PROPOSAL FOR FIRE INSURANCE

THE GUYANA & TRINIDAD MUTUAL FIRE INSURANCE COMPANY LIMITED

HEAD OFFICE:
27-29 Robb & Hincks Streets,
Georgetown, Guyana.

FOR OFFICE USE ONLY

Policy No. _____ Date _____

Mode of Payment _____ Mode Premium _____

Period of Cover:-

From: _____

To: _____

Sales Rep/Broker/Branch/Direct _____

1) PARTICULARS OF APPLICANT

a) Name of Proposer (in full) …….....……..

b) Mailing Address …….....……..

……..…….....……....

c) Occupation & Business Address …….....…….

d) Tel No……Email Address …….....……..……

2) SCHEDULE OF PROPERTY TO BE INSURED

a) Description of Building ☐ One Storey ☐ Two Storey ☐ Other (Details ....…….....…)

b) Construction of Building ☐ Wood ☐ Wood/Concrete ☐ Concrete

☐ Other…….....…….....….....

c) Use of Building ☐ Dwelling only ☐ Dwelling and Commercial (Details….…….....……)

☐ Commercial (Details…....……..…....…….....…….....)

☐ Other (Details……....…….....…….....…....….....…....)

d) Location of Property…….....……....

e) (i) Coverage Required ☐ Fire Only – Par/Non Par ☐ Fire & Limited Perils - Par/Non Par

☐ Fire & Extended Perils - Par/Non Par ☐ Fire & Full Perils - Par/ Non Par

(ii) State Perils for Fire & Extended Cover…….....……..

(iii) State relevant Warranties……..…Clauses…….....……..

f) **TYPE OF PROPERTY**

	Sum Insured	Rate	Premium
Building			
Household Contents (as per attached list)			
Stock			
Machinery Plant & Equipment (as per attached Machinery form)			
Business & Office Furniture, Fixtures & Fittings			
Loss of Rent – Payable/ Receivable (…….....Months)			
Removal of Debris			
Tenants Improvement			
Architects/Quantity Surveyors' Fees			
Other…….....……..			
TOTAL			

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Assessed Value _____

Accepted Subject to Inspection _____

Inspected and Accepted _____

Countersigned by _____

_____

_____

Credit to Suspense a/c _____

Pending Inspection _____

Inspection _____

Circulation _____

Typing _____

Posted _____

Entered by _____

Verified by _____

Does Applicant qualify for Power Discount ☐ Yes ☐ No

	Yes	No

3) Is the property already insured with this or any other Company? ……

If 'Yes' please state: - (a) Name of Company……

(b) Sum Insured……

(c) Type of Cover……

4) Have you ever had a Proposal or Policy: - Cancelled, Declined, Refused or Special Terms imposed ……

If 'Yes' please state: - (a) Name of Company……

(b) Type of Proposal/Policy……

5) Have you ever suffered a loss (whether insured or not) ……

If 'Yes' please state: - (a) Date of Loss…… (b) Nature of Loss……

(c) Name of Insurer……

(d) Was a claim ☐ Paid in full } Amount Paid……

☐ Reduced } Amount Paid……

☐ Rejected……

6) Is there a Lien or Mortgage on the property being insured……

If policy to be assigned, please state: - (a) Name of Assignee ……

(b) Address of Assignee……

(c) Amount……

7) Are flammable liquids stored on the Premises?……

8) Are the Premises located in an area susceptible to flooding? ……

If 'Yes' please provide details……

9) (a) Are the Premises occupied……

(b) By whom and for what purpose……

10) How long have you owned the property to be insured? …… years

11) If built, renovated or purchased, at what cost $……

12) **<u>IF THIS INSURANCE IS TO COVER STOCK:-</u>**

(a) What type of Stock record keeping is done?……

(b) What is the present Value of Stock?……

(c) When was the Stock balance last taken?……

(d) What was the value then?……

(e) Where are Stock records kept?,……

(f) If left on premises, is it kept in a fire proof safe?……

(g) Please provide details of how the Stock in Trade or Raw materials are stored……

……

I (We) warrant that the above answers are true to the best of my (our) knowledge and belief. I (We) agree that this proposal shall constitute the basis of the insurance contract which shall be subject to the conditions of the policy to be issues in answer to this proposal.

If this proposal is written by another it shall be deemed he/she shall be my agent and not the agent of the Company.

Date this _____ day of _____

Signature of Proposer (s) _____

This Insurance will not commence until the proposal is accepted by the Company.