



**FIRE AND PERILS INSURANCE PROPOSAL FORM**

This proposal form must be completed by the legal owner(s) of the property to be insured.

**Your Personal Details**

|                        |  |
|------------------------|--|
| Full Name/Company Name |  |
| Mailing Address        |  |
| Occupation             |  |
| Home Contact Tel No.   |  |
| Email Address          |  |

**About Your Property**

|   |  |
|---|--|
| Main type of business                       |  |
| Type of property                            |  |
| Building ownership type                     |  |
| Is there a basement?                        |  |
| Number of years in business at the premises |  |
| Company Type                                |  |
| Position relative to body of water          |  |
| Are there other Businesses on the Premises? |  |

| <b>Business Type</b> | <b>Description</b> | <b>Percentage</b> |
|----------------------|--------------------|-------------------|
|                      |                    |                   |
|                      |                    |                   |



|                     |  |
|---------------------|--|
| Roof                |  |
| Number of Stories   |  |
| Exclude Foundation? |  |

**Building Insurance**

|                                    |  |
|------------------------------------|--|
| Main Building                      |  |
| Burglary                           |  |
| Removal of Debris                  |  |
| Professional Fees                  |  |
| Architect Fees                     |  |
| Surveyors Fees                     |  |
| Landscaping                        |  |
| <b>Total Buildings sum insured</b> |  |

**Mortgagees**

| Building | Mortgagee |
|----------|-----------|
|          |           |
|          |           |
|          |           |
|          |           |

**Contents & Equipment**

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**Total Contents & Equipment sum insured**

Removal of Debris

**Rent**

Loss of Rent

Loss of rent indemnity period

**Total Rent sum insured**

**Security features**

Identify whether or not the property is equipped with the following:

Alarm

Deadbolts

Security Window Bars

Fenced Premises

Carbon Monoxide detector

Safe

Guard dogs

Cameras

Fire Sprinkler System

Fire/smoke alarms

Water protection

Extinguishers

**Hurricane protection features**

Shutters

Impact glass

Straps/ties

**Your Insurance History**

Other property insurance policies with Bahamas First?

Any other insurance policies with Bahamas First?

Have you conducted business in any other location or jurisdiction? If so, please provide details.

Has any insurer declined, refused to renew or cancelled insurance on this or any other risk in which you or any other Proposer/Director/Officer having an interest in? If so, please provide details.

Have you or any other Proposer/Director/Officer had any non-motor convictions? If so, please provide details.


Have you or any other Proposer/Director/Officer having an interest in ever been declared bankrupt? If so, please provide details.

Have you or any other Proposer/Director/Officer having an interest in had any claims in the last 5 years? If so, please provide details.

Have you ever had a fire or any other losses at these or any other premises? If so, give details and names of Insurers interested.


**Currency**

Policy Currency



**Effective Dates**

Cover Start Date



Cover End Date



**Declaration**

**Please read this very carefully and if acceptable then sign and date below.**

**You should show this declaration to anyone who has an interest in property insured under this policy.**

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First General Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First General Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First General Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First General Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First General Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First General Insurance Company Limited.

Signature of proposer:..... Date (DD/MM/YY): .....

Signature of proposer:..... Date (DD/MM/YY): .....

**A COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST**

**IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.**