



INSURANCE MANAGEMENT (BAHAMAS) LIMITED
INSURANCE BROKERS AND AGENTS

NEW PROVIDENCE

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HOME 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 purpose of entering into this contract.

A specimen policy is available on request.

Please write in block capitals or tick the boxes as appropriate.

DATE INSURANCE IS TO BEGIN Day Month Year
 (Which cannot be before the proposal is accepted by the Insurers)

EXPIRY DATE Day Month Year

Proposer's Name: _____

Postal Address: _____

Occupation: _____

Telephone: _____ (Home) _____ (Business)

Email: _____ Currency required: B\$ / US\$ _____

Full Address of Property to be Insured: _____

Distance of Nearest Building From the Sea: _____ Height Above the Sea: _____

Cover required: Including Hurricane etc. _____ Excluding Hurricane etc. _____

Your Home Please complete in all instances

1. Is your home

- | | | |
|--|-------------------------------------|-------------------------------------|
| a. occupied only by you? (By "you" we mean you, your spouse, children, parents and other relatives who normally reside with you) | YES | NO |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If no, how many tenants? <input type="text"/> | | |
| Do you live on the premises? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. used for any business or professional purposes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. a weekend or holiday home? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. left unoccupied for more than 2 months in a year? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. protected by hurricane shutters? (if "Yes", please describe) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. protected by a burglar alarm which includes at least one external bell? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. protected by keyed mortice deadlocks on all external doors and can all external windows be secured from within? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. protected by security grilles, bars or screens on all windows? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. built of brick, stone or concrete walls? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j. roofed with | | |
| (i) concrete or cement tiles or slates? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) asphalt or wood shingle or sheet metal? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) any other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|-------------------------------------|-------------------------------------|
| | YES | NO |
| k. in a good state of repair and will be so maintained at all times? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l. on a site which has been free from flooding during the last ten years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. With regard to the sections of cover you are selecting, have you or any person normally residing with you, at your present address or elsewhere | | |
| a. sustained any loss, damage or liability during the last five years, whether insured or not? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. had any insurer decline or cancel insurance, impose special conditions or not invite renewal? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or any member of your family residing with you, or directors where the Proposer is a limited company, ever been convicted of any offence other than driving offences? | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the Property | | |
| (i) one-storey? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) two-storey? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) split level? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) a duplex? | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) a triplex? | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) a condominium? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked any of the shaded boxes please give further details here:

SECTION 1 - BUILDINGS

Do you require this cover? YES NO

1. What is the full rebuilding cost of your home?

- | | |
|---|---------------------------------|
| a. the home plus landlords fixtures and fittings | <input type="text" value="\$"/> |
| b. patios, footpaths, walls (but not seawalls), gates, fences and driveways | <input type="text" value="\$"/> |
| c. swimming pools and tennis courts | <input type="text" value="\$"/> |
| d. docks, jetties, piers, seawalls or similar water-side structures (not covered unless specifically mentioned and insured) | <input type="text" value="\$"/> |
| e. other (please provide details) | |

2. Loss of Rent/Alternative Accommodations

Cover is included up to a limit of 10% of your Building Sum Insured, in respect of all perils except Catastrophe Perils. Do you wish to increase this limit? If so please specify Sum Insured.

Sum Insured

You may also increase cover to include Catastrophe Perils (provided your Building is covered on this basis).

Do you wish to do so? YES NO

3. What is the approximate area of your home in square feet?

4. Mortgage or Other Interest

Name

Address

SECTION 2 - CONTENTS WHILST IN THE HOME

Do you require this cover? YES NO

If you require Contents cover please answer the questions below (do not include items you wish to cover under Section 3 "All Risks")

1. a. What is the replacement cost of your High Risk Items, i.e.:

TV, personal computer, audio and video equipment \$

Jewellery and watches \$

Clocks and articles of precious metal (other than jewellery) \$

Pictures, works of art, curios and collections \$

Photographic equipment \$

Total \$

b. Total other Contents \$

c. Total a. plus b. \$

d. If the replacement cost of any High Risk Item exceeds \$2,500 list item(s) and value(s) below:

Item	Value \$

If the replacement cost of all High Risks items exceeds 35% of the total Sum Insured for Contents an additional premium may apply.

SECTION 3 - "ALL RISKS"

1. **Unspecified Items** - This provides cover for unspecified valuables, personal effects and clothing providing no one item exceeds \$500 in value (Items in excess of \$500 should be insured separately as a Specified Item). In addition cover is provided for Loss of Personal Money up to \$500 and Financial Loss resulting from stolen credit cards up to \$500. A deductible of \$50 applies to all claims.

Do you require this cover? YES NO Sum Insured Required (minimum \$1500)

2. **Specified Items** - Items exceeding \$500 in value. A valuation or appraisal is required for each item (excluding electronic goods) of \$1,000 or more in value. Please list below or on a separate sheet of paper.

	Description	Sum Insured
1.		
2.		
3.		
4.		
5.		

SECTION 4 - LIABILITIES

Provided Section 1 and/or Section 2 of this Policy is taken the following cover is automatically included without extra charge:

1. Personal Liability (does not apply if Policy is not issued in the name of a private individual (s)).
2. Property Owners Liability
3. Occupiers Liability
4. Employers Liability in respect of domestic staff (Maximum 3)

The Limit of Indemnity is \$500,000 per occurrence and in the aggregate. This may be increased at an Additional Premium.

Do you wish to increase the Limit of Indemnity for:

Personal, Property Owners and Occupiers Liability? to \$1,000,000 Yes No
 Employers Liability to \$1,000,000 Yes No Number of Employees

If you are a tenant of the home, liability as Tenant of the Property is also included free of charge up to the Sum Insured on Contents or \$20,000, whichever is lesser. A \$50 deductible applies to each and every claim.

SECTION 5 - PERSONAL ACCIDENT BENEFITS PAYABLE IN CONSEQUENCE OF A CRIMINAL ASSAULT OR MOTOR VEHICLE ACCIDENT

The following Benefits are payable to any of the Insured who are between 18 and 65 years of age and not in full time education, in the event they are subject to a Criminal Assault or in a Motor Vehicle Accident anywhere in the Commonwealth of The Bahamas.

Please note there are a number of Exclusions. A representative of Insurance Management (Bahamas) Ltd. will be pleased to discuss these with you.

Death or Total Disablement from gainful employment of any kind	\$25,000
Medical Expenses (excluding the first \$250)	\$10,000
Hospital Confinement (excluding the first two days)	\$50 per day up to 60 days

The maximum amount payable in respect of any one Insured is \$38,000 and for all Insured's \$76,000.

Do you require this cover? An additional premium is required. Yes No

DECLARATION

I/We declare that

1. the above statements made by me/us or written in answer to the questions on this form on my/our behalf by someone else are to the best of my/our knowledge and belief true and complete, and no material fact has been misrepresented, misstated or withheld.
2. the Condition of Average has been explained to me/us and that I/we understand that if the Sums Insured under Sections 1 and 2 of this Proposal do not represent the full replacement value of the property insured I/we may be penalized in the event of a claim.
3. I/we have been provided with written details of how the Condition of Average operates.
4. any person to be insured by Section 5 - Personal Accident resulting from Criminal Assault or Motor Accident is in good health and suffers from no physical impairment and that I/we will inform the Insurers in writing if this changes.
5. this proposal shall form the basis of the contract between me/us and the Insurers and will be deemed as incorporated in the Policy to be issued.

Signature of Proposer(s) _____ Date _____

EXCHANGE CONTROL DECLARATION (only to be completed by non-residents of The Bahamas)

I/we declare that The Central Bank of The Bahamas does not designate me/us as a resident(s) of the Commonwealth of The Bahamas for Exchange Control purposes.

I/we will immediately notify Insurance Management (Bahamas) Ltd. in writing in the event of any change in this 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 of Proposer(s) _____ Date _____

FOR OFFICE USE ONLY

	Sum Insured	Rate		Premium
Section 1. Buildings	\$	@	-	\$
Section 2. Contents	\$	@	-	\$
Section 3. "All Risks"	\$	@	-	\$
Section 4. Liability				\$
Section 5. Personal Accident				\$
Other Property	\$	@	-	\$
Options				

Block No.:

Insurers:

Appraisals or Valuation Dated _____ sq. ft @ \$ _____ per sq. ft.