



### A. Proposer's Details

Mr. ☐ Mrs. ☐ Miss. ☐

1. First Name \_\_\_\_\_ 2. Middle Name \_\_\_\_\_ 3. Last Name \_\_\_\_\_

4. E-mail Address \_\_\_\_\_

5. Address (Home, Street, Parish, Country) \_\_\_\_\_

6. Address to which proposal relates \_\_\_\_\_

7. Latitude \_\_\_\_\_ 8. Longitude \_\_\_\_\_ 9. Altitude \_\_\_\_\_

10. Telephone (\_\_\_\_\_) \_\_\_\_\_ 11. Work (\_\_\_\_\_) \_\_\_\_\_ 12. Cell Number (\_\_\_\_\_) \_\_\_\_\_

### B. Cover Required

1. Address of building to be constructed \_\_\_\_\_

2. Number of storeys \_\_\_\_\_ 3. How will building be occupied \_\_\_\_\_ 4. Dimensions of building (length X width) \_\_\_\_\_ 5. Total square feet \_\_\_\_\_

6. Construction of external walls (material) \_\_\_\_\_ 7. Construction of roof (material) \_\_\_\_\_

8. Are any other buildings to be constructed on property? Yes ☐ No ☐ If yes, please give details and construction \_\_\_\_\_

9. What is the distance between the building(s) under construction and the building or structure nearest to it? \_\_\_\_\_

10. If the building under construction is less than 20 feet from any other building or structure, please state fully the construction and occupation of such other buildings \_\_\_\_\_

11. Is the building and any other out-buildings on the same property, in an area that is free from flooding for the past 5 years? Yes ☐ No ☐ If not, please give full details. \_\_\_\_\_

12. Is the building mortgaged? Yes ☐ No ☐ If yes, to whom? \_\_\_\_\_ What is the amount of the mortgage \_\_\_\_\_ Is the policy assigned? Yes ☐ No ☐

13. Please state the amount of insurance you are requesting: \$ \_\_\_\_\_ Building 1 \$ \_\_\_\_\_ Building 2 \$ \_\_\_\_\_ Building 3 \$ \_\_\_\_\_ Building 4

14. Are you at present insured with any other company or companies in respect of the same property as declared now for insurance? Yes ☐ No ☐ If yes, please state the name of the companies(s), the amount of insurance, policy numbers and their periods. \_\_\_\_\_

15. Has any insurance company ever declined a proposal of insurance from you, or cancelled or terminated your insurance with them? Yes ☐ No ☐

16. Have you sustained any losses in respect of property owned by you? Yes ☐ No ☐ If yes, please give details: \_\_\_\_\_

17. Name & address of building contractor  
Name \_\_\_\_\_  
Address (#, Street, Parish, Country) \_\_\_\_\_

18. Please attach a copy of the approved building plan.

19. State period for which this insurance is required: DD / MM / YYYY From DD / MM / YYYY To

### C. Declaration

I / We hereby declare that the above particulars are true & correct to the best of my / our knowledge and belief, and I / we hereby agree that this declaration shall form the basis of this contract between me / ourselves and the insurer.

Date DD / MM / YYYY

Signature of Insured \_\_\_\_\_