



Sagicor General Insurance Trinidad & Tobago Limited.

Sagicor Financial Centre, 16 Queen's Park West, Port of Spain, Trinidad and Tobago, W.I.
Tel: 1 (868) 623-4744 • Fax: 1 (868) 628-1639
Website: www.sagicor.com • Email: getcovered@sagicorgeneral.com

**COMMERCIAL PROPERTY FIRE INSURANCE
PROPOSAL FORM**

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

GENERAL DETAILS: This is mandatory as per guidelines from various regulatory bodies

- 1. **Full Name of Proposer(s)/Company: State Mr., Mrs., Miss, Ms. or other title:**
 - (i)
 - (ii)
- 2. **Date of Birth (DD/MM/YYYY):** *(if over 60, please supply proof of age)*
- 3. **Place of Birth:** **4. Nationality:**
- 5. **Residence Country:** **6. Identification No:**
(DP, Passport, National ID, Social Security or equivalent if non-resident)
- 7. **Telephone Numbers/Contact details:**
 - (i) **(W):** **(H):** **(M):**
(FAX): **Email:**
 - (ii) **(W):** **(H):** **(M):**
(FAX): **Email:**
- 8. **Current Occupation or Profession/Business of Company:**
.....
- 9. **Name and Address of current Employer:**
.....
- 10. **No. of years with current employer:**
- 11. **If Company state Names & Residential Addresses of Directors/Officers/Controllers/ShareHolders:**
.....
.....
.....
- 12. (i) **Full Postal or Trading Address:**
.....
(ii) **Address of Registered Office:**
.....
- 13. **Date of commencement of Company:**




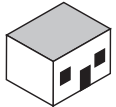


DETAILS OF PROPERTY TO BE INSURED

- 1. **Address of Property to be Insured:**
- (a) **Is property situated close to the ocean?** Yes No / If Yes, what is the approximate distance from sea:
- (b) **Is property on an incline?** Yes No / If Yes, is the area prone to subsidence and landslip? Yes No
- 2. (a) **What is each building occupied by you as:**
(e.g. offices, printery, boutique)
- (b) **Occupied by others as:**
(e.g. offices, printery, boutique)

3. Are any of the buildings to be insured vacant or unoccupied?

4. Please give the following information in respect of each building to be insured as well as each building at which property is to be insured:

- (a) When were the buildings constructed? (b) No. of storeys including ground floor?
(c) Construction of external walls? (d) Construction of Internal walls?
(e) Construction of floors? (f) Construction of roof?

- (g) Shape of Roof:
- | | | | | | |
|---|-------------------------------|---|-----------------------------------|---|-------------------------------------|
|  | <input type="checkbox"/> Hip |  | <input type="checkbox"/> Salt Box |  | <input type="checkbox"/> Gable |
|  | <input type="checkbox"/> Flat |  | <input type="checkbox"/> Gambrel |  | <input type="checkbox"/> Mono-pitch |
- Other:

5. How long have you occupied the premises?

6. Are the premises protected by any of the following, please check as appropriate:

- Fire Alarms Smoke Detectors Fire Extinguishers Sprinklers Hose-Reels
 Other:

7. Are your employees trained in the use of these appliances?

8. Please give the following information in respect of any building within 6 metres (20 feet) of any of the building(s)/premises to be insured:

- (a) Occupied as:
(b) Construction:
(c) Number of storeys:

9. Is the property to be insured, also insured elsewhere? If yes, please provide details:

(Name of Company, Sum Insured)

10. Other than fire, which other perils do you require insurance for:

- Earthquake Hurricane Flood Burst Pipes
 Riot & Strike Malicious Damage Impact by Vehicles/Aircraft

11. Have you ever suffered a loss from fire or any other peril to be insured against, at this or any other location?

- Yes No If yes, please give full particulars such as date of loss, cause of loss, amount:

12. Have you been insured before for any of the risks proposed? Yes No

If Yes, please state name of Insurance Company:

13. Has any insurer ever declined to insure you, refused to renew or cancelled your policy or imposed any special terms or conditions on you? Yes No If yes, please give details:

14. Do you have other policy(ies) in force with us? Yes No If Yes, what type?

15. How long have you been in business?

16. Did you make a profit in your last financial year?

17. (a) Do you keep proper financial statements?
- (b) Are they available for inspection if necessary?
- (c) Are your financial accounts audited by professional accountants?
- (d) Please provide the name of your Auditor:

Please list the Property to be Insured

Item No.	Description	Value(s) to be Insured
1	Building including Landlord's Fixures and Fittings	\$
2	Tenants Improvements and Betterments	\$
3	Furniture Fixtures and Fittings and all Office Equipment	\$
4	Plant, Machinery and Equipment	\$
5	Stock in Trade (including for which you are legally responsible)	\$
6	Removal of Debris	\$
7	Any other Property (please specify)	\$
Total Sum Insured		\$

18. **Period of Insurance:** From: To:

19. **Is the property being insured subject to a Mortgage or other financial arrangement:** Yes No
 If yes, please state name and address:

20. **Do you wish to insure on an "indemnity" or "reinstatement" basis:**
(See explanation below)

Basis of Settlement

Indemnity – The Sum Insured on all property proposed for insurance should be adequate to ensure that you are properly indemnified. You should take into account depreciation and wear and tear and in the case of stock the Cost Price to you.

Reinstatement – You may elect to cover your property on a reinstatement basis, new for old, in which case the Sum Insured should be adequate to replace as new the property you elect to insure on this basis. Reinstatement conditions do not apply to stock.

DECLARATION

I/We hereby declare that to the best of my/our knowledge and belief the statements and particulars given by me/us in this proposal are true and complete and no material fact, that is those facts which the Company would regard as likely to influence the acceptance and assessment of this proposal, has been misrepresented, misstated, suppressed or withheld. I/We agree that this Proposal shall form the basis of the Contract between me/us and Sagicor General Insurance Inc.

Date: **Proposer's Signature:**

FOR OFFICE USE ONLY:

Producer: **Policy No:**

Rate: **Premium:** **6% Tax**

Other: **Authorised By:**

(if Politically Exposed Person (PEP) Manager must authorize)