



INSURANCE MANAGEMENT (BAHAMAS) LIMITED
INSURANCE BROKERS AND AGENTS

NEW PROVIDENCE

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FIRE INSURANCE PROPOSAL FORM

Unless all material facts are disclosed, this insurance could be invalidated. Material Facts are those facts an Insurer would regard as likely to influence the acceptance and/or assessment of the Proposal. If you are in any doubt about whether facts are material, you should disclose them. A copy of the completed Proposal Form will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract.

A specimen Policy is available on request.

This Policy is Subject to Average which means you may not receive the full amount of any claim that is payable in the event of under-insurance. This is explained in more detail in a separate notice issued with this Proposal Form.

	Day Month Year		Day Month Year
Commencement Date of Insurance:			
	Expiry Date of Insurance:		

(Which cannot be before the acceptance of the Proposal by the Insurers)

Note: Unless otherwise agreed this Policy will commence and expire at 4:00pm in the afternoon on the dates mentioned above.

Proposers Name: _____

Postal Address: _____

Telephone: _____ (Home) _____ (Business) _____ (Cell)

E-mail: _____ Currency B\$ or US\$: _____

Occupation of Proposer: _____

1. GENERAL QUESTIONS (Please answer all of the following)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are any hazardous processes carried on at the premises, or are any flammable liquids or other hazardous goods stored? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any other insurances on the property proposed for this insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the Proposer previously been insured against Fire and/or Additional Perils? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the Proposer been refused insurance cover in respect of this or any Proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you or any director where the Proposer is a limited company, ever been convicted of any offence other than driving offences? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered 'YES' to any of the above please give details below:

2. PROPERTY TO BE INSURED

- (a) Full Address _____
- (b) Construction of Walls and Roof _____
- (c) Occupation of the Building by the Proposer _____
- By Others _____
- (d) Distance from the sea _____ (e) Height above sea level) _____ (f) Height of Building (Storeys) _____
- (g) Name and Address of any Mortgagee _____

3. SUMS INSURED

	Sum Insured
(a) Buildings including Landlords Fixtures and Fittings	<input type="text"/>
(b) Stock and Materials in Trade for which the Proposer is responsible	<input type="text"/>
(c) Business Furniture, Fixtures, Machinery, Plant and other items not insured by 3 (a) & 3 (b)	<input type="text"/>
(d) On	<input type="text"/>
(e) On	<input type="text"/>
TOTAL SUM INSURED	<input type="text"/>

4. PERILS TO BE INSURED

- (a) Fire and Lightning only YES NO
- (b) Fire and Lightning plus Perils but excluding Catastrophe Perils YES NO
- (c) Fire and Lightning plus Perils but including Catastrophe Perils YES NO

Catastrophe Perils are Hurricane, Cyclone, Tornado, and Windstorm including rain accompanying these perils and Tidal Wave or Flood (including overflow of the sea) caused by these perils and Earthquake and Volcanic Eruption and Flood (including overflow of the sea) caused by these perils.

5. DECLARATION

I/we declare that, to the best of my/our knowledge and belief, the particulars and answers are true and correct and that I/we have not withheld any information that is likely to influence the decision of the Insurers in regard to this proposal. It is further declared that the premises are in a good state of repair and will be so maintained at all times. I/we have had the Condition of Average explained to me/us and understand that if the sums insured do not represent the full replacement value of the property insured I/we may be penalized in the event of a claim. I/we have also been provided with written details of how the Condition of Average operates.

Signing this form does not bind the proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.

Signature of Proposer(s) _____ Date _____

6. EXCHANGE CONTROL DECLARATION

(To be signed only by non-residents of The Bahamas eligible for US\$ denominated Policies)

I/we declare that The Central Bank of The Commonwealth of The Bahamas does not designate me/us a resident(s) of the Commonwealth of The Bahamas for Exchange Control purposes. I will immediately notify Insurance Management (Bahamas) Ltd. in writing in the event of any change of status.

I/we understand that payment of a claim under a Policy of Insurance in currency other than Bahamian currency is subject to approval by The Central Bank of The Bahamas.

Signature _____ Date _____