

## 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 :-

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?(b) had any insurance declined or cancelled or had special terms or conditions imposed?

(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?

7. Are there any other insurances in force in respect of any of the risks against which you now wish to insure?If "YES", to 6 or 7 please give details

Owner /Occupier? Landlord? Tenant?
Sunter, Steaplet. Lundroid. Tenuitt.

yes / no

yes / no

yes / no	
yes / no	

# **BUSINESS DETAILS**

#### **PROPERTY DETAILS**

 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 entranceunder 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: Fr

From: To:



**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 **AMOUNT** 

#### **SECTION 2 – CONTENTS**

Cover required **AMOUNT** 

# **SECTION 2.1 – CONTENTS, Natural Catastrophe** Cover required

## AMOUNT

## SECTION 2.2 – ADDITIONAL WORKING COSTS

Cover required

## AMOUNT

# SECTION 3.1 – BURGLARY Cover required AMOUNT

# **SECTION 3.2 - MONEY**

Cover required

AMOUNT

## **SECTION 3.3 - GLASS**

Cover required

AMOUNT

# SECTION 3.4 - PROPERTY IN TRANSIT

Cover required **AMOUNT** 

## SECTION 4.1 – EMPLOYER'S LIABILITY

Cover required **AMOUNT** 

yes / no

#### **SECTION 4.2 - PUBLIC LIABILLITY**

Cover required

AMOUNT

In the Amount above, do you wish to include an

amount in respect of PRODUCT LIABILITY?

If so, AMOUNT

yes / no

yes / no

I/We wish to effect an insurance with Turks and Caicos First Insurance, on the terms conditions, and exclusion of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented mis-stated suppressed or withheld.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and 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 and Caicos First Insurance has accepted the proposal and the first premium paid. Turks and Caicos First Insurance can automatically cancel this insurance if all or part of the premium is not paid.

DATE OF SIGNATURE OF PROPOSAL

SIGNED

