

HOMEOWNER'S PROPOSAL FORM

(PLEASE READ THE ENTIRE FORM BEFORE COMPLETING)

| | | | |
|-----------------------|---------|---------------------|-----------------------|
| YOUR NAME | | | |
| POSTAL ADDRESS | | | |
| OCCUPATION | | NAT'L REG. # | |
| MARITAL STATUS | Married | Single | Divorced Widowed |

| | | | |
|----------------------------|--|--------------------|--|
| TELEPHONE NUMBER(S) | | | |
| Home: (246) | | Work: (246) | |
| Cel: (246) | | | |
| Email Address: | | | |

ADDRESS OF PREMISES TO WHICH THIS INSURANCE APPLIES

MORTGAGE COMPANY & ADDRESS (if any)

PERIOD OF INSURANCE

From: _____ (MM/DD/YY) To: _____ (MM/DD/YY)

FOR OFFICIAL USE ONLY

| <u>PROPERTY/LIABILITY INSURED</u> | <u>SUMS INSURED (S.I.)/ LIMITS OF LIABILITY</u> | <u>RATE</u> | <u>PREMIUM</u> | |
|---|---|--------------|----------------|--|
| SECTION A - Item 1 Building | \$ | \$ | \$ | |
| Item 2 Swimming pool | \$ | \$ | \$ | |
| Item 3 Tenants' Improvements | \$ | \$ | \$ | |
| 1% Claims Duty | \$ | \$ | \$ | |
| TOTAL SUM INSURED | \$ | \$ | \$ | |
| SECTION B - Item 4 Contents (See page 4) | \$ | \$ | \$ | |
| Item 5 Electronic Equipment (See page 4) | \$ | \$ | \$ | |
| Item 6 Radio/TV Antennae | \$ | \$ | \$ | |
| Item 7 Satellite TV | \$ | \$ | \$ | |
| 1% Claims Duty | \$ | \$ | \$ | |
| TOTAL SUM INSURED | \$ | \$ | \$ | |
| SECTION C - PUBLIC LIABILITY \$500,000.00 and PERSONAL LIABILITY STANDARD \$250,000.00 | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| SECTION D - LIABILITY TO DOMESTIC STANDARD \$2,500,000.00 | \$ | \$ | \$ | |
| SECTION E - ALL RISKS (see page 4) | \$ | \$ | \$ | |
| SECTION F - PERSONAL COMPUTERS (see page 4) | \$ | \$ | \$ | |
| TOTAL SUM INSURED | \$ | TOTAL | \$ | |

HELP for you with your Sums Insured

Buildings And/Or Swimming Pool – If you have a claim and want to be settled on a reinstatement value basis

Please tick this box

Your Sum(s) insured should represent the amount it will take to rebuild and reinstate your building as it is.

Contents and Electrician Equipment (other than clothes and linen) – If you want to be settled on a New for


Please tick this box

Old basis your Sum(s) insured should reflect the amount to replace these items.

OTHERWISE YOU WILL BE SETTLED LESS AN ALLOWANCE FOR WEAR AND TEAR.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY BY PROPOSER

1. What type of residence do you own?
 Private Dwelling Apartment Condominium/ Townhouse
2. Year built _____
3. No. of storeys _____
4. Is the building in a good state of repair and will it be so maintained?

5. Of what material is the building (i) and outbuilding (ii) constructed?
 (i) _____ (ii) _____
 a) External Walls _____
 b) Internal Walls _____
 c) Roof _____
 d) Roof Design/Structure

 High Pitched Hipped Gable Flat
 e) Roof Anchor
 Metal or bolt Anchors Nailed to wall No anchorage
 Other (Provide details) _____
 f) Floors _____
6. (i) Describe type of Security against Burglary/Theft:

 (ii) Describe type of protection against Fire:
7. Is the distance from the nearest Building less than 20 feet (6.5 metres)?
 If 'YES', please state distance _____
8. Is there any business, profession or trade carried out in the building or in any portion of the premises of which this forms a part?
 If 'YES' please explain:

9. Are any of the surrounding buildings occupied for commercial purposes
 If "YES", please give details:

10. Is the building at all times occupied solely by you and your family and servants?
 If not, describe.

11. Will the building be left without an inhabitant for more than 60 consecutive days during any one year?
 If 'YES', please give details

12. Have you ever sustained loss from any of the causes at this or any other location?
 If 'YES', please describe:

13. Is the building sited on:
 a) Reclaimed land? b) Recently leveled land?
 c) A hillside or steep incline?
 d) Situated in an area susceptible to land slip subsidence or collapse?
 e) Situated in a flood prone area
14. Do you have other insurance(s) on this property?
 If so, give particulars:

15. Has any Insurer in respect of any of the risks to which the proposal applied?
 a) Declined to insure you or any person residing with you?
 b) Required special terms?
 c) Cancelled or refused to renew your insurance?
 d) Increased your premium on renewal?
 If the answer to any of these questions is 'YES', please give details.

ADDITIONAL COVERS AVAILABLE

Tick if required and supply the appropriate information; where required.

PREMIUM
 GOLFING EXTENSION

| ACCIDENTAL DAMAGE | RATE | PREMIUM |
|-----------------------|-------|---------|
| SECTION A – BUILDINGS | | |
| SECTION C – CONTENTS | | |

Public Liability, Personal Accident, Loss of Golfing Equipment or Personal Possessions, Hole in one.

- Are you a member of a golf club? State Club
- Do you suffer from any physical defect or infirmity?
- To the best of your knowledge, are you in good health?
- Have you any existing Personal Accident Insurance? If yes, please state the name of the company

[] ACCIDENTAL MEDICAL BENEFITS FOR CHILDREN UNDER AGE 16 AND LIVING AT HOME LIMIT \$5,000

| NAME OF CHILD | DATE OF BIRTH | NAME OF CHILD | DATE OF BIRTH | PREMIUM |
|----------------------|----------------------|----------------------|----------------------|----------------|
| | | | | |
| | | | | |
| | | | | |

DECLARATION:

I declare that the above answers are true and that I have not withheld any material information regarding this Proposal I agree that this Declaration and the answers given above as well as any further Proposal or Declaration or Statement made in writing by me or anyone acting on my behalf shall form the basis of the Contract between me and GUARDIAN GENERAL INSURANCE LIMITED and I further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy.

I consent to the seeking of information from other insurers, finance companies, databases or any other relevant body to check the answers I have provided and I authorize the giving of such information.

I also declare that the SUMS TO BE INSURED ON BUILDINGS, SWIMMING POOL AND/OR CONTENTS REPRESENT NOT LESS THAN THE FULL VALUE OF THE PROPERTY mentioned above.

Date: _____

Signature of Proposer(s): _____

The following Covers are in addition to the above Section A – Building

| | | | |
|---|---|---|--------------|
| For Section A – Building | | | |
| 13. Debris Removal and Building Fees 14. Underground Pipes and Cables | 15. Glass & Sanitary Ware 16. Loss of Rent/Alternative Accommodation | | |
| For Section B – Contents | | | |
| 13. Accidental Breakage of Mirrors and Glass 14. Electronic Equipment Items as per list: | | 15. Temporary Removal of Contents 16. Contents in the open up to US\$500.00 or its equivalent in local currency 17. Documents 18. Rent & Alternative Accommodation 19. Your Liability to the owner of the building 20. Replacement of Door locks following loss of keys 21. Credit Cards liability 22. Visitors Effects 23. Garden Equipment 24. Frozen Food 25. Death Benefits | |
| Description | Make & Model | Serial no. | Value |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL _____ | | | |
| <p>The insurer under Section B of this Policy Household Contents limits any one article (other than Furniture, Household Appliances, Pianos, Organs, Radios and Television Sets) to 5% of the Sum Insured on CONTENTS</p> | | | |
| <p>Item 4 unless specially declared below Description Value</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | |

| | | | |
|---|--------------|--|--------------|
| For Section C . Covers your Liability to the public | | For Section D . Covers your Liability to the Domestic Employees | |
| For Section E . Covers for All Risks your Valuables as per specified list below: | | | |
| Description | Value | Description | Value |
| | | | |
| | | | |
| | | | |
| | | | |
| For Section F . Covers for Personal Computer as per specified list below: | | | |
| * If you need more space than allotted, please continue on a separate sheet. | | | |
| Description | Value | Description | Value |
| | | | |
| | | | |
| | | | |
| | | | |

YOUR HOMEOWNER'S INSURANCE – SUMMARY OF COVER

FOR SECTIONS 'A' AND 'B' – YOUR BUILDING AND CONTENTS

| What is covered Causes | What is not covered |
|---|---|
| 1. Fire, explosion, lightning | |
| 2. Earthquake, volcano eruption | 2. The Excess stated in the Schedule |
| 3. Flood | 3. (i) The excess stated in the Schedule (ii) Loss or damage (a) by subsidence, ground heave, or landslip (b) to walls, gates and fences, retaining walls and sea walls (c) contents in the open |
| 4. Windstorm, Hurricane, Tornado | 4. (i) The excess stated in the Schedule (ii) Loss or damage (a) by subsidence, ground heave, or landslip (b) to walls, gates and fences, retaining walls and sea walls |
| 5. Riot, strikes, labour, political disturbances and malicious persons | 5. Loss or damage while the Private Residence has been unoccupied for 60 consecutive days or more |
| 6. Collapse due to subsidence or landslip of the site on which the Building is erected “Collapse” shall mean a falling of the Building or any part of the Building in such a way that one or more component parts of the Building become detached or separated from the remainder “Subsidence or landslip” shall mean a shifting or falling away of soil in such a way as to leave the Building wholly or partially unsupported | 6. (a) The Excess stated in the Schedule (b) loss or damage to boundary and garden walls, gates and fences, retaining walls and sea walls, paths and drives, patios, tennis hard courts but these items will be covered if there has at the same time been damage by this Cause to the Private Residence (c) loss or damage by normal settlement shrinkage or (d) loss or damage arising from construction structural unsupported alteration or repair or demolition |
| 7. Escape of water from (1) a fixed: water installation drainage installation heating installation (2) a washing machine, dishwasher, or water bed | 7. (a) Loss or damage (i) by subsidence, ground heave, or landslip (ii) while the Private Residence has been unoccupied for 60 consecutive days or more (b) Replacement to such waterwork apparatus, or pipe or cost of repairs of same (c) The first \$100.00 |
| 8. Theft or attempted theft | 8. (a) Loss or damage while the Private Residence has been unoccupied for 60 consecutive days or more (b) The first \$100.00 (c) Money, contents in the open and theft from vehicles (d) Fraud |

YOUR HOMEOWNER'S INSURANCE – SUMMARY OF COVER

FOR SECTIONS 'A' AND 'B' – YOUR BUILDING AND CONTENTS

| What is covered Causes | What is not covered |
|---|---|
| 9. Collision by (1) aircraft or aerial devices) or anything dropped (2) vehicles) from them | 9. (a) Aircraft aerial devices or vehicles belonging to or under the Control of You or anyone operating under your expressed authority (b) The first \$100.00 |
| 10. Breakage or collapse of radio or television aerials | 10. Loss or damage to the aerial itself through this may be covered under the Contents section |
| 11. Smoke meaning the sudden unusual and accidental damage from smoke | 11. Smoke damage caused by industrial or agricultural operations or gradually operating process |
| 12. Falling trees or branches | 12. (a) The cost of removal if the fallen tree or branch has not caused damage to the Building which is covered by this Cause (b) Loss or damage to walls, gates and fence |

THIS IS ONLY A SUMMARY OF YOUR COVER PLEASE READ YOUR POLICY AND ASK FOR CLARIFICATION ON ANY POINT.



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