

PROPOSER INFORMATION

Full Name: Mr. Mrs. Miss Telephone Number(s):
 H W M

Street Address: Nationality: NIB Number: Date of Birth:
(DD/MM/YYYY)

Email Address: Marital Status: Gender: Payment Currency:

Occupation/Trade/Business/Profession:

PROPERTY INFORMATION

Policyholder: Coverage requested: Catastrophe Fire Only Non-Catastrophe

On which island is the property located? Subdivision/Settlement: If a home, is a rental efficiency attached? Yes No

Type of Property: Apartment Condominium Cottage Duplex Fourplex
 Houseboat Mobile Home Single Family Home Townhouse Triplex Other

Location of Property: Canal Coastal Inland Other If other, explain:

Occupancy: Long-term rental (6 months+) Owner Occupied Seasonal Short-term Rental Is there a basement? Yes No
 Entire home rental Efficiency only

How many floors does the building have? Wall Type: Roof Type:

SECURITY FEATURES

Alarm system? Yes No If yes: Professionally Monitored Self-Monitored Unmonitored

If professionally monitored, what is the name of the monitoring company:

Safe? Yes No Guard dogs? Yes No Fire Extinguishers? Yes No

Deadbolts? Yes No Security Window Bars? Yes No Fenced Premises? Yes No

Cameras? Yes No Water Protection? Yes No Fire Sprinkler System? Full Partial None

Fire/Smoke Alarm? No Heat/Smoke Alarms Smoke/Heat Alarm (All Floors) Smoke/Heat Alarm (One Floor)

HURRICANE PROTECTIONS FEATURES

Shutters? Yes No

Impact glass? Yes No

Straps/ties? Yes No

ADDITIONAL PROPERTY INFORMATION

Is the property currently unoccupied or likely to be unoccupied for more than 40 consecutive days? Yes No

Is the main building currently being renovated? Yes No

Is the property used for any employment, business, trade or profession? Yes No

If yes, provide details.

In what year was the property built?

Approximate covered floor area in square feet:

Is the property currently in a good state of repair? Yes No

If no, provide details.

Does the property have any existing damage? Yes No

If yes, provide details.

Are there any previous structural repairs or movement subject to report recommending further investigation? Yes No

If yes, provide details.

BUILDING INSURANCE

Is cover required? Yes No

The sums Insured for your Building (s) should represent the full cost of reconstruction to the same specification.

Buildings Sum Insured:

Buildings:

The home and domestic outbuildings, garages, rainwater tanks, outdoor stairs, swimming pools, composition tennis courts, patios, terraces, drives, footpaths, walls, gates and fences, including landlord fixtures and fittings, all on the same site.

Sea walls, docks, piers, jetties or similar waterside structures sum insured (if cover required):

Total Sum Insured:

Is there a Mortgage provider or any other interested party to be noted on the policy? Yes No

If yes, provide details.

CONTENTS INSURANCE

Covers household items and personal items likely to be worn, used or carried within the home.

Limited up to \$1,000 any one item with the total not to exceed \$10,000 OR 1/3rd of the total value (whichever is lower) unless a specific higher amount is agreed.

Is cover required? Yes No

Contents Sum Insured? Yes No

Specified All Risks? Yes No

All Risk- Specified Items Total Sum Insured:

Unspecified All Risks Required? Yes No

All Risk- Unspecified Items Total Sum Insured:

Valuables over \$1,000? Yes No

CONTENTS DETAILS

Items:	Description:	Value:
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VALUABLES

Items:	Description:	Value:
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ALL RISKS

Items:	Description:	Value:
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DECLARATION

Please read this very carefully and if acceptable then sign and date below.

You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First General Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First General Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First General Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First General Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First General Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First General Insurance Company Limited.

Proposer's Name:

Proposer's Signature:

Date: (DD/MM/YYYY)

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Proposer's Signature:

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A COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST.

IMPORTANT NOTE: PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.