



INSURANCE COMPANY (BARBADOS) LIMITED

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SYNERGY BUSINESS PACKAGE PROPOSAL FORM

(Answer questions pertaining to individual(s) or Company, as relevant)

FULL NAME OF PROPOSER : _____

POSTAL ADDRESS
(include Postal Code, if any) _____

PLACE OF BIRTH: _____ DATE OF BIRTH _____

OCCUPATION _____ NATIONALITY _____

SITUATION of PROPERTY to be Insured _____

Telephone No(s) _____ (o) _____ (h) _____ (cell) _____

TRN _____ E-mail address _____ Fax _____

CONSTRUCTION OF BUILDING(S):

External Walls _____ Roofs _____

Internal Floors _____ No. of Stories _____

OCCUPANCY of Building by Insured/Others _____

CONTACT PERSON: Address _____

Name _____ Telephone _____

PERIOD OF INSURANCE FROM _____ **TO** _____

How long have you carried on business: i) in these premises? _____ ii) elsewhere? _____

Are the premises low lying and subject to flooding _____ Has there been flooding in the vicinity? _____

Is any property kept below ground level? _____ Is the building situated on built-up land or hillside? _____

Has any Insurer: i) declined to Insure you? _____ ii) required special terms to insure you? _____

iii) cancelled or refused to renew your insurance? _____

Is any of the property included in this proposal insured elsewhere? _____ If so, give details _____

Give full particulars of all losses sustained by you in the last 36 months at this or any address in respect of any of the coverages to which this proposal applies _____

Give names of other Insurers with whom you have previously been insured in the last 3 years _____

Are you a Director of any Company insured with GA? _____ If so, give details _____

Have you or any relative or close associate been involved with prominent public officials? (e.g. politicians; senior government, judicial or security force officials) in any country? _____ If so, give details _____

To the best of your knowledge, are you or any close relative connected in any way to GA or any other member of the Musson Group? _____ If so, give details _____

If Stock is to be covered: Are stock and sales books kept? _____ Present Value of Stock _____
Value of stock at last stock taking _____ and date _____

Are your books audited at least once per year? _____

Name and address of Auditor _____

CONDITION OF AVERAGE (UNDERINSURANCE): The Condition of Average applies. This means that the actual replacement value of the property must be insured, otherwise you will be considered your own insurer for the difference and bear a proportionate amount of any loss.

ITEMS TO BE INSURED

SUM INSURED

1. On Building including Landlords' Fittings/Fixtures therein & thereon	\$ _____
2. On Stock and materials in trade the property of the Proposer or held by him in trust or on commission or for which he is responsible	\$ _____
3. On Machinery, Plant, Fixtures & Fittings or Office furniture	\$ _____
4. Other Contents (describe) _____	\$ _____
TOTAL	\$ _____

MORTGAGEE: _____

How is money conveyed between your premises and the Bank? _____

Give details of safe or strong room, if any _____

Do you require an 100%, 30 day, seasonal increase? (additional premium applies) _____ If so, state the 30 day period required _____

EMPLOYEES:

NUMBER	DESCRIPTION (e.g. Clerical)	WAGES
_____	_____	_____
_____	_____	_____

Does any employee have any pre-existing physical defect? If so, give details _____

Have you carried out all obligations imposed on you by any law/regulation governing the conduct or upkeep of the premises? _____

Give full particulars of any power driven woodworking or other machinery _____

Are your machinery, plant and ways properly fenced and guarded and otherwise in good order & condition? _____
 If yes, state what acids, gases, chemicals or explosives will be used and to what extent below:

Give particulars of any lifts, elevators, cranes or hoists used in your business _____

PROVIDE 2 REFERENCES (Applicable to individual proposers only;)

Name	Phone No.	Address
_____	_____	_____
_____	_____	_____

I/We declare that to my/our knowledge and belief the answers and particulars given in this proposal, whether by me/us or on my/our behalf are true and complete, that I/We have not withheld any material information. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and General Accident Insurance Company Ltd. whose policy terms and conditions I accept.

Date: _____ Proposer's Signature: _____