



INSURANCE COMPANY (BARBADOS) LIMITED

Suite 8, Dome Mall, Warrens, St. Michael BB22026
Telephone: 246-538-2200
Email: infobb@genac.com

FIRE/COMMERCIAL ALL RISKS PROPOSAL FORM

Note to Proposer

**Notice to Insured on the Nature and Effect of the Pro Rata Condition of Average
(Average Clause)**

Please note that any property that is insured or to be insured under the policy mentioned above is subject to the **pro rata condition of average (Average Clause)**. This means that, under certain circumstances, if the property covered under this policy is, at the time of any loss or damage from an insured peril, of greater value than the sum for which the property is insured, you will only be entitled to recover under this policy such proportion of the loss as the sum insured under this policy bears in relation to the total value of the property. You are said to be under-insured because the sum insured at the time of the loss is less than the actual value of the insured property and so a part of the insured loss will not be covered under this Policy. In this case, you are considered as being your own insurer for the part of your loss which is not covered under this policy.

Please review the terms of your policy carefully, including checking on the adequacy of the sum for which the property is insured or to be insured. This will enable you to identify whether you are or will be under-insured in a manner which will cause the **pro rata condition of average** detailed in your policy to be applied. You may check with your insurer, agent or broker for further clarification on the terms of your policy and the nature and effect of the pro rata condition of average contained therein.

This notice is given to you to provide you with information on the nature and effect of the **pro rata condition of average** stated in your policy to be inserted in the policy of insurance mentioned above.

Please note that the extent to which the condition applies is governed by the terms of your policy.

.....
Proposer's Signature

.....
Date

POLICY NUMBER _____ Broker/Agent _____

BROKER/AGENT NAME _____

INSURED'S NAME _____

OCCUPATION _____

TAXPAYER REGISTRATION NUMBER (TRN) _____

ADDRESS OF PREMISES TO BE INSURED _____

TYPE OF PREMISES TO BE INSURED _____

MAILING ADDRESS _____

NAME OF MORTGAGEE _____

ADDRESS OF MORTGAGEE _____

TELEPHONE NO.(S) _____ FAX NO. _____ EMAIL ADDRESS _____

DETAILS OF CONTACT PERSON

MR./MRS./MS./
DR./ OTHER _____ FIRST NAME _____ LAST NAME _____

TELEPHONE NO. _____ EMAIL ADDRESS _____

ARE ANY OF YOUR OFFICERS INVOLVED OR ASSOCIATED WITH ANYONE HOLDING ANY PROMINENT PUBLIC POSITION SUCH AS AN OFFICIAL OR EXECUTIVE OF A POLITICAL PARTY, SENIOR POLITICIAN OR SENIOR GOVERNMENT? YES NO

IF YES, PLEASE STATE ONE OR THE OTHER:

IN RESPECT OF PRINCIPAL OWNERS, DIRECTORS & BENEFICIARIES:

| Title | Name | Address |
|-------|------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

Attach a supplementary sheet, if necessary

WE ALSO REQUEST THAT YOU SUBMIT THE FOLLOWING DOCUMENTS:

- CERTIFICATE OF INCORPORATION (OR SIMILAR DOCUMENT APPROPRIATE FOR BUSINESS)
- MEMORANDUM AND ARTICLE OF ASSOCIATION (OR ARTICLES OF INCORPORATION)
- NAME(S) & ADDRESS(ES) OF OWNER(S) WITH SHAREHOLDINGS OF 10% OR GREATER
- COPIES OF ID FROM AT LEAST TWO (2) DIRECTORS. WE ALSO ACCEPT ANY IDENTIFICATION ALSO ACCEPT ANY IDENTIFICATION WITH A PHOTOGRAPH SUCH AS PASSPORT OR DRIVER'S LICENCE

1) How are the buildings constructed?

a) External Walls

b) Roofs

c) Ceilings and Floors

d) Gallery, Verandah or Balcony

State number of Storeys _____

2) How are the buildings lighted?

3) Is any method of heating employed therein? YES NO If so, give particulars below:

4) Are goods of a hazardous nature contained therein? YES NO

If so, give particulars, including quantity and place of storage of petroleum or other mineral oil or product thereof, if any below:

5) If power driven machinery is used, give particulars:

6) Is the building currently occupied? YES NO If so, by whom: _____

7) Are the premises occupied solely by you? YES NO If no, state how otherwise occupied: _____

8) If adjoining any building(s) please state:

a) Type of Building(s) _____

b) Nature of Construction, including division walls

9) Are there any insurances in force on any of the property listed in this proposal with this or any other Insurance Company or Underwriter?

If so, state the amounts and the names of the Insurance Companies or Underwriters:

10) How long have you carried on business in the premises? _____

b) Have you carried on business in any other premises? YES NO If so, give particulars below:

11) Are the premises protected by Electronic Security? YES NO If so, give particulars below:

12) Have you ever had a loss either at these premises or elsewhere by Fire or Burglary or any peril to be insured? YES NO

If so, state the amounts and names of the Insurance Companies: _____

Occurrence

Insurance Companies

13) What security precautions are in operation

a) For securing outer doors? _____

b) For protecting windows? _____

c) For protecting roof lights and other means of access? _____

14) Has any application for Insurance been declined or not completed? YES NO If so, please state below:

15) Has any Insurance Company or Underwriter declined any proposal for insurance either in your own name or jointly with others or declined to continue any such insurance either at these premises or elsewhere? YES NO

If so, give particulars:

16) Do the sums insured represent the full value in respect of each item listed below? YES NO

17) Is there any other material fact to be known for underwriting the risk? YES NO If so, please state below:

SUMS FOR WHICH INSURANCE IS REQUIRED

\$

| | |
|--|--|
| Buildings | |
| Walls, Gates, Fences | |
| Merchandise or Stock in trade | |
| Goods in trust or on commission for which the proposer is responsible | |
| Fixtures, Fittings and Utensils in trade | |
| Landlords Fixtures and Fittings | |
| Machinery, Shafting and Gearing | |
| Plate Glass and Plate Glass Fronts | |
| Household Goods and Personal Effects | |
| Employees Effects (not exceeding \$1,000.00 for any one employee) | |
| Month's Rent | |
| Consulting Engineers' Fees | |
| Architects' and Surveyors' Fees necessarily incurred in the reinstatement of the Buildings after destruction or damage by Fire but not for preparing any claim | |
| Leasehold Improvements | |
| 1% Stamp Duty Payable on Claims | |
| TOTAL | |
| BURGLARY DECLARED VALUE | |
| BURGLARY FIRST LOSS SUM INSURED | |

18) Are all or any of the valuables secured in burglary-resistant safes when the premises are closed? YES NO

19) Do you keep books with a complete record of all purchases and sales, and are these regularly updated? YES NO

DECLARATION

I/We declare that all the answers in this Proposal are true; and no information withheld that might lead to influence the Company's decision regarding this proposal. I/We confirm that the amounts proposed represent the full value of the property and undertake to exercise all reasonable precautions for the safety of the property. I/We agree that this Proposal and Declaration shall be the basis of the contract between the Company and myself/ourselves, and to accept the Policy issued under all the conditions contained therein or endorsed thereon, and to pay the premium on request.

Date _____

Signature _____

Print Form

Revised November 2, 2020