



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 INSURANCE PROPOSAL FORM
Private Dwelling

Name of Proposer (Mr./ Mrs./Miss) _____

Address _____

Occupation _____ Tel: _____

Situation of Building

1. (a) to be insured _____ (b) Is it detached _____ (c) How many yards from the nearest building?

2. (b) Construction: Outer walls _____ (b) Inner walls _____

(c) Floor(s) _____ (d) Ceiling _____ (e) Roof _____

3. How long have you owned this property? _____

4. Is this building in a good state of repair? _____

5. Is it solely occupied by you? _____

6. (a) Is it rented fully or partially? _____ (b) If partially state how is the other section occupied _____

7. Do you now or in future intend
to carry on any trade from this place? _____

8. If so, described the nature of the trade? _____

9. Is this property now insured? _____

10. If so, give the name of the company/agency _____

11. Has any company in the past declined to insure,
or renew any of your insurance coverage? _____

12. Has any company imposed special conditions for renewal? _____

13. What is the current value of the property? _____

14. What is the value you wish to insure the property for? _____

15. Please describe the type of construction
and occupation of the closest building _____

16.(a) Do you wish to insure content/personal effects? Yes /No _____ (b) Value \$ _____

See Reverse

17.(a) Have you had any losses during the past five years?

At this place or any other place owned or rented by you? Yes/ No _____

If so, give details:

(b) Date of loss _____ (c) Nature of Loss _____ (d) Amount of Loss \$ _____

18. Do you have any smoke detectors installed or
provide fire extinguishers in this property? _____

19. Is the property mortgaged? Yes/No _____

20. If so, give the name of company _____

21. PLEASE INDICATE COVERAGE REQUIRED:

<input type="checkbox"/> Fire & Lightening	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Flood	<input type="checkbox"/> Riot & Strike
<input type="checkbox"/> Impact Damage	<input type="checkbox"/> Malicious Damage	<input type="checkbox"/> Explosion	<input type="checkbox"/> Water Damage	

22. Period of Insurance FROM _____ TO _____

I/We hereby declare that the above information is true to the best of my knowledge.

Date _____ Signature of Proposer(s) _____

FOR OFFICE USE ONLY

	SUM INSURED	RATE	PREMIUM
BUILDING	\$ _____	_____/00	\$ _____
CONTENTS	\$ _____	_____/00	\$ _____
OTHERS	\$ _____	_____/00	\$ _____
TOTAL	\$ _____	_____ %	\$ _____

Please complete the following. All values should be based on wear and tear, usage and present condition.


CONTENTS

<u>FURNITURE</u>		<u>APPLIANCES</u>		<u>PERSONAL PRECIOUS ITEMS</u>	
SOFA SET(S)	\$ _____	FRIDGE	\$ _____		
CHAIRS	\$ _____	STOVE	\$ _____		
DINING TABLE & CHAIR	\$ _____	MICROWAVE	\$ _____		
CHAIRS	\$ _____	TOASTER	\$ _____		
VANITY(S)	\$ _____	TELEVISION	\$ _____	CAMERA(S)	\$ _____
BEDS	\$ _____	V.C.R.	\$ _____	VIDEO RECORDER	\$ _____
CARPET(S)	\$ _____	WASHER	\$ _____	STEREO SYSTEMS	\$ _____
OTHERS	\$ _____	DRIER	\$ _____		\$ _____
	\$ _____	OTHERS	\$ _____		\$ _____
	\$ _____		\$ _____		\$ _____
	\$ _____		\$ _____		\$ _____
	\$ _____		\$ _____		\$ _____
	\$ _____		\$ _____		\$ _____
	\$ _____		\$ _____		\$ _____
	\$ _____		\$ _____		\$ _____
TOTAL	\$ _____		\$ _____		\$ _____

All these items with the exception of jewelry are subject to depreciation. Your valuation should take this into consideration.

Date

Signature


STATE INSURANCE
COMPANY LIMITED

Live in a better State of mind

FIRE INSURANCE PROPOSAL FORMS

M_____

Policy No. _____

Transacting: -

**FIRE, HOUSEHOLD, LOSS OF PROFITS, MOTOR, CONTRACTORS,
INDEMNITY, LIABILITY, BURGLARY, MONEY, FIDELITY, TRAVEL, ACCIDENT,
ALL RISK, GLASS, MARINE AND ALL CLASSES OF GENERAL INSURANCE.**

Please call us at
(268) 481-7800/7804 • Fax: (268) 481-7860
Email: stateins@candw.ag