



SUPERIOR HOME PROPOSAL FORM

- Note:
1. A definite answer must be given to each question.
 2. Use **BLOCK** capital throughout.
 3. Any amendments must be signed by the proposer.
 4. Please provide two (2) proof of address (e.g. Telephone bill etc.)

Broker:		Branch:	
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Insured's Full Name														
	FIRST NAME			MIDDLE NAME			LAST NAME			Mr, Mrs, Ms, Dr.				
Mailing Address														
Address of Property to be insured (if different)														
Telephone No.	Home				Office				Mobile			Fax		
Occupation						Source of Funds								
Place of Work								Email						
Name two Additional Insured	Name					Name								
	Add.					Add.								
	No.#					No.#								

All occupations must be listed. Vague terms such as "Businessman" must not be used.

ARE YOU OR ANY RELATIVE OR CLOSE ASSOCIATE ENTRUSTED WITH PROMINENT PUBLIC FUNCTIONS(e.g. SENIOR GOVERNMENT, POLICIANS)? IF YES, PLEASE STATE BELOW. YES NO

ARE YOU OR ANY CLOSE RELATIVE (CHILDREN, SPOUSE, PARENT, SIBLINGS) CONNECTED IN ANY WAY (PERSONAL OR BUSINESS) TO GENERAL ACCIDENT INS. CO. JA LTD. OR ANY OTHER MEMBER COMPANY WITHIN THE MUSSON GROUP?

IF YES, PLEASE STATE BELOW YES NO

I/we agree that this proposal form shall be the basis of the contract between me/us and General Accident Insurance Company Jamaica Ltd

The Period of Insurance

When do you wish to begin your insurance? _____
DATE

No insurance will be in force until the proposal has been accepted by General Accident Barbados.

Your Buildings

Are the buildings of your home to be insured? YES NO State the amount to be insured _____

Are you the sole owner of the buildings to be insured? If NO, please state. YES NO

Name of other interest		Address	
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Nature of interest in building	
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The Amount Insured MUST be sufficient to rebuild your home as new, including the cost of all professional fees, clearance costs and statutory costs which may be incurred in rebuilding. Also include the value of any fixtures & fittings. Include also the cost of rebuilding as new your domestic outbuildings, garages, swimming pools, terraces, patios, driveways, footpaths, walls, gates, hedges, fences, solar heating panels, and the external portion of any satellite earth stations.

Your Household Goods

Are your household goods to be insured? YES NO

State the amount to be Insured. _____

Calculate your Amount Insured as follows:

1. Clothing and linen; cost replacement as new less an adjustment for wear and tear.
2. All other items, irrespective of age; cost of replacement as new.

REMEMBER TO EXCLUDE ANY ITEMS SPECIFICALLY INSURED UNDER THE ALL RISKS SECTION

State the value of electronic equipment included _____

Your household goods include items such as furniture and furnishings, carpets, floor coverings, household appliances and equipment, linen, cooking utensils and provisions, garage equipment, garden equipment, (excluding motorized equipment unless it is pedestrian controlled), and unless specifically insured for all risks, all personal effects and clothing, furs, jewellery, watches, cameras, electronic equipment, (incl. internal portion of satellite equipment), stamp collections, sports equipment, cycles, toys, musical instruments and personal money up to \$ 2000.

In the event of a claim for Household Goods, payment in respect of any one article other than furniture and household appliances is limited to 10% of the amount insured for Household Goods. To ensure full protection, articles valued above this limit which are not to be insured under All Risks below, should be specified. Please give a full description of all such articles on separate sheet of paper. Each article should have a separate sum insured.

All Risks insurance for selected items

For selected items, you can insure against theft, accidental loss or damage. You cannot, however, insure for all risks unless you also insure your Household Goods. In the event of a claim, the basis of settlement will be the same as that shown for Household Goods. Therefore, in calculating the Amount Insured please follow the same formula.

Geographical limit Barbados Worldwide
(State whether Barbados or Worldwide)

Electronic Equipment

State the amount insured _____

Sports Equipment

State the amount insured _____
Incl. internal portion of satellite equipment

Personal Effects and Clothing

Do not include under section items of furs, jewellery, watches, personal adornments, articles of gold, silver or other precious metals, photographic equipment, binoculars or vehicles, cycles and their accessories.

State the amount insured _____

Specified furs, jewellery and valuables

Amount Insured

State the amount insured _____

This includes furs, jewellery, watches, personal adornments, articles of gold, silver or other precious metals, photographic and binoculars. Do not include under this section any item worth more than \$500 for jewellery and \$1,000 for electronic equipment

If you have more than five(5) articles please continue on a separate sheet and tick this box.

1.		
2.		
3.		
4.		
5.		

Unspecified furs, jewellery and valuables

Amount Insured

State the amount insured _____

Give full details as above which are valued individually at more than \$500. If an article is valued at more than \$1,000 a written valuation is required, but we would recommend that you retain proof of value for any item detailed. regardless of value, contact lenses are not covered for accidental loss or damage unless specified.

If you have more than four(4) articles please continue on a separate sheet and tick this box.

1.		
2.		
3.		
4.		

Satellite Earth Stations amount Insured

Insurance Record

A. Have you, or any of your family living permanently with you:

- i) ever had any home insurance cancelled or refused? YES NO
- ii) ever had special terms imposed for home insurance? YES NO
- iii) had any loss destruction or damage in the last five years? YES NO
- iv) made a claim in the last five years? YES NO
- v) ever been convicted of arson or any offence involving dishonesty? YES NO

B. Have your home ever been:

- i) damage by flood? YES NO
- ii) damage by subsidence, heave or landslip? YES NO

C. To the best of your knowledge, is there any history in the area of your home of:

- i) flooding? YES NO
- ii) subsidence, heave or landslip? YES NO

D. Is your home unoccupied for more than 30 days without anyone visiting the premises? YES NO

If you have answered 'YES' to any questions, give full details on separate paper

General Questions

WALLS

- Reinforced concrete Tick Box
- Timber Tick Box
- Other non-combustible(specify) Tick Box _____

A. What is the construction of your house?

- Slab Tick Box
- AlumiumSheets Tick Box
- Other(Specify) Tick Box _____

ROOF

B. Is the building;

- i) self-contained, having its own separate front door? YES NO
- ii) occupied solely by you and your family as a private residence? YES NO

C. Do the amounts insured represent the full value? YES NO

This is defined in the above sections. Remember that you will be unable to recover any losses in full if you are underinsured.

iii) occupied as a private residence only, not as a business premises? YES NO

If you have answer "NO" to any questions, please give full detailson separate paper.

iv) in a good state of repair and will it so be maintained? YES NO

I/we agree that this proposal form shall be the basis of the contract between me/us and General Accident Insurance Company Jamaica Ltd. I/we declare that the statements made in this proposal are true and correct and to the best of my/our knowledge and belief and that I/we or any of my/our family living permanently with me/us have never been convicted of any offence in relation to property such as arson, theft or fraud. I/we also declare that the sums insured represent not less than the full value of the property. I/we accept to abide by the Company's form of policy for the risks

DATE

SIGNATURE