

HOMEGUARD INSURANCE PROPOSAL FORM

Client Number:

Policy Number:

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)/Company (in full) (i) _____
State Mr, Mrs, Miss, Dr or other title First Name Surname

(ii) _____
State Mr, Mrs, Miss, Dr or other title First Name Surname

Date of Birth / Incorporation (i) _____ MM/DD/YY Date of Birth/ Incorporation (ii) _____ MM/DD/YY

Place of Birth/ Incorporation (i) _____ Place of Birth / Incorporation (ii) _____

Nationality (i) _____ Nationality (ii) _____

Country of Residence (i) _____ Country of Residence (ii) _____

Marital Status (i) _____ Marital Status (ii) _____

Residential/ Registered Address of Proposer _____

Mailing Address _____

Location of Building and/or Contents insured _____

Contacts No(s) _____ Email Address _____

ID/DP/Social Security card/Passport No: _____ Expiry Date _____

Trade, occupation, profession (include part-time) (i) _____ (ii) _____

Name of Employer, and Business Activity: (i) _____ (ii) _____

Are you a Politically Exposed Person (PEP) or an immediate family member of a PEP? YES NO

A PEP is an Individual such as a Head of State or Government, senior politician, senior government, judicial or military official, senior executive of State-owned corporations and important political party official who is or has been entrusted with prominent functions by a foreign country or domestically in the territory; or A Person who is or has been entrusted with a prominent function by an international organisation which refers to members of senior management such as directors and members of the board or equivalent functions. This category also includes immediate family members close personal and professional associates. If Yes is selected, This Proposal form must be accompanied by a PEP Memorandum.

If Business Entity, are you? Company Partnership NPO Trust, Nominees or Other

Period of Insurance from _____ MM/DD/YY to _____ MM/DD/YY

BUILDING

1. The sum to be Insured should represent the full replacement value of the property excluding land:

<u>PROPERTY INSURED</u>	<u>SUM INSURED</u>	<u>PROPERTY INSURED</u>	<u>SUM INSURED</u>
Building (including tennis hard courts, patios, paths, driveways, boundary and garden walls, gates and fences, solar water heating systems, landlord's fixtures and fittings, water storage tanks)		Contents (including household articles, personal effects, tenants improvements, tenants fixtures fittings and interior decorations, aerials and their fittings, masts and equipment) excluding Electronic Equipment-(Please declare on page 3 any items in excess of 5% of total sum insured)	
Retaining Walls		Electronic Equipment-(Please supply details on page 3)	
Sea walls or sea defences		Specified Personal Items (All Risks) including Jewellery (Please supply details on page 3)	

Swimming Pool including pump and fixed accessories		Personal Computers (Please supply details on page 4)	
Docks, piers, jetties		Air-conditioning Equipment (Please specify if central or single)	

2. Do you have any other insurance(s) with Guardian Group?
 YES NO

If YES, please give details _____

3. a) In what year was the building constructed? _____

b) Has the building been renovated since? YES NO

If 'YES', please give details _____

4. Is the building:-

a) Owned by you by means of a registered deed? YES NO

b) Detached single-family house? YES NO
 Duplex (two-family)? YES NO
 Block/ row of flats/ townhouses/ Condominium? YES NO
 A self-contained Flat with a separate entrance exclusively under your control? YES NO

c) Owner Occupied? YES NO
 Owner & Tenant Occupied? YES NO
 Unoccupied? YES NO
 Tenanted? YES NO

5. Is the whole building used for residential purposes YES NO only?

If 'NO', please give details _____

6. Is any part of the Dwelling or Outbuilding used for any income-earning activity? YES NO

7. a) **External Walls are:**

Concrete Concrete and Clay Blocks
 Wood
 Mixed _____
 (give the proportion of each material)
 Other (specify) _____





b) **Interior Walls are**

Concrete Concrete and Clay Blocks
 Wood
 Mixed _____
 (give the proportion of each material)
 Other (specify) _____

c) **Roof is**

Metal/Galvanised Iron Concrete
 Single ply (thickness) Concrete/Clay tiles
 Shingles (Type) _____
 (Asphalt, Clay, Concrete, Wood)
 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

8. Is the area subject to flooding or specially exposed to loss by any of the perils insured against? YES NO

If 'YES', please give details _____

9. Is the distance from the nearest building less than 20 feet (6.5 metres)? YES NO

10. Is the building located 500 ft. (152.4 metres) or less from the shoreline/beachfront/seafront/river/canal/main watercourse? YES NO

11. Are any of the surrounding buildings occupied for commercial purposes? YES NO

If 'YES', please give details _____

12. 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 _____

13. What type of security is there against loss by burglary or theft?

14. What type of protection is there against loss by Fire, Hurricane, Windstorm, Flood? _____

15. 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 _____

16. Has any Insurer ever:-
 a) declined your proposal or cancelled your policy? YES NO
 b) increased your premium or imposed special conditions on your policy? YES NO
 c) refused to continue or renew your policy? YES NO

If 'YES' to any, please give details _____

17. Do you hold any other policies for any of the risks now proposed? YES NO

If 'YES', please state the name of the insurer

18. Is the building mortgaged?

YES NO

If 'YES' please state name and address of the Mortgagee _____

Address _____

19. COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING

a) What is the height of the building in storeys? _____

b) What is the approximate total area of all its floors? _____

c) Is the building in a good state of repair and will it be so maintained? YES NO

d) Are the buildings sited on:
(ii) Reclaimed land YES NO
(iii) Recently levelled land YES NO
(iii) A hillside or steep incline YES NO

CONTENTS

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS

20. 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 \$ _____

SPECIFIED PERSONAL ITEMS INCLUDING JEWELLERY (ALL RISKS)

List below all items you wish to insure on an **All Risks** basis and **provide valuations (within 2 years) or bills**. **Continue on a separate sheet if necessary**.

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

TOTAL SUM INSURED \$ _____

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

If 'NO', please give details _____

ii) 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? _____

iii) At what premises are the items usually kept overnight? _____

PERSONAL COMPUTERS

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

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

DECLARATION

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) _____

Corporate Clients: Affix Company Stamp