



Security & General
INSURANCE

HOME*options*

Residential Risks Proposal Form

Part 1: You / The Insured

Full Name: Mr./Mrs./Ms./Miss/Company

Address of Property to be Insured:

Are you the: Owner Tenant

Home Phone # Work Phone # ext: Cell Phone #:

P. O. Box: eMail Address: Date of Birth:

Occupation: Employer: Usual working hours:

Do you have any other insurance coverage with Security & General? Yes (If Yes, please give details) No

When do you require cover to commence? From: (for a period not exceeding 12 months)

Please Initial

Part 2: The Property to be Insured

(a) i. Is the building a self contained single family dwelling? Yes No

If Yes, please tick the box that best describes it?

A Single Storey House A Multi Storey House A Multi Storey Townhouse

ii. If the building is constructed for a multi family dwelling, is it;

A Duplex A Triplex An Apartment Building (# units)

(b) i. If you are the Owner, do you live at the property? Yes No

ii. If the property is tenanted, how many units are rented? (# units)

Is YOUR Home or are YOUR Buildings:

(c) Located in an area subject to flooding due to rain or overflow of the sea? Yes No

(d) Adjacent to any body of water such as the sea, lake or canal? Yes No

(e) Protected by a sea wall and/or Breakwater? Yes No

(f) Used for business purposes? Yes No

If Yes, please specify purpose:

(g) Ever left unoccupied for periods exceeding 30 consecutive days? Yes No

(h) A weekend or holiday home? Yes No

If Yes to either (g) or (h) above - what security/protective measures are taken or in place to protect YOUR Home?

(i) Fully built and occupied as a private residence? Yes No

(j) Properly maintained and in good repair? Yes No

(j) Fitted with: Burglar Bars Hurricane Shutters Smoke/Heat Detectors Intruder Alarm

If you have answered "YES" to any of the above questions please give details:

Please Initial

Part 3: Construction of YOUR home?

Roof: Concrete / Clay Tile Asphalt / Wood Shingle Metal Other: Please specify

Walls: Block Wood Metal Other: Please specify

Please Initial

Part 4: Previous History

Have YOU or any member of your family permanently residing with YOU:

- (a) suffered any loss during the past five years from any of the events against which you now wish to insure? Yes No
- (b) been refused insurance by any insurer for any of the events, which you now wish to insure? Yes No
- (c) had any policy canceled for any reason? Yes No
- (d) ever been convicted of any criminal offence in the last five (5) years? (*Excluding Motor Offences*) Yes No

If the answer to any of the above questions is YES please give details below

Please Initial

Part 5: Cover / Deductibles Required (Building and Contents)

- Full Perils (Including Catastrophe Perils) with 2% deductible Full Perils (Including Catastrophe Perils) with 5% deductible
- Full Perils (Including Catastrophe Perils) with 2% windstorm and 5% inundation deductible
- Restricted Perils (Excluding Catastrophe Perils)

Please Initial

Part 6: Description of the Property Insured

(1) The Buildings of YOUR Home

Basis of Sum Insured. Your Sum Insured should represent the cost of rebuilding your Home including garden walls, domestic out building and swimming pools. An allowance should also be made for Architects and Surveyor's fees and the cost of removal of debris following a loss. The Minimum Sum Insured under this Section is \$60,000.

Does the Building value include the Foundation? Yes No

Any Other costs? Please specify

Mortgagee/Loss Payee:

(2) The Contents of YOUR Home: *Excluding Items insured under Cover 3 below*

Basis of Sum Insured/Claim Settlement. The full replacement value as new of all Contents less an allowance for wear and tear on clothing and household linen. The Minimum Sum Insured under this Section is \$15,000.

Any Other costs? Please specify

Does the Sum Insured represent the full value of the Contents calculated on the same basis as that described above? Yes No

If NO please give details:

Specify below any single Item whose value exceeds 5% (or \$1,500) or whose total value exceeds 25% (or \$10,000) of the total Contents value insured (whichever is least).

Buildings: \$

Canal / Sea Walls: \$

Pools / Jacuzzis: \$

Docks / Jetties: \$

Other: \$

Total: \$

Contents: \$

Satellite Receiver: \$

Other: \$

Total: \$

Item Description	Sum Insured:	Item Description	Sum Insured:
	\$		\$
	\$		\$
	\$		\$

(NB. If the Total Value of such items to be insured under Sections 2 and 3 exceeds \$10,000 it will be necessary to specify same and Valuations may be required for any single item exceeding \$1,500 in value).

Please Initial

Part 6: Description of the Property Insured *continued*

(3) **Personal Possessions and Valuables (All Risks) except (b)(i) where cover is limited to Accidental Damage: Excluding Items insured under Cover 2**

Please complete this section and Specified Valuables Supplementary Form in respect of all items as described below regularly taken away from the Home and or items in the Home (as described) for which Accidental Damage cover is required.

For Example: Precious Metals, Jewelry, Furs, Art Work, Antiques, "Collections" (Coins / Stamps / Medals / Discs / Tapes etc.), Curio's, Personal Belongings and Effects, Clothing, Sports / Photographic / H-FI / Computer Equipment, Money, Credit Cards, Musical Instruments.

(a) **Unspecified Valuables, Personal Effects and Clothing** where the value does not exceed \$1,500 per item. Yes No \$ _____

The minimum sum insured for this section is \$2,000.

(b)(i) **Specified Valuables** whose value exceeds \$1,500 per item. Yes No \$ _____ *

(b)(ii) **Specified Valuables** in the Home (Accidental Damage Only) Yes No \$ _____ *

* See Specified Valuables Supplementary Form

(c) **Sports/Photographic Equipment** Yes No \$ _____

(d) **Pedal Cycles** Yes No \$ _____

(e) **Freezer Contents** Yes No \$ _____

What is/are the Age, Make and Model of the Freezer(s)? _____

(4) Public Liability Cover

NB. Liability as Owners or Occupiers/Personal are only covered if Section 1 (Buildings) or Section 2 (Contents) are insured respectively)

(5) **Employers Liability Cover (Domestic Employees Only)** Yes No

Number of Employees: Indoor: _____ Outdoor: _____

The Indemnity Limit offered by Security & General Insurance Company Limited under Section (4) and (5) is \$500,000 and provides cover for you or your household's legal liabilities in respect of domestic employee's only, for accidents occurring in the Commonwealth of the Bahamas. Do you require an increase in the above limit? Yes No

If "Yes", please state limit required? \$ _____

(6) **Annual "Travel" Cover** Yes No

Complete schedule below indicating # of days each person to be insured expects to be away from the Bahamas)

Name _____ Not exceeding 60 Days _____ Exceeding 60 Days _____

Please Initial

Part 7: Declaration

Please read the following declaration very carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form.

I/We declare to the best of my/our knowledge and belief that

(a) the answers given are true.

(b) all material particulars affecting the assessment of risk have been disclosed.

I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the policy issued by the insurers. If any answer has been written by any other person, such person shall for that purpose be deemed to be my/our agent and not the agent of the insurers.

Proposer(s) Signature(s): _____

Date: Day / Month / Year _____

Time: _____

NB. Liability of the insurers does not commence until the Proposal has been accepted by the insurers.