

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.
A. WALLS	<input type="text"/>	<input type="text"/>
B. ROOF CONSTRUCTION	<input type="text"/>	<input type="text"/>
C. ROOF TYPE	HIP <input type="checkbox"/> PARAPET <input type="checkbox"/> GABLE <input type="checkbox"/> FLAT <input type="checkbox"/>	
D. HEIGHT IN STORIES	<input type="text"/>	<input type="text"/>
E. NUMBER OF BEDROOMS	<input type="text"/>	F. NUMBER OF BATHROOMS <input type="text"/>
G. DATE OF ORIGINAL CONSTRUCTION	<input type="text"/>	

6. IS THE BUILDING:

	YES	NO
A. IN AN AREA THAT HAS A HISTORY OF FLOODING SUBSIDENCE OR LANDSLIP OR GROUND HEAVE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. ALONG THE SEA COAST AND WITHIN 200FT. OF THE HIGH WATER MARK?	<input checked="" type="checkbox"/>	<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. FITTED WITH HURRICANE SHUTTERS	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. IS THE PROPERTY:

	YES	NO
A. IN A GOOD STATE OF REPAIR?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. UNDERGOING MAJOR REPAIRS OR ALTERATIONS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. IS THE PROPERTY:

	YES	NO
A. A PRIVATE DWELLING HOUSE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. A CONDOMINIUM OR SELF CONTAINED APARTMENT?	<input type="checkbox"/>	<input type="checkbox"/>
C. OR ANY OTHER PART OF THE GROUNDS USED FOR BUSINESS TRADE OR PROFESSIONAL PURPOSES ?	<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"/>
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"/>

7. PLEASE STATE DETAILS OF ANY SAFETY DEVICES USED TO PROTECT YOUR HOME

	YES	NO	YES	NO
A. BURGLAR ALARM?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. SMOKE ALARM*	<input checked="" type="checkbox"/>
B. FIRE EXTINGUISHERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. SPRINKLERS	<input checked="" type="checkbox"/>
C. FIRE ALARM*	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F. WROUGHT IRON BARS OR GRILLS AT DOORS AND WINDOWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
G. OUTSIDE DOORS ADEQUATELY SECURED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
H. ANY OTHER SECURITY ARRANGEMENTS? IF YES, PROVIDE FURTHER DETAILS BELOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

* if maintained and professionally installed please provide details

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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
b) sustained loss or damage by any of the risks or liabilities you now wish to insure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) had any insurance refused or had any special terms and conditions imposed on you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? <small>IF YES, SPECIFY THE SUM INSURED - SATELLITE DISH</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. INCREASED PUBLIC LIABILITY (STATE LIMIT REQUIRED)		\$

SECTION 3: PERSONAL POSSESSIONS

UNSPECIFIED ITEMS	\$	
SPECIFIED ITEMS	\$	
SPORTS EQUIPMENT	\$	} ATTACH SCHEDULE SHOWING MAKE, MODEL, SERIAL NO. & INDIVIDUAL VALUE OF EACH ITEM GREATER THAN \$1,000
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"/>
			YES NO
TOTAL PREMIUM	<input type="text"/>	STAMP DUTY/TAX	<input type="text"/>
		COVER/EXCESS EXPLAINED TO PROPOSER	<input checked="" type="checkbox"/> <input type="checkbox"/>
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