



## Your Home Proposal

### PERSONAL DETAILS (PLEASE PRINT)

1. Name of Proposer
2. Home and Postal Address

Occupation of Proposer, including part-time work

Tel. No. Business:

Tel. No. Home:

Cell phone no.:

E-mail address:

3. Address of residence to which insurance is to apply

4. Insured is the :-
5. Occupants of the residence

<b>Construction Permit No.:</b>
<b>Block &amp; Parcel No.:</b>
<b>Owner /Occupier? Landlord? Tenant?</b>

### INSURANCE DETAILS

6. Have you or any person residing with you
  - (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 person residing with you, 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?

<b>Yes / No</b>
-----------------

<b>Yes / No</b>
-----------------

<b>Yes / No</b>
-----------------

7. Are there any other insurances in force in respect of any of the risks against which you now wish to insure?

<b>Yes / No</b>
-----------------

If "YES", to 6 or 7 please give details

--

### RESIDENCE DETAILS

8. Please indicate whether the residence you own or occupy is a house, townhouse, apartment 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?

Is it self contained having its own separate lockable entrance under the sole control of you and/or your family?

Is it occupied for a trade, business or profession?

Is it always occupied other than for work, shopping, recreation or holidays?

Is it a weekend or holiday home or will it ever be left unoccupied for more than 30 consecutive days?

Is it occupied by paying guests, shared or sub-let?

If any answer is "YES", please give details

Period of Insurance required: From:

To:

MORTGAGEE OR OTHER INTERESTED PARTY -

Name of Company

**SECTION ONE – HOME BUILDINGS**

**Please provide Photographs of the building including the grounds (approximately 100 feet from the building)**

**The full cost of rebuilding the following**

The building, its' fixtures and fittings  
paved patios, paths, terraces and drives  
permanently installed swimming pools  
tennis courts;  
walls, fences and gates.

**TOTAL SUM INSURED**

<b>Sum Insured</b>

**SECTION ONE (A) - HOME BUILDINGS, Natural catastrophe-**

**SECTION TWO – HOME BUILDINGS, Accidental damage**

Underground drains, pipes, electricity or telephone cables and  
underground tanks providing services to or from your home  
accidental breakage of glass, ceramic hobs or tops or sanitary ware  
including shower trays/screens fixed to and forming part of your home

**TOTAL SUM INSURED**

<b>Sum Insured</b>

**SECTION THREE – HOME BUILDINGS, Liability of owner**

**SECTION FOUR - CONTENTS**

General contents and household possessions

**SECTION FOUR (A) – CONTENTS, Natural catastrophes**

**Please give brief details of any single article worth more than  
\$2,500 showing value in US\$**

please continue on additional sheet if necessary

<b>Sum Insured</b>

**SECTION FIVE – CONTENTS, Accidental damage**

accidental breakage of glass, ceramic hobs or tops in free standing  
cookers, plate glass tops to furniture and fixed glass in furniture.

<b>Sum Insured</b>

**SECTION SIX – PERSONAL POSSESSIONS, ALL RISKS**

**(Please note this cover can be extended to  
world wide for periods not exceeding 30 days -  
would you like to extend it?**

<b>Sum Insured</b>
<b>Yes / No</b>

Gold and silver excluding jewellery  
 Jewellery  
 Diamonds and special stones  
 Works of Art  
 Personal effects  
**TOTAL SUM INSURED**


**Please give brief details of any single article worth more than \$2,500 showing value in US\$**

please continue on additional sheet if necessary

<b>Yes / No</b>

**Extended for world wide cover for periods not exceeding 30 days**

**SECTION SEVEN – CONTENTS, Liability of Occupier and others in permanent residence including world wide (except U.S.A. and Canada) on temporary visits**

cover required for:-

- \$ 250,000 - premium of \$50
- \$ 500,000 - premium of \$ 150
- \$ 1,000,000 - premium of \$ 250


<b>Yes / No</b>
<b>Yes / No</b>
<b>Yes / No</b>

I/We wish to effect an insurance with Turks and Caicos First Insurance, on the terms, conditions, and exclusions 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**

--