



# Gulf Insurance Limited

104, Woodford Street, Newtown, Port of Spain, Trinidad, West Indies. Fax: 809-628-0272  
 P.O. Box 489. Telephone: 622-5878/89250-3/27485-6 Cable Address: Gulfins

## PROPOSAL FOR Burglary Insurance

(excluding Larceny)

OF

BUSINESS PREMISES

ITEM	PROPERTY TO BE INSURED	TOTAL DECLARED VALUE	SUM INSURED
1	Stock in Trade the property of the Insured or held in trust or on commission for which the Insured is responsible (excluding any article otherwise specified)		
2	Trade furniture fixtures fittings and utensils the property of the Insured		
3	Articles specially insured:-		
<b>TOTAL SUM INSURED</b>		<b>\$</b>	

### DEFINITION - OTHER CONTENTS

- (i) Documents, manuscripts and business books but only for the value of the material as stationery together with the cost of clerical labour expended in writing up and not for the value to the Insured of the information contained therein.
- (ii) Patterns, models, moulds, plans and designs up to a limit of \$100.00 (or currency equivalent) in respect of any one pattern, model, mould, plan or design.

### DECLARATION

I/We hereby declare and warrant that the answers and other particulars stated in this Proposal are true and complete and agree that if any change or alteration shall be made in the premises property insured or otherwise so that the particulars and information stated are no longer correct the Company shall be notified immediately/ and I/We further agree that this proposal shall be the basis of the contract between the Company and myself/ourselves, and I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property insured.

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

THE INSURER

GULF INSURANCE LIMITED

INSURANCE - BUSINESS PREMISES (accompanied by forcible entry or exit)

BLOCK LETTERS PLEASE

FULL NAME OF PROPOSER \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

Address of Building in which the Property to be insured is situate \_\_\_\_\_

**STATE**

(a) whether a house, shop, warehouse, manufactory or otherwise \_\_\_\_\_

(b) material of which Building(s) is/are constructed \_\_\_\_\_

(c) how long have you occupied the premises \_\_\_\_\_

(d) the amount for which such stock is insured against fire \_\_\_\_\_

(e) whether cover is required for property contained in any building(s) other than the Main Building described above YES/NO.  
If "YES", give details below in the same order as requested by (a) to (d) above.

(a) \_\_\_\_\_ (b) \_\_\_\_\_

\_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_

PERIOD OF INSURANCE From \_\_\_\_\_ Renewal Date \_\_\_\_\_

Please tick appropriate Box

- |    |   | YES                      | NO                       |
|----|---|--------------------------|--------------------------|
| 1  | Has any Insurer ever declined your proposal, refused to renew your Policy, required an increased premium or imposed special Terms? If "YES" give details _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Have you now or have you been insured previously for Theft Insurance? If "YES" give brief particulars _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Have these or any other Buildings occupied by you at any time been Burgalarised? If "YES" state -<br>(a) Date and circumstances of loss _____<br>(b) Value of Property lost _____<br>(c) Precautions taken to prevent a recurrence _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Will a complete record of stock received and sold be kept? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Are you the sole occupier of the premises? If "NO" specify other occupancies _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Are the premises occupied after business hours by the proprietor or manager? If "No" state whether -<br>(a) any watchman or caretaker is employed _____ (b) what special precautions are adopted for protecting the premises and property _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Are the buildings fitted with a burglar alarm system? If "YES" state the following details:-<br>(a) Name of Manufacturer _____ (b) Date of Installation _____<br>(c) Name of Company who installed alarm _____<br>(d) Exact type of alarm _____ (e) Is there a maintenance contract in force? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | Are all doors and windows fitted with suitable locks and fastenings? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Are there windows or fanlights on ground floors? _____<br>If "YES" please state how they are protected _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Are there any trapdoors or window in the roof or basement? If "YES" give a description of same and how protected _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Are there any cellars connected with the premises? If "YES" are all doors and cellar flaps adequately protected? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Do you require cover for money? If "YES" separate Proposal Form will be supplied _____  | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE COMPLETE ADDITIONAL QUESTIONS AND DECLARATION OVERLEAF