

# HOME INSURANCE

## Application Form

Policy Currency



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 (Which cannot be before the Proposal is accepted by the company)	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Forename (Mr/Mrs/Miss)			Address of Property to be insured		
Surname					
Postal Address	Your e-mail address				
Home Tel. No.	Business Tel. No.	Cell No.			
			Occupation (including any 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		YES	NO
(i) Homeowners Including Catastrophe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Homeowners Excluding Catastrophe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Fire only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your house			
(i) a private dwelling?	<input type="checkbox"/>	(iii) a condominium?	<input type="checkbox"/>
(ii) an apartment?	<input type="checkbox"/>	(iv) other?	<input type="checkbox"/>
2. Is your home		YES	NO
a. occupied only by you? (By "you" we mean you, your spouse, children, parents and other relatives who normally reside with you)		<input type="checkbox"/>	<input type="checkbox"/>
If "NO", how many tenants?	<input type="text"/>		
Do you live on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	
b. used for any business or professional purposes	<input type="checkbox"/>	<input type="checkbox"/>	
c. a weekend or holiday home?	<input type="checkbox"/>	<input type="checkbox"/>	
d. left unoccupied for more than 2 months in a year	<input type="checkbox"/>	<input type="checkbox"/>	
e. normally occupied by adults for more than 4 hours on work days?		<input type="checkbox"/>	<input type="checkbox"/>
f. in a good state of repair and will be so maintained at all times?		<input type="checkbox"/>	<input type="checkbox"/>
g. on a site which has been free from flooding during the last 10 years?		<input type="checkbox"/>	<input type="checkbox"/>
h. adjacent to any body of water – such as the sea, a lake or canal?		<input type="checkbox"/>	<input type="checkbox"/>
i. What type of security measures are in place to protect your home against burglars/thieves?	<input type="text"/>		
j. Describe the construction of your home			
Walls	<input type="text"/>		
Roof	<input type="text"/>		
k. Does your home have fitted hurricane shutters for all glass doors and windows?		<input type="checkbox"/>	<input type="checkbox"/>

### BUILDINGS

Do you require this cover? Yes  No

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

1. Cover required? Standard  Standard Plus

2. Do you wish this section to benefit from the Automatic Increase in Sum Insured Option? Yes  No

If "Yes" please select the annual percentage increase  
 2.5%  5%  7.5%

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

4. What is the full rebuilding cost of your home?

a. the home plus landlords fixtures & fittings	a.	\$
b. patios, footpaths, walls (but not seawalls), gates, fences and driveways	b.	\$
c. swimming pools and tennis courts	c.	\$

d. docks, jetties, piers, seawalls or similar waterside structures d. \$

e. Other (please provide details)

Total Rebuilding Cost

5. Mortgagee or Other Interest

Name	Address
<input type="text"/>	<input type="text"/>

**HOME CONTENTS**

Do you require this cover? Yes  No

If you require contents cover, please answer the questions below (do not include items you wish to cover under the Personal Possessions Optional Extension):

1. Cover required: Standard  Standard Plus

2. Do you wish this section to benefit from the Automatic Increase in Sum Insured Option? Yes  No

If "YES", please select the annual percentage increase

2.5%  5%  7.5%

3. a. What is the replacement cost of your High Risk Items? i.e.

TV, personal computer, audio and video equipment \$

Jewellery and watches \$

Clocks and articles of precious metal (other than jewellery) \$

Pictures, works of art, curios and collections \$

**TOTAL** \$

b. Total – a. plus b. \$

c. Total – Other Contents \$

d. If the replacement cost of any High Risk Item exceeds \$2,500 list items and values below

Item	Value

**OPTIONAL EXTENSIONS**

In order to take this coverage, you must have taken "Home Contents"

**PERSONAL POSSESSIONS**  
(cover on valuables, personal effects and clothing)

Required? Yes  No

If "YES", please give the details requested below

a. Unspecified Items (up to \$500 each)

State sum to be insured (Minimum \$1,500) \$

b. Describe items worth more than \$500 or more and special items (i.e. contact lenses, portable musical instruments, camping equipment)

Item	Value

Valuations are required for items worth more than \$1,000. Copies of receipts and/or appraisals must also be provided.

**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. You can extend your policy to cover:-

If "YES", how many domestic staff do you employ?

2. Tenant's Liability

Do you require this cover? Yes  No

1. Liability arising as an employer of domestic staff

Do you require this cover? Yes  No

**IMPORTANT - MUST READ**

**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 had any insurer decline or cancel insurance or impose special conditions
- ever been convicted of any offence other than driving offences

Where applicable, I declare that no director of this 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.

Signature

Date

**RoyalStar Assurance Ltd.**

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Nassau

www.rsabahamas.com

P. O. Box F-42673

Freeport, Grand Bahama

11/03