

HOMEOWNERS AND HOUSEHOLDERS COMPREHENSIVE INSURANCE APPLICATION

Note: It is essential that all questions are fully answered.

Policy #: _____

Agent: _____

Section I – Applicant’s/Proposer’s Details

1 Applicant’s/Proposer’s Name in full _____

2 Mailing address: _____

3 Profession/Occupation: _____ D.O.B: _____

4. Tel#: _____ Fax#: _____ Email: _____

Section II – Property Details

5. Address of Property to be insured: _____

6. Nature of residence (select where applicable):

- a) Private Dwelling House
- b) Self-contained flat with separate entrance exclusively under your control.
- c) Rooms not self-contained.
- d) Other(describe) _____

7. Construction of dwelling/building(select where applicable):

Walls	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Brick	<input type="checkbox"/> Prefab	<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Other
Roof	<input type="checkbox"/> Concrete	<input type="checkbox"/> Metal	<input type="checkbox"/> Tiles	<input type="checkbox"/> Rubber	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Other

8. Number of storeys _____. Are there any outbuildings? Yes No. If Yes, state construction of such Outbuilding _____

9. Is the building(s) to be insured in a good state of repair? Yes No. If Yes, will they be so maintained? Yes No

10. Are there any building(s) within 20ft of your building? Yes No. If Yes, state the distance, _____ type of construction _____ and use of the building _____.

11. Is the building occupied solely by you, your family and servants? Yes No. If No, state the number of other tenants, lodgers boarders or paying guests. _____

12. For how many days(whether consecutive or not) is the dwelling likely to be left without an inhabitant during one year _____

13. State, as a number of days, the longest continuous period in any one year during which the dwelling is likely to be left without an inhabitant _____. **(Coverage is eliminated in the Policy for Theft when the Building is left unoccupied for a period exceeding 17 consecutive days unless we specifically agree to continue coverage.)**

14. Is any profession, trade or business carried on in the dwelling or in any portion of the premises? Yes No. If Yes, give details _____

15. Do you have any live-in domestic worker? Yes No. If Yes, please state how many _____

16. Is the Building or property to be insured mortgaged? Yes No. If Yes, give name of Mortgagee _____

Section III – Past and Current Insurance History

17. Is there any Policy(ies) in force covering any of the perils to be insured against? Yes No. If Yes, give details _____

18. Do you have any insurance in force with this Company? Yes No.

19. With respect to any of the perils to be insured or any other insurance, has any insurer ever;

- a) Declined to insure you? Yes No. If Yes, give details _____
- b) Required special terms to insure you? Yes No. If Yes, give details _____
- c) Cancelled or refused to renew your insurance? Yes No. If Yes, give details _____
- d) Increased your premium on renewal? Yes No. If Yes, give details _____

20. Has the property (building a/o contents etc) to be insured suffered any loss by storm or flood within the last five(5) years? Yes No. If Yes, give details _____

21. Has the property (building a/o contents etc) to be insured suffered any loss (other than those referred to in 21 above)? Yes No. If Yes, give details _____

Section IV – Properties & Values to be insured.

22. **The Buildings** – Private dwelling house or private flat and all the domestic offices, stables, garages and outbuildings used solely in connection therewith and on the same premises including Landlord’s fixtures and fittings therein and the walls, gates and fences around and pertaining thereto. (All property to be included under contents should be excluded)

<u>Description</u>	<u>Sum to be Insured</u>	<u>Rate</u>	<u>Premium</u>
1.			
2.			
3.			
4.			
Total S.I. on Bldg.			

23. **The Contents** – shall include all furniture, household goods and personal effects (except as after mentioned) being the property of the Proposer or any members of the Proposer’s family normally residing with the Proposer and fixtures and fittings which are the Proposer’s or for which the Proposer is legally responsible.

Note 1.: No one item except furniture, household appliances, radio, television sets, pianos and organs will be deemed to be of greater value than 5% of the total sum insured on the said Contents unless that item(s) is specifically declared as a separate item. Please declare such item(s) below;

<u>Description</u>	<u>Sum to be insured</u>	<u>Rate</u>	<u>Premium</u>
Contents			
Items to be specially declared (Attach separate list if necessary)			
Satellite Dish (rate will be 10% of value with min. of \$100.00)			
Total S.I. on Bldg.			

Note 2.: The insurance on Contents does not cover any part of the structure or ceilings of the buildings, wallpapers and the like, external television and radio antennae, aerials, fittings, masts and towers nor any property to be insured under the buildings, nor does it cover property more specifically insured under another policy or, unless specially mentioned, Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Travelers Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Manuscripts, Medals, Coins, Pedal Cycles, Motor Vehicles and Accessories or Livestock.

24. Do you require higher limits of liability in excess of what is automatically provided under the Policy? Yes No. If Yes, state

- a) Additional expense of alternative accommodation – Increased limit _____.
- b) Loss of Rent – Increased limit _____.
- (Current limits under a) & b) are 10% of the total sum insured on buildings and contents.)*
- c) Public Liability – Increased limit _____ . *(Current limit is EC\$1,000,000.00)*

25. **Period of Insurance** - from _____ to _____.

26. Deductibles:

- a) 2% of the Total Sum Insured for loss due to all Catastrophe/Natural Perils subject to a minimum of US\$560.00
- b) _____ for all other covered losses.

Declaration

I/we hereby declare that the above answers are true and that I/we have not withheld any material information regarding this Proposal. I/we agree that this declaration and the answers given above as well as any further Proposal or declaration or Statement made in writing by me/us or anyone acting on my behalf shall form the basis of the contract between me and NATIONAL GENERAL INSURANCE CORPORATION N.V. and I/we further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy.

I/we also declare that the Total Sum Insured represent not less than the full value of the property as mentioned above.

Proposer's/Applicant's Signature _____ Date: _____

(No insurance is in force until the Proposal has been accepted by the Company, and the premium or a deposit paid except as provided by an official Cover Note issued by the Company)

For Office Use Only

Terms & Conditions: NAGICO Homeowners and Householders Comprehensive Policy.

Underwriting notes: _____

Other notes: _____

