



# STATE INSURANCE

## COMPANY LIMITED

Redcliffe Street P.O. Box 290 St. John's Antigua. W.I.  
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### HOMEOWNER'S AND HOUSEOWNER'S POLICY PROPOSAL FORM

THE PROPOSER

Full name

Telephone No.

Address

Address

Profession or Occupation

Address of Dwelling at which  
the Insurance is required

Questions to be answers by the Proposer. All questions must be answered fully. A dash or a tick is not sufficient.

THE BUILDINGS and their occupancy.

1.

Please state the nature if your residence:  
(a) Private Dwelling. (b) Self-contained flat/ apartment

2.

Of what materials is the dwelling constructed?

Walls

Interior Partitions

Roof

Type of Windows

Fence

Gate

3.

What is its height in storeys?

4.

Are there any outbuildings within the yard, and if so, how are they constructed  
Walls      Roof..... Distance from main building

5.

If any of the neighboring buildings are within 50 feet of this building state type of construction and use of such buildings:  
Walls      Roof..... Usage

6.

Are there buildings in a good stare of repair and will they be so maintained?

7.

Is the dwelling occupied solely by you and your family? If not state number of other tenants

8.

Is this dwelling likely to remain without in habitants during the twelve month period? If so give details  
Number of times in a year      Number of days any on period

Note:

Attention is drawn to a proviso in the Policy that cover against Burglary will be suspended for any period or periods in excess of 17 days in any one period of Insurance during which the dwelling be left without an inhabitant therein unless specially agreed to the Company.

9.

Is there any profession, business or trade carried on in the dwelling or in any portion of the premises of which the dwelling forms a part? If so, give particulars

PREVIOUS INSURANCE AND LOSSES

10.

Have you any other policies in force covering any of the perils to be insured against? If so, please give particulars:

11.

If this proposal is in lieu of any insurance with this Company please give particulars

12.

Has any Company or insurer, in respect of any of the perils to which the proposal applies:

(a) Decline to insure you? Yes No Name of Company

(b) Required special terms to insure you? Yes No Give Details

(c) Cancelled or refused to renew your insurance? Yes No Name of Company

(d) Increased your premium on renewal? Yes No State amount

13.

Have you any of these buildings suffered any damage by any of the perils being covered under this policy including burglary, during the past five calendars years?

Nature of loss

Date of Loss

Amount of Loss

14.

Is the building Mortgages? If so to whom

THE PROPERTY TO BE INSURED

Note: Failure to insure property to the full value will result in any future claim being reduced proportionately due to the application of average clause.

THE BUILDINGS

The buildings of the Private Dwelling House or Private Flat and all the Domestic Offices, Stables Garages and Outbuildings used solely in connection therewith and on the same premises including landlords fixture and / fittings therein and the walls, Gates and Fences around and pertaining thereto.

SUM TO BE INSURED

All the buildings are built of brick, stone or concrete and roofed with concrete, slate, tile, metal, asbestos or a composition of asbestos and other incombustible mineral ingredients except as stated in question 1 and 4.

Item 1. The Buildings

Item 2. Fence and Gate

Item 3. Out House

Item 4. Cisterns, Water Tank

\$ .....

\$ .....

\$ .....

\$ .....

Total sum insured on Building \$ .....

SUM TO BE INSURED ON THE CONTENT IF THE BUILDINGS

THE CONTENTS

Furniture, Household Goods and Personal Effects (except as after mentioned) the property of the Proposer of any members of the Proposer’s family normally residing with the Proposer and Fixtures and Fittings which are the Proposer’s own for which the Proposer is legally responsible.

FIXTURES

CONTENTS

\$ .....

\$ .....

Note1. No one article (Furniture, Household Appliances, Radio and Television Sets, pianos and organs excepted) will be deemed of greater value than five percent of the Total Sum Insured on the said Contents unless such article is specially declared as a separate item.

Specify here any such articles of

Greater value than 5 percent of

The Total Sum to be insured

The said contents

(a).....

(b).....

(c).....

(d).....

\$ .....

\$ .....

\$ .....

\$ .....

Total sum insured on Building \$ .....

Note 2. The among of Insurance on Platinum, Gold and Silver articles, Jewelry and Furs is limited to one-third of the Total Sum Insured on Contents unless the value thereof is stated and additional premium paid . If the said values exceeds the proportion mentioned, please state the total value of such property.

Note 3 The insurance on contents does not cover any part of the structure of ceilings of the Buildings, wall papers and the like, external television and radio antennae, aerials fittings, masts and towers nor any property to be insured under Buildings nor does it cover property more specifically insured under another policy or unless specially mentioned , Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Travelers Cheques, Securities for money, stamps, documents of any kind, Cash , Currency Notes, Manuscripts, Medals, Coins, Pedal Cycles, Motor Vehicles and Accessories or Livestock.

Period of Insurance required: From .....20..... To.....20..... (both dates inclusive.)

DECLARATION I do hereby declare that the above answers, are true and that I have not withheld any material information regarding this Proposal. I agree that this Declaration and the answers given above as well as any further Proposals or Declaration or Statement made in writing by me or anyone on my behalf shall form the basis of the contract between me and STATE INSURANCE COMPANY LIMITED.

I also declare that THE TOTAL SUMS INSURED REPRESENTS NOT LESS THAN THE FULL VALUE OF THE PROPERTY, as above mentioned.

Date .....

Signature of Proposer .....

Agent

No insurance is in force until the Proposal has been accepted by the Company

FOR OFFICE USE ONLY

ITEMS	RATE	SUM INSURED	PREMIUM	ENDORSEMENTS
BUILDINGS .....				
OUT HOUSES .....				
FENCE/GATE .....				
FIXTURES .....				
CONTENTS .....				
EXCESSS VALUE CONTENTS .....				
TOTAL	\$		\$	