

**Head Office:** Newtown Centre, 30-34 Maraval Road, Newtown, 190133, Trinidad & Tobago **Telephone:** (868) 226-myGG (6944) • Fax: (868) 622-9994

Website: www.myguardiangroup.com

## 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	S	Gurname	
Date of Birth	<u> </u>			
ID/DP/Social Security card/Passport	No:	E	xpiry Date	
Profession/Occupation	MM/DD/YY			
Postal Address				
Marital Status				
Telephone Nos. Home	Office		Cell	
Period of Insurance from	MM/DD/YY	to	MM/DD/YY	
Building and /or Contents situated a	t			

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

**FOR OFFICAL USE ONLY** 

PROPERTY/LIABILITY INSURED	SUMS INSURED / LIMITS OF LIABILITY	RATE	PREMIUM
Building (including boundary and garden walls, gates and fences, patios,	LIMITS OF LIABILITY		
driveways, terraces)  Retaining Walls			
Sea walls			
Swimming Pool including pump and fixed accessories			
Air-conditioning Equipment			
Contents excluding Electronic Equipment – (Please declare on			
page 4 any items in excess of 5% of total sum insured)  Electronic Equipment (Please supply details on page 4)			
Tenants Improvement			
Radio/TV Antennae			
Satellite dishes			
Liability to the Public			
Liability to Domestic Employees			
Specified Personal Items (All Risks) including Jewellery (Please supply details on page 4)			
Personal Computers (Please supply details on page 4)			
1. Is the building:-	- " >	c ci	
(a) □ Detached single-family house □ Duplex (two-f	family) $\square$ Block/ row of /Condominiu		houses
☐ A self-contained Flat with a separate entrance excl	usively under your control		
(b) ☐ Tenanted ☐ Owner Occupied ☐ Own	er & Tenant Occupied	□ Unoccupi	ed
2. Is the whole building used for residential purposes only?		YES	
If 'NO', please give details		0	
II 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 ☐ Concr	rete and Clay Blocks	□ W	ood
☐ Other (specify) □	•		
(b) Interior Walls are ☐ Concrete ☐ Concr	rete and Clay Blocks	□ W	ood
☐ Other (specify) □	•		
(c) Roof is ☐ Metal/Galvanised Iron ☐ Concrete [	□ Shingles (Type)(Aspha		
	<i>(Aspha)</i> ☐ Mixed, give the proportion		
Li Single ply (tillexness) Li Concrete, clay thes	I Mixed, give the proportion	or each mac	Cilai
(d) Roof Design/Structure: ☐ High pitched ☐	Hipped   Gable		□ Flat
(e) Roof anchor: ☐ Metal or bolt anchors ☐ ☐ Not applicable (e.g. Roof is	Nailed to wall    No an concrete slabs)	ichorage	
	•		1-1
(f) Floors are: ☐ Concrete ☐ Wood ☐	Mixed; give the proportion of	eacn mater	ldl
(g) Was a qualified Engineer involved in the design of the fo	oundation works?	YES	
(9) That a qualified Engineer involved in the design of the R	Janaadon Works:	11.3	_ 100 L
5. What is the structure's proximity to any waterway (Sea/ Riv	er/ Canal)?		
6. Is the distance from the nearest building less than 20 feet (	6.5 metres)?	YES	□ NO □

7.	Are any o	f the surrounding buildings occupied for commercial purposes?	YES □	NO □
	If 'YES', p	lease give details		
8.		residence be left unoccupied for more than 60 consecutive days during eriod of insurance?	YES □	NO □
	If 'YES', p	lease give details		
9.	What type	e of security is there against loss by burglary or theft?		
10.		e of protection is there against loss by Fire?		
	b.	Catastrophe Perils including Hurricane, Windstorm, Flood etc		
11.	·	old any other policies with Guardian General Insurance Limited?	YES 🗆	NO 🗆
	If YES, p	lease give details		
12.	Do you ho	old any other policies for any of the risks now proposed?	YES 🗆	NO 🗆
	If 'YES', p	lease state the name of the insurer		
13.	sustained	your domestic partner/ any member of your family residing with you in the last 5 years a loss which would have been a claim under any of for which you now propose?	YES 🗆	NO 🗆
	If 'YES', p	lease give details		
14.	Has any 1	nsurer ever		
	(a) (b) (c) (d) (e)	declined your proposal? increased your premium? imposed special conditions on your policy? refused to continue or renew your policy? cancelled your policy? If 'YES' to any of these please give details	YES  YES  YES  YES  YES  YES  YES	NO   NO   NO   NO   NO   NO   NO   NO
15.	Type of	cover required is    Full Cover    Cover excluding catastrophic perils		
CO	MPLETE TH	IIS SECTION IF YOU ARE INSURING YOUR BUILDING		
РО	LICY SECT			
2.	What is the	e approximate total area of all its floors?		
3.	Is the build	ling in a good state of repair and will it be so maintained?	YES □	NO □
4.		Idings sited on:		
	(a) Reclair		YES 🗆	NO 🗆
	-	ly levelled land de or steep incline	YES □ YES □	NO □ NO □
_				
Э.		ling mortgaged? ease state name and address of Mortgagee	YES 🗆	NO 🗆
CO	MPLETE TH	IIS SECTION IF YOU ARE INSURING YOUR CONTENTS		
	LICY SECT	ION 3B ate Residence:		
		nly by you/ your family?	YES □	NO □
	If 'NO' plea	se give details		

TOTAL SUM INSURED \$	TOTAL SUM INSURED  TOTAL SUM INSURED  S		S	erial No.	Sum Insured
TOTAL SUM INSURED  DICY SECTION 3C - Covers your liability to the Public  DICY SECTION 3D - Covers your liability to 2 Domestic Employees  DICY SECTION 3E - SPECIFIED PERSONAL ITEMS INCLUDING JEWELLERY (ALL RISKS) to below all items you wish to insure on an All Risks basis and provide valuations/bills. Continue on a select if necessary.  Description (including Make & Model)  Serial No.  Sum Insured  Coverbook, W.  TOTAL SUM INSURED  If jewellery is insured are they kept in a safe when not worn?  YES   If jewellery is insured are they kept in a safe when not worn?  YES   If 'NO', please give details  Will any of the specified personal items be used by anyone other than yourself or a member of your family living with you?  If 'YES', please state which items and by whom?  At what premises are the items usually kept overnight?  DILICY SECTION 3F - PERSONAL COMPUTERS at all items below. Continue on a separate sheet if necessary  Description (including Make & Model)  Serial No.  Sum Insured  Coverning Cover	TOTAL SUM INSURED \$				
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