

PLEASE PROVIDE FULL ANSWERS TO ALL QUESTIONS. IF SPACE IS INSUFFICIENT PLEASE ATTACH A SEPARATE SHEET OF PAPER

**DETAILS OF PROPOSER**

FULL NAME OF PROPOSER:  TITLE (MR/MRS/MISS, ETC)  IF A COMPANY STATE FULL LEGAL NAME:

POSTAL ADDRESS:

OCCUPATION:  NATURE OF BUSINESS:

PLACE OF BUSINESS:  MARTIAL STATUS:

ANNUAL OCCUPATION INCOME: (ST. VINCENT & THE GRENADINES/ TRINIDAD & TOBAGO ONLY)  E-MAIL

TELEPHONE NOS.: HOME  WORK  CELL  FAX

PROPOSER'S I.D. NO./COMPANY'S NO  VAT NO.

TYPE OF PHOTO IDENTIFICATION

DATE OF BIRTH:  COUNTRY OF BIRTH:  NATIONALITY:

PERIOD YOU REQUIRE INSURANCE: FROM  TO

DO YOU HAVE ANY AFFILIATION TO GOVERNMENT OFFICIALS, MILITARY OFFICIALS OR ANY PERSON WHO PROVIDES AN IMPORTANT PUBLIC FUNCTION/S FOR THE STATE? YES  NO

**DETAILS OF YOUR PROPERTY**

1. LOCATION OF PROPERTY TO BE INSURED: HOUSE NAME/ NUMBER  STREET

CITY/TOWN  COUNTRY

2. IS THERE A FINANCIAL INTEREST IN THE PROPERTY? YES  NO

NAME OF FINANCIAL INSTITUTION

3. HOW IS THE PROPERTY CONSTRUCTED?

	MAIN BLDG.	ADD'L BLDGS.	6. IS THE BUILDING:	YES	NO
A. WALLS	<input type="text"/>	<input type="text"/>	A. IN AN AREA THAT HAS A HISTORY OF FLOODING SUBSIDENCE OR LANDSLIP OR GROUND HEAVE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. ROOF CONSTRUCTION	<input type="text"/>	<input type="text"/>	B. ALONG THE SEA COAST AND WITHIN 200FT. OF THE HIGH WATER MARK?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. ROOF TYPE	HIP <input type="checkbox"/> PARAPET <input type="checkbox"/> GABLE <input type="checkbox"/> FLAT <input type="checkbox"/>		C. WITHIN 12 FEET OF ANY OTHER BUILDING OF A DIFFERENT CONSTRUCTION OR OCCUPANCY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. HEIGHT IN STORIES	<input type="text"/>	<input type="text"/>	D. FITTED WITH HURRICANE SHUTTERS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. NUMBER OF BEDROOMS	<input type="text"/>	F. NUMBER OF BATHROOMS <input type="text"/>	7. PLEASE STATE DETAILS OF ANY SAFETY DEVICES USED TO PROTECT YOUR HOME		
G. DATE OF ORIGINAL CONSTRUCTION	<input type="text"/>		A. BURGLAR ALARM?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. IS THE PROPERTY:			YES	NO	D. SMOKE ALARM*
A. IN A GOOD STATE OF REPAIR?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. FIRE EXTINGUISHERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. UNDERGOING MAJOR REPAIRS OR ALTERATIONS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. FIRE ALARM*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. IS THE PROPERTY:			YES	NO	E. SPRINKLERS
A. A PRIVATE DWELLING HOUSE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F. WROUGHT IRON BARS OR GRILLS AT DOORS AND WINDOWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. A CONDOMINIUM OR SELF CONTAINED APARTMENT?	<input type="checkbox"/>	<input type="checkbox"/>	G. OUTSIDE DOORS ADEQUATELY SECURED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. OR ANY OTHER PART OF THE GROUNDS USED FOR BUSINESS TRADE OR PROFESSIONAL PURPOSES ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. ANY OTHER SECURITY ARRANGEMENTS? IF YES, PROVIDE FURTHER DETAILS BELOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. LIKELY TO BE UNOCCUPIED FOR MORE THAN 40 CONSECUTIVE DAYS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* if maintained and professionally installed please provide details		
E. SOLELY OCCUPIED BY YOU, YOUR SPOUSE/PARTNER AND MEMBERS OF YOUR FAMILY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
F. RENTED PARTIALLY OR FULLY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

**DETAILS OF YOUR PREVIOUS INSURANCES**

8. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER:

a) been convicted or charged with arson or any offence involving dishonesty of any kind, such as fraud, robbery or theft? YES  NO

b) sustained loss or damage by any of the risks or liabilities you now wish to insure?

c) had any insurance refused or had any special terms and conditions imposed on you?

QUES NO.	IF YOU HAVE TICKED ANY SHADED BOXES ON THE PREVIOUS PAGE IN THIS MANNER. PLEASE GIVE FULL DETAILS BELOW: →	

**COVERAGE REQUIRED AND SUMS TO BE INSURED**

**SECTION 1: BUILDINGS**

ITEM	DESCRIPTION	SUMS INSURED
1	BUILDINGS	\$
2	OUTBUILDING / ADDITIONAL BUILDINGS	\$
3	DECKING <input type="checkbox"/> TENNIS HARD COURTS <input type="checkbox"/> PATHS & DRIVEWAYS <input type="checkbox"/> FENCES & GATES <input type="checkbox"/>	\$
4	SATELLITE DISH <input type="checkbox"/> GENERATING PLANT <input type="checkbox"/>	\$
5	SWIMMING POOL / INFINITY POOL	\$
6	WATERSIDE STRUCTURES	\$
7	PHOTOVOLTAIC SYSTEMS (proof of certification must be provided)	\$
8	SOLAR HEATING	\$
9	CLAIMS STAMP DUTY	\$
TOTAL SUM INSURED - BUILDINGS		\$

  

A. OPTIONAL EXTENSIONS (BUILDINGS)	YES	NO
1. DO YOU REQUIRE COVER FOR ACCIDENTAL DAMAGE ON BUILDINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. INCREASED PUBLIC LIABILITY (STATE LIMIT REQUIRED)		\$

**SECTION 2: CONTENTS**

ITEM	DESCRIPTION	SUMS INSURED
1	FURNITURE, FIXTURES & FITTINGS	\$
2	PERSONAL EFFECTS & CLOTHING	\$
3	STEREO, TV, VIDEO, HOME COMPUTERS ETC.	\$
4	JEWELLERY	\$
5	1% CLAIMS STAMP DUTY	\$
TOTAL SUM INSURED - CONTENTS		\$

  

B. OPTIONAL EXTENSIONS (CONTENTS)	YES	NO
<small>(Items requiring "All Risks" type cover should be insured under the PERSONAL POSSESSIONS section next page)</small>		
1. DO YOU REQUIRE COVER FOR ACCIDENTAL DAMAGE ON CONTENTS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. DO YOU REQUIRE HURRICANE/WINDSTORM COVER FOR A SATELLITE DISH? IF YES, SPECIFY THE SUM INSURED - SATELLITE DISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. INCREASED PUBLIC LIABILITY (STATE LIMIT REQUIRED)		\$

**SECTION 3: PERSONAL POSSESSIONS**

UNSPECIFIED ITEMS	\$	
SPECIFIED ITEMS	} ATTACH SCHEDULE SHOWING MAKE, MODEL, SERIAL NO. & INDIVIDUAL VALUE OF EACH ITEM GREATER THAN \$1,000	\$
SPORTS EQUIPMENT		\$
PEDAL CYCLES (Cover in Geographical Area only)	\$	

NB. The Insurance Application is the Proposal Form and Declaration

**DECLARATION**

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete, that the sums insured will be maintained on a true and up-to-date basis and that this proposal shall form the basis of the contract between me/us and MASSY UNITED INSURANCE LTD.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**INTERNAL USE ONLY**

RATES AGREED			
BUILDINGS	<input type="text"/>	CONTENTS	<input type="text"/>
		ALL RISKS	<input type="text"/>
TOTAL PREMIUM	<input type="text"/>	STAMP DUTY/TAX	<input type="text"/>
		COVER/EXCESS EXPLAINED TO PROPOSER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
UNDERWRITER	LOCATION	DATE	

**DETAILS OF JOINT INSURED**

FULL NAME OF JOINT INSURED:  TITLE (MR/MRS/MISS, ETC)  IF A COMPANY STATE FULL LEGAL NAME:

POSTAL ADDRESS:

OCCUPATION:  NATURE OF BUSINESS:

PLACE OF BUSINESS:  MARTIAL STATUS:

ANNUAL OCCUPATION INCOME:  (ST. VINCENT & THE GRENADINES/ TRINIDAD & TOBAGO ONLY) E-MAIL

TELEPHONE NOS.: HOME  WORK  CELL  FAX

JOINT INSURED'S I.D. NO./COMPANY'S NO  VAT NO.

TYPE OF PHOTO IDENTIFICATION

DATE OF BIRTH:  COUNTRY OF BIRTH:  NATIONALITY:

PERCENTAGE INTEREST

DO YOU HAVE ANY AFFILIATION TO GOVERNMENT OFFICIALS, MILITARY OFFICIALS OR ANY PERSON WHO PROVIDES AN IMPORTANT PUBLIC FUNCTION/S FOR THE STATE? YES  NO

**DETAILS FOR COMMERCIAL ENTITY AS PROPOSER**

**1. NAMES OF SHAREHOLDERS/BENEFICIAL OWNERS**  
(I.E. THOSE WITH MORE THAN 10% SHAREHOLDING)

FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>

**2. DIRECTORS AND/OR OFFICERS WITH EFFECTIVE CONTROL**

FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>

**3. AUTHORISED SIGNATORIES**

FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>
FULL NAME: <input type="text"/>	Type of ID provided: <input type="text"/>

4. CERTIFICATE OF REGISTRATION PROVIDED? YES  NO

CERTIFICATE AND ARTICLES OF INCORPORATION PROVIDED? YES  NO

CONTINUANCE PROVIDED (WHERE APPLICABLE)? YES  NO