

## THE HOMEMAKERS INCLUSIVE POLICY PROPOSAL FORM

**COVER PROVIDED**

- Full Cover** - Loss or damage caused by Fire, Lightning, Explosion, Earthquake, Flood, Hurricane, Riot & Strike, Collapse, Escape of water, Theft, Collision by aircraft, vehicles or animals, Falling radio or TV antennae, Smoke and Falling trees or utility poles
- Cover excluding catastrophic perils** - Loss or damage caused by all of the above **excluding Earthquake and Hurricane**

### EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

It should be noted that this is just a brief summary of cover and your policy will include many other benefits all subject to the conditions stated therein.

The items you insure should be maintained in a good state of repair and you should choose a **sum insured for your building and contents that would be adequate to replace them as new.** In the event of a claim, failure to do this can result in a partial loss being settled proportionately to the replacement value.

In order to avoid unnecessary delays in settling claims, it is in your best interest to keep bills, receipts, invoices and adequate records so that you can easily substantiate your claim.

Claims are subject to 'applicable' excesses. We should be advised immediately should a loss occur.

It is your duty to inform us of all facts which would affect our judgment in accepting this proposal.

The liability of the company does not commence until the proposal has been accepted.

### EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Names of Proposer (s) (in full) \_\_\_\_\_  
First Name Surname

Date of Birth \_\_\_\_\_

ID/DP/Social Security card/Passport No: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Profession/Occupation \_\_\_\_\_  
MM/DD/YY

Postal Address \_\_\_\_\_  
 \_\_\_\_\_

Marital Status \_\_\_\_\_ Email \_\_\_\_\_





Telephone Nos. Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Building and /or Contents situated at \_\_\_\_\_  
 \_\_\_\_\_

Has a Know Your Customer form been completed? Y/ N If not please complete the attached Know Your Customer Form

PROPERTY/LIABILITY INSURED	SUMS INSURED / LIMITS OF LIABILITY	RATE	PREMIUM
Building (including boundary and garden walls, gates and fences, patios, driveways, terraces)			
Retaining Walls			
Sea walls			
Swimming Pool including pump and fixed accessories			
Air-conditioning Equipment			
Contents excluding Electronic Equipment – <b>(Please declare on page 4 any items in excess of 5% of total sum insured)</b>			
Electronic Equipment <b>(Please supply details on page 4)</b>			
Tenants Improvement			
Radio/TV Antennae			
Satellite dishes			
Liability to the Public			
Liability to Domestic Employees			
Specified Personal Items (All Risks) including Jewellery <b>(Please supply details on page 4)</b>			
Personal Computers <b>(Please supply details on page 4)</b>			

- Is the building:-
  - (a)  Detached single-family house       Duplex (two-family)       Block/ row of flats/ townhouses /Condominium
  - A self-contained Flat with a separate entrance exclusively under your control
  - (b)  Tenanted       Owner Occupied       Owner & Tenant Occupied       Unoccupied
  
2. Is the whole building used for residential purposes only?      YES       NO   
 If 'NO', please give details \_\_\_\_\_
  
3. (a) In what year was the building constructed? \_\_\_\_\_  
 (b) Has the building been renovated since?      YES       NO   
 If 'YES', give details \_\_\_\_\_
  
4. (a) External Walls are       Concrete       Concrete and Clay Blocks       Wood  
 Other (specify) \_\_\_\_\_  Mixed, give the proportion of each material  
 \_\_\_\_\_
  
- (b) Interior Walls are       Concrete       Concrete and Clay Blocks       Wood  
 Other (specify) \_\_\_\_\_  Mixed, give the proportion of each material  
 \_\_\_\_\_
  
- (c) Roof is       Metal/Galvanised Iron       Concrete       Shingles (Type) \_\_\_\_\_  
(Asphalt, Clay, Concrete, Wood)  
 Single ply (thickness)       Concrete/Clay tiles       Mixed, give the proportion of each material  
 \_\_\_\_\_
  
- (d) Roof Design/Structure:       High pitched        Hipped        Gable        Flat 
  
- (e) Roof anchor:       Metal or bolt anchors       Nailed to wall       No anchorage  
 Not applicable (e.g. Roof is concrete slabs)
  
- (f) Floors are:       Concrete       Wood       Mixed; give the proportion of each material  
 \_\_\_\_\_
  
- (g) Was a qualified Engineer involved in the design of the foundation works?      YES       NO
  
5. What is the structure's proximity to any waterway (Sea/ River/ Canal)? \_\_\_\_\_
  
6. Is the distance from the nearest building less than 20 feet (6.5 metres)?      YES       NO

7. Are any of the surrounding buildings occupied for commercial purposes? YES  NO   
 If 'YES', please give details \_\_\_\_\_
8. Will your residence be left unoccupied for more than 60 consecutive days during any one period of insurance? YES  NO   
 If 'YES', please give details \_\_\_\_\_
9. What type of security is there against loss by burglary or theft? \_\_\_\_\_  
 \_\_\_\_\_
10. What type of protection is there against loss by  
 a. Fire? \_\_\_\_\_  
 b. Catastrophe Perils including Hurricane, Windstorm, Flood etc \_\_\_\_\_  
 \_\_\_\_\_
11. Do you hold any other policies with Guardian General Insurance Limited? YES  NO   
 If 'YES', please give details \_\_\_\_\_
12. Do you hold any other policies for any of the risks now proposed? YES  NO   
 If 'YES', please state the name of the insurer \_\_\_\_\_
13. Have you/ your domestic partner/ any member of your family residing with you sustained in the last 5 years a loss which would have been a claim under any of the covers for which you now propose? YES  NO   
 If 'YES', please give details \_\_\_\_\_
14. Has any Insurer ever  
 (a) declined your proposal? YES  NO   
 (b) increased your premium? YES  NO   
 (c) imposed special conditions on your policy? YES  NO   
 (d) refused to continue or renew your policy? YES  NO   
 (e) cancelled your policy? YES  NO   
 If 'YES' to any of these please give details \_\_\_\_\_  
 \_\_\_\_\_

15. Type of cover required is  Full Cover  Cover excluding catastrophic perils

**COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING**

**POLICY SECTION 3A**

1. What is the height of the building in storeys? \_\_\_\_\_
2. What is the approximate total area of all its floors? \_\_\_\_\_
3. Is the building in a good state of repair and will it be so maintained? YES  NO
4. Are the buildings sited on:  
 (a) Reclaimed land YES  NO   
 (b) Recently levelled land YES  NO   
 (c) A hillside or steep incline YES  NO
5. Is the building mortgaged? YES  NO   
 If 'YES', please state name and address of Mortgagee \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS**

**POLICY SECTION 3B**

1. Is the Private Residence:  
 Occupied only by you/ your family? YES  NO   
 If 'NO' please give details \_\_\_\_\_

2. If you are renting the residence, is it: Fully Furnished  or Semi-Furnished  or Unfurnished

Please declare any item (other than Furniture, Appliances, Pianos, Organs) which is in excess of 5% of the Contents sum insured. **Continue on a separate sheet if necessary**

Description (including Make & Model)	Serial No.	Sum Insured

Please specify **all** Electronic Equipment

Description (including Make & Model)	Serial No.	Sum Insured

**TOTAL SUM INSURED** \$ \_\_\_\_\_

**POLICY SECTION 3C** – Covers your Liability to the Public

**POLICY SECTION 3D** – Covers your liability to 2 Domestic Employees

**POLICY SECTION 3E** – SPECIFIED PERSONAL ITEMS INCLUDING JEWELLERY (ALL RISKS)

List below all items you wish to insure on an **All Risks** basis and **provide valuations/bills**. **Continue on a separate sheet if necessary.**

Description (including Make & Model)	Serial No.	Sum Insured	Cover Area <i>Local, WI, Worldwide</i>

**TOTAL SUM INSURED** \$ \_\_\_\_\_

1. If jewellery is insured are they kept in a safe when not worn? YES  NO

If 'NO', please give details \_\_\_\_\_

2. Will any of the specified personal items be used by anyone **other than** yourself or a member of your family living with you? YES  NO

If 'YES', please state which items and by whom? \_\_\_\_\_

3. At what premises are the items usually kept overnight? \_\_\_\_\_

**POLICY SECTION 3F** – PERSONAL COMPUTERS

List all items below. **Continue on a separate sheet if necessary**

Description (including Make & Model)	Serial No.	Sum Insured	Cover Area <i>Local, WI, Worldwide</i>

I/We declare that the above statements are true; that I/We have withheld no material information: that the foregoing sums to be insured are to the best of my/our knowledge and belief not less than the full value of the property to be insured on the basis proposed and will be so maintained. I/We agree that this Proposal and Declaration shall be the basis of the contract to be made between me/us and GUARDIAN GENERAL INSURANCE LIMITED.

I/We also declare that the SUMS TO BE INSURED REPRESENT NOT LESS THAN THE FULL REPLACEMENT VALUE OF THE PROPERTY mentioned above.

Date (MM/DD/YY): \_\_\_\_\_

Signature of Proposer (s) \_\_\_\_\_