is less than it should be (known as underinsurance) you will not receive reimbursement for the full amount of any loss the policy responds to. If you have any doubts as to the correct values at risk please discuss with your Insurance Representative. Confirm your understanding of this condition by signing below.

Signature

Date

EXCHANGE CONTROL DECLARATION (only to be completed by non-residents of the Bahamas)

I declare that The Central Bank of The Bahamas does not designate me as a resident of the Commonwealth of the Bahamas for Exchange Control purposes. I will immediately notify my agent in writing in the event of any change in this status.

Currency

Signature

Date

RoyalStar Assurance Ltd.

P.O. Box N-4391 P.O. Box F-42673
Nassau Freeport, Grand Bahama