

The Guyana and Trinidad Mutual Fire Insurance Company Limited



HEAD OFFICE

27-29 Robb & Hincks Streets, Georgetown, Guyana

HOMEOWNERS COMPREHENSIVE PROPOSAL FORM

Please answer all questions. Please use **Block Letters** and **Tick (✓)** the correct answer boxes.

GENERAL INFORMATION

1. Full name of proposer(s) _____

2. Occupation _____

3. Address of Property to be insured

4(a) Mailing Address (if different from property address)

(b) Email Address _____

5. Telephone Number(s)
Home _____ Work _____
Mobile _____

6. **Is the home:**
- (a) A Private Dwelling house? Yes No
- (b) A Self-Contained Apartment? Yes No
- (c) Townhouse/Condominium? Yes No
- (d) Other _____
- (e) Owner Occupied? Yes No
If no, please state _____

6. (cont.) is the home:

- (f) Continuously Occupied? Yes No
- (g) Unoccupied for more than 40 consecutive days in any one year? Yes No
- (h) In an area with a history of flooding? Yes No
- (i) Showing signs of structural damage or faulty workmanship? Yes No
- (j) Protected by:
- (i) Burglar bars on all windows, doors, openings, etc.? Yes No
- (ii) Functioning Burglar Alarm? Yes No
- (iii) Fully monitored Burglar Alarm System? Yes No
- (iv) Security Guard? Yes No

7. Have you been insured before for any of the risks proposed? Yes No
- (a) If yes, who was your Insurer? _____
- (b) Is there an existing Policy in force? Yes No

8. **Have you or any member of your household ever:**
- (a) Sustained any loss or liability in the last 5 years? Yes No
If yes, please state _____

- (b) Had any insurance declined, cancelled or special conditions imposed by an Insurer? Yes No

9. Construction of the house:

(a) Main Building:

- (i) No. of Floors _____
- (ii) External Walls _____
- (iii) Roof _____
- (iv) Foundation _____

(b) Out Buildings (if any):

- (i) No. of Floors _____
- (ii) External Walls _____
- (iii) Roof _____
- (iv) Foundation _____

SECTION 1: BUILDINGS

10. Do you require coverage under this Section? Yes No

- (a) What year was the house built? _____
- (b) What is the total floor area in square feet? (including garages and covered patios) _____
- (c) Name and address of Mortgage interest _____

In arriving at a sum insured in respect of your building, we recommend that you ensure that the amount represents the full replacement cost of the Building, walls (excluding retaining and sea walls), gates and paved areas, etc., making allowance for cost of Professional Fees and Removal of Debris (if they are in excess of 10% of sum insured).

	SUM INSURED		SUM INSURED
1. Main Building	\$ _____	5. Swimming Pool	\$ _____
2. Out Building(s)	\$ _____	6. Professional Fees	\$ _____
3. Wall, Gates & Fences	\$ _____	7. Removal of Debris	\$ _____
4. Paved Areas	\$ _____	8. Other _____	\$ _____
Total Sum Insured			\$ _____

(d) Do you require cover for a Satellite Dish? Yes No

If yes, please give brief description

- (i) Make and Model _____
- (ii) Size _____
- (iii) Frame & Materials _____
- (iv) Name of Installer _____
- (v) How is Dish mounted? On Ground On Roof On Building
- (vi) What amount do you wish to insure? \$ _____

(e) Do you require cover for a Generator? Yes No

If yes, please state:

- (i) Make and Model _____
- (ii) Capacity of Generator _____
- (iii) Where is it housed? _____
- (iv) Name of Installer _____
- (v) What amount do you wish to insure \$ _____

SECTION 2: CONTENTS

11. Do you require coverage under this Section? Yes No

(a) We recommend that you provide a detailed inventory of personal effects, electronic equipment, household appliances etc., which would assist you in arriving at the amount to be insured and preparing your claim should it become necessary. An inventory (item description, purchase price and Sale Receipts or Valuation Certificate for Specified Valuables) is required for valuables such as works of art, jewellery, etc.

THE CONTENTS	SUM INSURED
1. Furniture, Fixtures & Fittings	\$ _____
2. Domestic Appliances, Cutlery, Crockery, etc.	\$ _____
3. Personal Effects (including Sports Equipment)	\$ _____
4. Electronic Equipment	\$ _____
5. Valuables (Specified and Unspecified)	\$ _____
6. Other _____	\$ _____
Total Sum Insured	\$ _____

(b) Name and address of Mortgage interest _____

SECTION 3: LIABILITY

12. Do you require coverage under this Section? Yes No
 Free Coverage: Employers' Liability: \$250,000 and Public Liability 25% of Sum Insured with maximum of \$750,000.

Employers' Liability (Domestic Employees whose employment is **not** of a casual nature) \$250,000:-

(a) Do you require Employers' Liability Coverage over \$250,000? Yes No
 If yes, state required limit \$ _____

(b) Do you require Public Liability Coverage over \$750,000? Yes No
 If yes, state required limit \$ _____

SECTION 4: ACCIDENTAL DAMAGE

13. Do you require coverage under this Section? Yes No
 Free Coverage under this Section of the Policy is \$250,000.

Do you require cover over \$250,000? Yes No

If yes, please provide Inventory (item description, purchase price and Sale Receipts or Valuation Certificate for Specified Valuables).

1. Unspecified Valuables	\$ _____
2. Specified Valuables	\$ _____
3. Personal Effects (including Sports Equipment)	\$ _____
4. Electronic Equipment	\$ _____
Total Sum Insured	\$ _____

SECTION 5: ALL RISKS

This Section provides Optional Insurance Cover up to a maximum of \$500,000 for an Additional Premium against accidental loss or damage by or caused not existed while outside of the Geographical Area.

Do you require coverage under this Section? Yes No

SECTION 6: PERSONAL ACCIDENT

This Section provides cover if you suffer bodily injury caused by an accident which results in your Personal Total Disability subject to the Conditions under the Policy. Free Coverage Limit \$250,000.

14. Do you require coverage under this Section? Yes No

Do you require coverage over \$250,000? Yes No

If yes, state required limit \$ _____

DISCLOSURE

All important facts which may affect the acceptance or assessment of the coverage requested must be disclosed. Failure to disclose these facts may result in the invalidation of the policy.

DECLARATION AND SIGNATURE

I/We declare that to the best of my/our knowledge and belief, the above answers and statements are true and correct and that I/we have disclosed all particulars affecting the assessment of the risks. I/We agree that this proposal shall be incorporated in and form the basis of the Contract of Insurance.

Signature of Proposer(s)

Date

FOR OFFICIAL USE ONLY

Policy Number _____ Inception Date _____ Expiry Date _____

Branch/Broker/Insurance Advisor _____ Approved By _____ Date _____

Section	Sum Insured	Rate	Premium
1			
2			
3	E.L		
	P.L		
4			
5			
6			
Total Premium			

Air Ambulance Service	Coverage		Premium
	Individual	Family	