



Sagicor General Insurance Trinidad & Tobago Limited.

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Policy No.:	
Producer:	

'KEY PROTECTOR' HOME INSURANCE PROPOSAL FORM

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

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

- 1. **Date you require Insurance from:**
- 2. **Full Name of Proposer(s)/Company:**
State Mr, Mrs, Miss, Ms or other title
 - i)
 - ii)
- 3. **Date of Birth (DD/MM/YYYY):**
 - i)
 - ii)
- 4. **Place of Birth:**
 - i)
 - ii)
- 5. **Nationality:**
- 6. **Residence Country:**
- 7. **Identification No.:**
(DP, Passport, National ID, Social Security or equivalent if non-resident)
- 8. **Telephone Numbers:**
Home:
Work:
Cell:
Fax:
- 9. **E-mail Address:**
.....
- 10. **Occupation or Profession / Business of Company**
 - i)
 - ii)
- 11. **Name and Address of current Employer:**
.....
.....
.....
- 12. **No. of years with current Employer:**
- 13. **If Company state Names & Residential Addresses of Directors/Officers/Controllers/Shareholders:**
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.....
.....
.....
- 14. **Full Postal or Trading Address:**
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.....
.....
- 15. **Address of Registered Office:**
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.....
.....
- 16. **Date of Commencement of Business:**
- 17. **Address of Property where insurance is required if different from 14:**
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.....
.....
- 18. **Is the home:**
 - a. A private dwelling house? Yes No
 - b. A self-contained apartment? Yes No
 - c. Townhouse or Condominium? Yes No
 - d. Owner Occupied? Yes No
 - e. Rented unfurnished? Yes No
 - f. Presently unoccupied? Yes No
 - g. Likely to be unoccupied for more than 40 consecutive days in any one year? Yes No

19. Is the home:

- a. or any part of the building or grounds used for any trade or business purpose? Yes No
- b. a weekend or holiday home? Yes No
- c. occupied by anyone except your family? Yes No
- d. let as a resort, cottage or other tourist accommodation? Yes No
- e. in an area that has history of flooding, subsidence, ground heave or landslip? Yes No
- f. showing signs of damage by subsidence, ground heave or landslip? Yes No
- g. within 100 feet of the high water level along the sea coast? Yes No
- h. Within 20 feet of any other building? Yes No
- i. Protected by:
 - (i) A Fire alarm? Yes No
Is the alarm monitored? Yes No
 - (ii) A burglar alarm? Yes No
Is the alarm monitored? Yes No
 - (iii) Burglar Bars? Yes No
- j. Equipped with Fire Fighting Appliances? Yes No

20. How is your home constructed?

- a. (i) No. of floors:
- (ii) Type of foundation:
- (iii) External Walls:
- (iv) Roof:
- (v) Shape of Roof:



Hip



Salt Box



Gable



Flat



Gambrel



Mono-pitch

Other:

b. Construction of outbuildings, if any:

- (i) Type of foundation:
- (ii) External walls: Roof:
- (iii) Shape of Roof:

21. Have you been Insured before for any of the risks Proposed?

Yes No

- a. If Yes, who was your Insurer?
- b. Is there an existing policy in force? Yes No

22. Have you or any member of your household ever:

- a. had any insurance refused, been subjected to special terms or been asked to take extra precautions? Yes No
- b. been convicted of, or been charged with but not yet tried for, arson or any offence involving dishonesty of any kind such as fraud, robbery, theft, or handling stolen goods? Yes No
- c. sustained loss or damage by any of the risks or liabilities you now wish to insure? Yes No

SECTION 1 – CONTENTS

Do you require cover under this section? Yes No

Do you require cover for Accidental Damage to the contents in your home? Yes No

Do you require cover for the Food in your Freezer over \$250? Yes No

Please indicate in the space indicated below Yes No

How much to insure in respect of Contents? Place a value on all items in each room and total. The amount should represent the full replacement cost of all contents except clothing and linen for which an allowance should be made for depreciation, wear and tear.

THE CONTENTS

SUM INSURED

1. Contents	\$
2. Freezer Contents	\$
3. Audio/Video Equipment	\$
Total Sum Insured	\$

Is the legal interest of a Financial Institution to be recorded for this section? Yes No

If yes, please give name, address and type of interest below:

If the proposed Sum Insured include valuables (as defined) or audio and video equipment, please give details and values on a separate form.

Do not include under this section any items that are to be insured under Section 3 "Valuables and Personal Possessions"

See definitions of "Contents" on page 3

SECTION 2 – BUILDING

Do you require cover under this section? Yes No

What is the total area of your home in sq.ft.

What is the age of the building?

How much to insure in respect of Buildings?

In arriving at a sum insured you should make sure that the amount represents the full reinstatement/replacement cost of the Building, making allowance for cost of Local Authority Requirements and Removal of Debris and Professional Fees.

THE BUILDING	SUM INSURED
1. Main Building	\$
2. Outbuilding(s)	\$
3. Removal of Debris	\$
4. Professional Fees	\$
5. Swimming Pool	\$
6. Retaining Walls	\$
Total Sum Insured	\$

Is the legal interest of a financial institution to be recorded for this section? Yes No

If yes, please give name, address and type of interest below:

See definition of "Building" on page 4

SECTION 3 – VALUABLES & PERSONAL POSSESSIONS

Please indicate under (i) – (iv) if cover is required at:

(a) Premises only (b) T&T (c) W.I. (d) Worldwide
 Do you require cover under this section? Yes No

(i) Unspecified Valuables & Personal Possessions:
 Do you require cover under this item Yes No
 If yes, please state the
 Total Sum Insured \$
 And whether (a), (b), (c), (d) as above

(ii) Specified Valuables and Personal Possessions:
 Do you require cover under this item Yes No
 If yes, please state the Total Sum Insured and attach a Valuation Certificate or Sales Receipt for the individual items
 Total Sum Insured \$
 And whether (a), (b), (c), (d) as above

(iii) Sport Equipment/Electronics (including Games)

Do you require cover under this item? Yes No
 If yes, please state the
 Total Sum Insured \$
 Maximum limit any one item \$
 State whether (a), (b), (c), (d):

Please state type of Sport Equipment/Electronics to be included and give details of Equipment/Electronics to be covered on a separate form:

.....

See definition of "Valuables & Personal Possessions" on Page 4

(iv) Credit Cards

Do you require cover under this item? Yes No
 If yes, please state limit \$
 State whether (a), (b), (c), (d):

SECTION 4 – PERSONAL COMPUTER

Do you require cover under this item? Yes No

Breakdown cover is not available if equipment is over 3 years old or the power supply line of the computer is not attached to an electrical surge protector when such power supply line is connected to an electrical power supply.

Is the Personal Computer owned by you? Yes No

N.B. Equipment whilst in play, water and motor sports equipment are excluded

Give description of personal computer and accessories

Peripherals (Make, Model, Serial No.)

What is the replacement value of the Personal Computer? \$

DEFINITION OF TERMS

SECTION 1 – CONTENTS

“Contents” mean household furniture and furnishings, clothing and personal belongings; money; valuables; audio and video equipment; films; tapes; cassettes; cartridges or discs, up to their value as unused material or where purchased pre-recorded at maker’s latest list price; interior decorations if you are liable for them as a tenant; freezer contents up to \$250; domestic staff or gardeners’ personal belongings (excluding money) up to \$500 and \$1,500 in total; guest’s personal belongings (excluding money) up to \$1,000 per item or \$2,500 in total.

The maximum payable on all Audio and Video Equipment unless specifically declared is \$2,000 any one item and in all 25% of the Sum Insured or \$10,000 whichever is less.

“Money” means personal money held for private purposes comprising cash, bank or currency notes, stamps, trading stamps and travel tickets, gifts, tokens and luncheon vouchers. The maximum payable is \$500 in any one period unless more specifically insured.

“Valuables” means items composed of precious metals or precious stones, jewellery, watches, furs, curious and works of art. The maximum payable on all valuables, unless specifically declared and sustained by valuation certificates, is \$1,000 any one item and \$5,000 in total.

SECTION 2 – BUILDINGS

“Buildings” mean the structure of your private residence including fixtures, fittings and decorative finishes; outbuildings used for domestic purposes; solar heating systems; water tanks; sewerage and drains; patios; terraces; garden and boundary walls (other than retaining walls (unless specifically mentioned)) fences and gates; swimming pools; tennis hard courts, path and driveways up to \$5,000 unless specifically stated and agreed.

SECTION 3 – VALUABLES & PERSONAL POSSESSIONS

“Valuables” mean items composed of precious metals or precious stones, jewellery, watches, furs, curious and works of arts.

“Personal Possessions” mean private property including valuables but excluding furniture, fixtures and fittings, crockery, cutlery, glassware, domestic appliances and food in your freezer.

DISCLOSURE

All important facts, which may affect the acceptance or assessment of the coverage requested by this proposal must be disclosed. If you are in doubt about what is important, tell your producer or us. Failure to disclose these facts may invalidate the Policy.

DECLARATION AND SIGNATURE

I/We declare that to the best of my/our knowledge and belief that the information on this form is true in every respect. I/We also declare that if anything on this form was written by another person, he/she has acted as my/our agent for this purpose. I/We agree that this proposal and declaration will be the basis of the contract between me/us and the Company. I/We further agree that if the above information changes, the company shall be immediately notified.

Date:

Signature of Proposer:

Date:

Signature of Proposer:

- NOTE:**
- (a) For Joint Insureds, the Proposal form must be signed by all Insureds
 - (b) For Company Insured properties the Company’s stamp must be affixed to signature

According to Law persons 60 years and over are exempt from paying Government Tax. If you qualify for the exemption, kindly supply proof of age for our records.

The company reserves the right to refuse any Proposal. This insurance will not be in force until the Proposal has been accepted and the premium or deposit paid except as provided by any Official Covering Note issued by the Company.

FOR OFFICE USE ONLY:

Supporting Documentation (Individual Clients)

- Personal Photographic Identification**
(e.g. Passport, National Identification Card, Driver's License along with Social Security Number or equivalent, if non-resident)

- Confirmation of Permanent Address**
(Recent original utility bill with full address – not more than 3 months old)

Supporting Documentation (Corporate Clients)

- Certified Copy of Corporate Instruments**
(Certificate and articles of incorporation or equivalent documents) or certified copy of partnership deed, registration of business name or equivalent documents.

- Personal Photographic Identification for each Senior Officer**
(e.g. Passport, National Identification Card, Driver's License along with Social Security Number or equivalent, if non-resident). These must show, at a minimum, the person's photograph, date of birth and signature.