

HOMEGUARD INSURANCE PROPOSAL FORM

COVER PROVIDED

- Full Cover** - Loss or damage caused by Fire, Lightning, Explosion, Earthquake, Flood, Hurricane, Riot & Strike, Collapse, Escape of water, Theft, Collision by aircraft, vehicles or animals, Falling radio or TV antennae, Smoke and Falling trees or utility poles
- Cover excluding catastrophic perils** - Loss or damage caused by all of the above **excluding Earthquake and Hurricane**

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

It should be noted that this is just a brief summary of cover and your policy will include many other benefits all subject to the conditions stated therein.

The items you insure should be maintained in a good state of repair and you should choose a **sum insured for your building and contents that would be adequate to replace them as new**. In the event of a claim, failure to do this can result in a partial loss being settled proportionately to the replacement value.

In order to avoid unnecessary delays in settling claims, it is in your best interest to keep bills, receipts, invoices and adequate records so that you can easily substantiate your claim.

Claims are subject to 'applicable' excesses. We should be advised immediately should a loss occur.

It is your duty to inform us of all facts which would affect our judgment in accepting this proposal.

The liability of the company does not commence until the proposal has been accepted.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Names of Proposer (s) (in full) _____
First Name Surname

Date of Birth _____ Profession/Occupation _____
MM/DD/YY

Postal Address _____





Marital Status _____ Email _____

Telephone Nos. Home _____ Office _____ Cell _____

Period of Insurance from _____ to _____
MM/DD/YY MM/DD/YY

Building and /or Contents situated at _____

PROPERTY/LIABILITY INSURED	SUMS INSURED / LIMITS OF LIABILITY	RATE	PREMIUM
Building (including boundary and garden walls, gates and fences, patios, driveways, terraces)			
Retaining Walls			
Sea walls			
Swimming Pool including pump and fixed accessories			
Air-conditioning Equipment			
Contents excluding Electronic Equipment – <i>(Please declare on page 4 any items in excess of 5% of total sum insured)</i>			
Electronic Equipment (Please supply details on page 4)			
Tenants Improvement			
Radio/TV Antennae			
Satellite dishes			
Liability to Third Parties			
Liability to Domestic Employees			
Specified Personal Items (All Risks) including Jewellery (Please supply details on page 4)			
Personal Computers (Please supply details on page 4)			

1. Is the building:-
- (a) Detached single-family house Duplex (two-family) Block/ row of flats/ townhouses /Condominium
- A self-contained Flat with a separate entrance exclusively under your control
- (b) Tenanted Owner Occupied Owner & Tenant Occupied Unoccupied
2. Is the whole building used for residential purposes only? YES NO
- If 'NO', please give details _____
3. (a) In what year was the building constructed? _____
- (b) Has the building been renovated since? YES NO
- If 'YES', give details _____
4. (a) External Walls are Concrete Concrete and Clay Blocks Wood
- Other (specify) _____ Mixed, give the proportion of each material _____
-
- (b) Interior Walls are Concrete Concrete and Clay Blocks Wood
- Other (specify) _____ Mixed, give the proportion of each material _____
-
- (c) Roof is Metal/Galvanised Iron Concrete Shingles (Type) _____
- (Asphalt, Clay, Concrete, Wood)*
- Single ply (thickness) Concrete/Clay tiles Mixed, give the proportion of each material
-
- (d) Roof Design/Structure: High pitched  Hipped  Gable  Flat 
- (e) Roof anchor: Metal or bolt anchors Nailed to wall No anchorage Not applicable (e.g. Roof is concrete slabs)
- (f) Floors are: Concrete Wood Mixed; give the proportion of each material
-
- (g) Was a qualified Engineer involved in the design of the foundation works? YES NO
5. Is the area subject to flooding or specially exposed to loss by any of the perils insured against? YES NO
- If 'YES', please give details _____

6. Is the distance from the nearest building less than 20 feet (6.5 metres)? YES NO
7. Are any of the surrounding buildings occupied for commercial purposes? YES NO
If 'YES', please give details _____
8. Will your residence be left unoccupied for more than 30 consecutive days during any one period of insurance? YES NO
If 'YES', please give details _____
9. What type of security is there against loss by burglary or theft? _____

10. What type of protection is there against loss by fire? _____

11. Do you hold any other policies with Guardian General Insurance Limited? YES NO
If 'YES', please give details _____
12. Do you hold any other policies for any of the risks now proposed? YES NO
If 'YES', please state the name of the insurer _____
13. Have you/ your domestic partner/ any member of your family residing with you sustained in the last 5 years a loss which would have been a claim under any of the covers for which you now propose? YES NO
If 'YES', please give details _____
14. Has any Insurer ever
- | | | | |
|-----|--|------------------------------|-----------------------------|
| (a) | declined your proposal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) | increased your premium? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) | imposed special conditions on your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) | refused to continue or renew your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) | cancelled your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- If 'YES' to any of these please give details _____

15. Type of cover required is Full Cover Cover excluding catastrophic perils

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING

POLICY SECTION 5A

1. What is the height of the building in storeys? _____
2. What is the approximate total area of all its floors? _____
3. Is the building in a good state of repair and will it be so maintained? YES NO
4. Are the buildings sited on:
- | | | | |
|-----|-----------------------------|------------------------------|-----------------------------|
| (a) | Reclaimed land | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) | Recently levelled land | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) | A hillside or steep incline | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
5. Is the building mortgaged? YES NO
If 'YES', please state name and address of Mortgagee _____

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS

POLICY SECTION 5B

1. Is the Private Residence:
Occupied only by you/ your family? YES NO
If 'NO' please give details _____

2. If you are renting the residence, is it: Fully Furnished or Semi-Furnished or Unfurnished

Please declare any item (other than Furniture, Appliances, Pianos, Organs) which is in excess of 5% of the Contents sum insured. **Continue on a separate sheet if necessary**

Description (including Make & Model)	Serial No.	Sum Insured

Please specify **all** Electronic Equipment

Description (including Make & Model)	Serial No.	Sum Insured

TOTAL SUM INSURED \$ _____

POLICY SECTION 5C – Covers your Liability to the Public

POLICY SECTION 5D – Covers your liability to 2 Domestic Employees

POLICY SECTION 5E – SPECIFIED PERSONAL ITEMS INCLUDING JEWELLERY (ALL RISKS)

List below all items you wish to insure on an **All Risks** basis and **provide valuations/bills**. **Continue on a separate sheet if necessary.**

Description (including Make & Model)	Serial No.	Sum Insured	Cover Area Local, WI, Worldwide

TOTAL SUM INSURED \$ _____

1. If jewellery is insured are they kept in a safe when not worn? YES NO

If 'NO', please give details _____

2. Will any of the specified personal items be used by anyone **other than** yourself or a member of your family living with you? YES NO

If 'YES', please state which items and by whom? _____

3. At what premises are the items usually kept overnight? _____

POLICY SECTION 5F – PERSONAL COMPUTERS

List all items below. **Continue on a separate sheet if necessary**

Description (including Make & Model)	Serial No.	Sum Insured	Cover Area Local, WI, Worldwide

I/We declare that the above statements are true; that I/We have withheld no material information: that the foregoing sums to be insured are to the best of my/our knowledge and belief not less than the full value of the property to be insured on the basis proposed and will be so maintained. I/We agree that this Proposal and Declaration shall be the basis of the contract to be made between me/us and GUARDIAN GENERAL INSURANCE LIMITED.

I/We also declare that the SUMS TO BE INSURED REPRESENT NOT LESS THAN THE FULL REPLACEMENT VALUE OF THE PROPERTY mentioned above.

Date (MM/DD/YY): _____ Signature of Proposer (s) _____