PROPOSAL FOR FIRE INSURANCE

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THE GUYANA & TRINIDAD MUTUAL

FIRE INSURANCE COMPANY LIMITED

FOR OFFICE USE ONLY

 Policy No.
 Date_____

 Mode of Payment
 Mode Premium ______

Verified by _

Period of Cover:-

From: _____

To:

HEAD OFFICE:

27-29 Robb & Hincks Streets, Georgetown, Guyana.

Sales Rep/Broker/Branch/Direct

1) <u>PARTICULARS OF APPLICANT</u>

	a)	Name of Proposer (in full)								
	b)	Mailing Address								
	c)	Occupation & Business Address								
	d)	Tel No	Er	nail Addres	s					
2)	<u>SCE</u>	HEDULE OF PROPERTY TO B	E INSURED							
	a)	Description of Building	□ One Storey	□ Two	Storey	Other (I	Details)		
	b)	Construction of Building	□ Wood	U Woo	d/Concrete		te			
			Other							
	c)	Use of Building	Dwelling only		ing and Commer					
	,	C	Commercial (Details		•					
								,		
	d)	Location of Droporty	,					,		
	d)									
	e)	(i) Coverage Required \Box Fire Only – Par/Non Par			□ Fire & Limited Perils - Par/Non Par □ Fire & Full Perils - Par/ Non Par					
			☐ Fire & Extended Peri							
		(ii) State Perils for Fire & Extended Cover								
		(iii) State relevant Warranties				1				
	f)	TYPE OF PROPERTY			Sum Insure	ed R	ate	Premium		
		Building								
		Household Contents (as per attached list)								
		Stock Machinery Plant & Equipment (as per attached Machinery form)								
		Business & Office Furniture, Fixtures & Fittings								
		Loss of Rent – Payable/ Receivable (Months)								
		Removal of Debris Tenants Improvement								
		Architects/Quantity Surveyor	rs' Fees							
		Other		••••						
		TOTAL			F ANT N					
Ass	essed V	Value	FOR OFI	IUE US	e unly					
Acc	epted	Subject to Inspection	Credit to		a/c					
Insp	bected	and Accepted	Pending		I					
COU	intersi	gned by	Inspecti Circulat				Entere	d by		

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Does Applicant qualify for Power Discount	🗌 Yes	🗌 No
F- 292 N/C Fire & Motor Proposal 1-2		

3) Is the property already insured with this or any other Company?		
If 'Yes' please state: - (a) Name of Company		
(b) Sum Insured		
(c) Type of Cover		
4) Have you ever had a Proposal or Policy: - Cancelled, Declined, Refused or Special Terms imposed		
If 'Yes' please state: - (a) Name of Company		
(b) Type of Proposal/Policy		
5) Have you ever suffered a loss (whether insured or not)		
If 'Yes' please state: - (a) Date of Loss (b) Nature of Loss		
(c) Name of Insurer		
(d) Was a claim		
□ Reduced } Amount Paid		
□Rejected		
6) Is there a Lien or Mortgage on the property being insured		
If policy to be assigned, please state: - (a) Name of Assignee		
(b) Address of Assignee		
(c)Amount		
7) Are flammable liquids stored on the Premises?		
8) Are the Premises located in an area susceptible to flooding?	•••••	
If 'Yes' please provide details		
9) (a) Are the Premises occupied.		
(b) By whom and for what purpose	•••••	
10) How long have you owned the property to be insured?	•••••	. years
11) If built, renovated or purchased, at what cost \$		
12) IF THIS INSURANCE IS TO COVER STOCK:-		
(a) What type of Stock record keeping is done?		
(b) What is the present Value of Stock?		
(c) When was the Stock balance last taken?		
(d) What was the value then?		
(e) Where are Stock records kept?,		
(f) If left on premises, is it kept in a fire proof safe?		
(g) Please provide details of how the Stock in Trade or Raw materials are stored		
I (We) warrant that the above answers are true to the best of my (our) knowledge and belief. I (We) agree that this proconstitute the basis of the insurance contract which shall be subject to the conditions of the policy to be issues in an this proposal.		
If this proposal is written by another it shall be deemed he/she shall be my agent and not the agent of the Company.		
Date this day of		
Signature of Proposer (s)		
This Insurance will not commence until the proposal is accepted by the Company.		

Yes

No