



STATE INSURANCE  
COMPANY LIMITED

Live in a better State of mind  
Redcliffe Street, P.O. Box 290, St. John’s, Antigua. W.I.  
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FIRE INSURANCE PROPOSAL FORM

IT IS IMPORTANT THAT YOU GIVE A DEFINITE REPLY TO EACH QUESTION TO AVOID DELAY

1. Name of Proposer: .....  
Address: ..... Telephone .....  
Occupation or Profession: .....  
Situation of Premises to be insured: Lot # .....  
Street ..... Town etc.....

AMOUNT TO BE INSURED

2. (a) On building/s ..... \$  
(b) On furniture, fixtures, equipment..... \$  
(c) On stock in trade ..... \$  
(d) On Machinery , plant ..... \$  
(e) On Spare parts ..... \$  
(f) On month’s rent ..... \$  
(g) On other Items ( please Specify ..... \$  
.....  
.....  
.....  
Total \$

DESCRIPTION OF BUILDING

3. Of what materials are the premises constructed?  
(a) External Walls .....  
(b) Roofs .....  
(c) Ceilings .....  
(d) Floors .....  
( If any gallery, veranda or balcony give details of roof and floor )  
(b)How may storey/s are there? .....  
State materials used for Floor/s .....  
Total Area in sq .ft . of Floor/s .....  
(c) How are the premises occupied? .....  
Describe fully the nature of Trade and/or Manufacturing and type of process carried on in the premises and motive power used. ....  
(d)Do the premises adjoin/ or communicate with any other premises? .....  
What is the distance if separated? .....

4.

5.

6.

(a) Is there any other insurance on the same property with this Service or any other company?

7.

8.

Give name and address of mortgagee

9.

(b) If so, where are they kept when premises are unoccupied?

10.

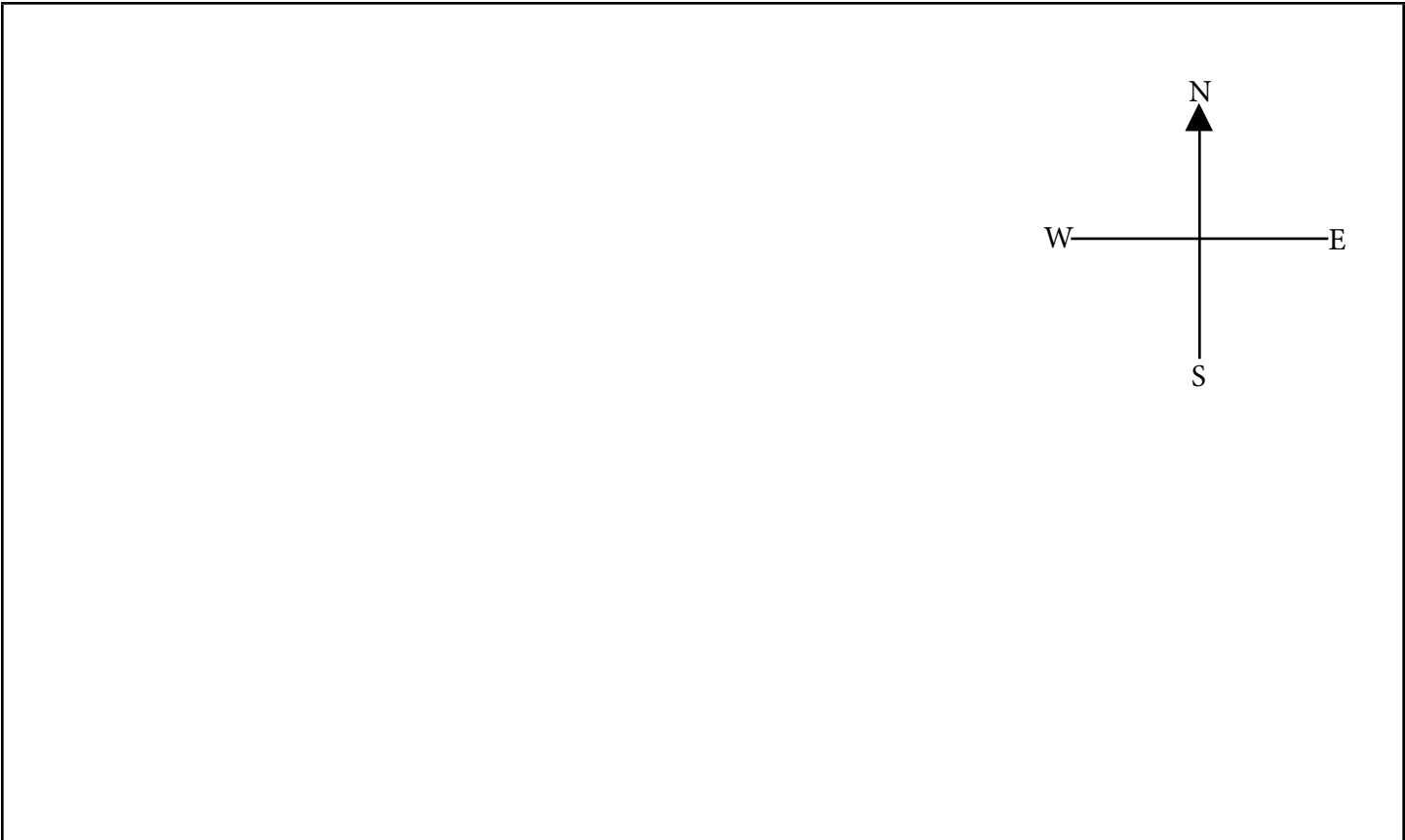
(b) When last did you take stock?

(d) Will you continue to maintain such records?

11. Is insurance required in respect of any other perils, other than fire and lightning?

. To

[illegible]



I /WE HEREBY DECLARE THAT ALL THE STATEMENTS MADE BY ME/US IN THIS PROPOSAL FORM ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, AND I/WE HEREBY AGREE THAT THIS DECLARATION SHALL FORM THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE STATE INSURANCE COMPANY LTD.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

.....  
 PROPOSER'S SIGNATURE

**THE SERVICE IS NOT ON RISK UNTIL PROPOSAL IS ACCEPTED AND PREMIUM PAID.**