



# STATE INSURANCE COMPANY LIMITED

Live in a better State of mind

Redcliffe Street, P.O. Box 290, St. John's, Antigua. W.I.  
(268) 481-7800/1/2/3/4 • info@siclfinancial.com • siclfinancial.com

## FIRE AGREEMENT CLAUSE

I/We \_\_\_\_\_ the undersign hereby authorize  
State Insurance Company Ltd. to effect the following changes to my policy with effect from  
\_\_\_\_\_

Insured's Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Policy Period \_\_\_\_\_

Coverage: \_\_\_\_\_

- (a) --- Increase/Reduce Sum Insured on Building from \_\_\_\_\_ to \_\_\_\_\_
- (b) --- Increase/Reduce Sum Insured on Contents from \_\_\_\_\_ to \_\_\_\_\_
- (c) --- Increase/Reduce Sum Insured on Stock from \_\_\_\_\_ to \_\_\_\_\_
- (d) --- Increase/Reduce Sum Insured on Equipment from \_\_\_\_\_ to \_\_\_\_\_
- (e) --- Increase/Reduce Sum Insured of \_\_\_\_\_
- (f) --- Add the following perils \_\_\_\_\_
- (g) --- Delete the following Perils \_\_\_\_\_
- (h) --- Endorse the Policy to \_\_\_\_\_
- (i) --- Delete Endorsement for \_\_\_\_\_
- (j) --- Additional names to Policy \_\_\_\_\_
- (k) --- Delete name from Policy \_\_\_\_\_
- (l) --- Suspend Coverage \_\_\_\_\_
- (m) --- Reinstate Policy \_\_\_\_\_
- (n) --- Reduce the terms of my Policy from \_\_\_\_\_ to \_\_\_\_\_
- (o) --- Requesting cancellation of Policy
- (p) --- Requesting Refund
- (q) --- Transfer Policy to \_\_\_\_\_
- (r) --- Forward all information to my address \_\_\_\_\_

**N.B.** For any increase on items a, b, c, and d, documented proof is warrantes to support it.

I/We further declare that this document shall form the basis of our renewal contact between Me/Us  
and STATE INSURANCE COMPANY LTD.

Insured Signature \_\_\_\_\_

Date \_\_\_\_\_