

PERSONAL DETAILS (PLEASE PRINT)	
1. Full name of Business	
2. Postal Address	
Type of Business:	
Tel. No. Business:	
Contact Name:	
Cell phone no.:	
e-mail address:	
3. Address of property to which insurance is to apply	
Block No. & Parcel No. (If applicable)	
4. Insured is the :-	Owner /Occupier? Landlord? Tenant?
5. Occupants of the Property	
INSURANCE DETAILS	
6. Have your Business:	
(a) ever sustained loss or damage or made a claim in respect	
of any of the risks against which you now wish to insure?	yes / no
(b) had any insurance declined or cancelled or had special	
terms or conditions imposed?	yes / no
(c) has any employee or former employee, ever been	
convicted (or charged but not yet tried) with	
arson or of any offence involving dishonesty of any kind	
e.g. fraud, theft or handling of stolen goods?	yes / no
7. Are there any other insurances in force in respect of any	yes / no
of the risks against which you now wish to insure?	F
If "YES", to 6 or 7 please give details	

BUSINESS DETAILS

PROPERTY DETAILS	
8. Please indicate whether the property you own or	
occupy is an office, store, warehouse or other	
9. Construction of property to be insured:-	
When was it built?	
Number of floors	
Height above sea level (in feet)	
Dimensions of building (in square feet)	
Walls constructed of	
Roof constructed of	
10. Is the property:	
in good repair and adequately maintained?	
self contained having its own separate lockable entrance	
under the sole control of you and/or your employees?	
What are the operating hours?	
If any answer is "NO", please give details	
Period of Insurance required: From:	
То:	
SECTION 1.1 – PROPERTY	
Please provide Photographs of the building including	
the grounds (approximately 100 feet from the building)	
Please give Name and Address of any MORTGAGEE	
or OTHER INTERESTED PARTY	

The building(s), its' fixtures and fittings	
TOTAL SUM INSURED	
SECTION 1.2 - PROPERTY, Natural Catastrophe-	
Cover required	yes / no
AMOUNT	
SECTION 2 – CONTENTS	
Cover required	yes / no
AMOUNT	
SECTION 2.1 – CONTENTS, Natural Catastrophe	
Cover required	yes / no
AMOUNT	
SECTION 2.2 – ADDITIONAL WORKING COSTS	
Cover required	yes / no
AMOUNT	
SECTION 3.1 – BURGLARY	
Cover required	yes / no
AMOUNT	
SECTION 3.2 - MONEY	
Cover required	yes / no
AMOUNT	
SECTION 3.3 - GLASS	
Cover required	yes / no
AMOUNT	
SECTION 3.4 - PROPERTY IN TRANSIT	
Cover required	yes / no
AMOUNT	
SECTION 4.1 – EMPLOYER'S LIABILITY	
Cover required	yes / no
AMOUNT	, 537, 220

SECTION 4.2 - PUBLIC LIABILLITY	
Cover required	yes / no
AMOUNT	
In the Amount above, do you wish to include an	
amount in respect of PRODUCT LIABILITY?	yes / no
If so, AMOUNT	
I/We wish to effect an insurance with Turks and Caicos First Insurance, on the to of the Policy to be issued by the Company. I/We warrant that the statements and in this proposal are to the best of my/our knowledge and belief true and complet misrepresented mis-stated suppressed or withheld. I/We agree that this proposal and declaration shall form the basis of the contract and shall be deemed as incorporated in the Policy to be issued. I/We agree that the insurance described above shall not be effective until Turks a has accepted the proposal and the first premium paid. Turks and Caicos First Inst this insurance if all or part of the premium is not paid.	I particulars given by me/us te and no material fact has been t between me/us and and Caicos First Insurance
DATE OF SIGNATURE OF PROPOSAL	
SIGNED	