



# Gulf Insurance Limited

1 Gray Street, St. Clair, Port of Spain, Trinidad, West Indies. Fax: 868-628-0272/2167  
P.O. Box 489. Telephone: 868-622-5878/7485-6/ 628-9250-3 Email: info@gulfinsuranceltd.com

## FIRE & SPECIAL PERILS PROPOSAL FORM

Name of Proposer(s): \_\_\_\_\_  
 Trading Name: \_\_\_\_\_ V.A.T. Reg. No: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Proposer's Profession: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Period of Insurance: From \_\_\_\_\_ a.m./p.m. On \_\_\_\_\_ To: \_\_\_\_\_ At. 4:00 p.m.  
 Geographical Area: \_\_\_\_\_

### AMOUNTS TO BE INSURED

BUILDING(S)	STOCK IN TRADE	PLANT MACHINERY & EQUIPMENT	FURNITURE FIXTURES & FITTINGS	OTHER	TOTAL

### THE BUILDING(S)

LOCATION(S)	CONSTRUCTION	OCCUPATION	AGE OF BUILDING	TYPE AND AGE OF ELECTRICAL WIRING
1)				
2)				
3)				
4)				
5)				

- (1) By whom are the premises owned? \_\_\_\_\_
- (2) How many storeys are there? \_\_\_\_\_
- (3) How are the premises lighted and heated? \_\_\_\_\_
- (4) What form of Power is used for Machines, etc? \_\_\_\_\_
- (5) Has any Company or Underwriter at any time cancelled/declined to accept or renew any insurance for you? \_\_\_\_\_  
If so give details \_\_\_\_\_
- (6) Has any Company or Underwriter required an increased premium or imposed special conditions on any insurance for you? \_\_\_\_\_  
If so give details \_\_\_\_\_
- (7) Is there any other insurance effected upon this property? \_\_\_\_\_ If so give Name of Company and Amount \_\_\_\_\_
- (8) Is Any of the property to be insured mortgaged? \_\_\_\_\_ If so give:-  
 i) Mortgagee's Name and Address \_\_\_\_\_  
 ii) The Extent of Mortgage \$ \_\_\_\_\_  
 iii) The Amount Payable Monthly \$ \_\_\_\_\_
- (9) Give details of any other credit arrangements you may have with any other banks or financial institutions \_\_\_\_\_
- (10) Please describe fully the variety of stock stored \_\_\_\_\_
- (11) Is there any hazardous trade on, near to or adjoining the premises or any circumstances increasing the risk of loss? \_\_\_\_\_  
If so give details \_\_\_\_\_

- (10) State the distance to the nearest building \_\_\_\_\_
- (a) How is it occupied \_\_\_\_\_
- (b) Of what materials are the external walls constructed \_\_\_\_\_
- (c) Of what material is the roof constructed \_\_\_\_\_

NOTE: The Standard Policy covers loss or damage by Fire, Lightning and Explosion of gas used for domestic purposes not used in a building forming part of any gas works.

- (11) Do you wish to insure for any of the following additional perils?
- |                  |     |                        |     |                              |     |
|------------------|-----|------------------------|-----|------------------------------|-----|
| EXPLOSION        | [ ] | EARTHQUAKE             | [ ] | RIOT STRIKE                  | [ ] |
| MALICIOUS DAMAGE | [ ] | AIRCRAFT DAMAGE        | [ ] | HURRICANE, CYCLONE, TORNADO  | [ ] |
| VEHICULAR DAMAGE | [ ] | FLOOD                  | [ ] | BURSTING & OVERFLOWING OF    | [ ] |
| BUSH FIRE        | [ ] | SPONTANEOUS COMBUSTION | [ ] | WATER TANK APPARATUS & PIPES | [ ] |
|                  |     |                        |     | OTHERS                       | [ ] |

- (12) Do Sums Insured represent the full value of the property? \_\_\_\_\_
- If not, what in your opinion is an estimate of the Full Value \$ \_\_\_\_\_

- (13) Have you ever sustained any loss by FIRE or any other peril? \_\_\_\_\_
- If so please give the amount the circumstances and date of loss \_\_\_\_\_

- (14) Please describe fully the occupational duties/activities that take place on your premises \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Comment on the quantity/nature of all hazardous materials

- (15) What has been your average sales per month for the past year immediately before the date of this proposal \$ \_\_\_\_\_

- NOTE: (1) **ALL QUESTIONS MUST BE ANSWERED CORRECTLY**
- (2) Gulf, Representatives of Gulf and/or their agents will not be liable for any incorrect information given on this form where it is completed by their agent/representative. You should therefore ensure the truth and corrections of these statements before signing.
- (3) A copy of this proposal will be sent to you together with your policy and you should advise the company of any material changes during the period of insurance.

**DECLARATION:**

I/We hereby declare that the above answers are true and correct and that all material factors affecting this risk have been disclosed. I/We agree that this Proposal shall form the basis of the contract and abide by the terms and conditions of the insurer's standard Policy.

Proposer's Signature:..... Date:.....

Agent at.....

Agent's Signature..... Date:.....

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