



## FIRE POLICY PROPOSAL

PLEASE COMPLETE THE ATTACHED FORM COMPLETELY IN ORDER FOR US TO PROVIDE THE PROPER COVER.

REPLACE THE "NOT APPLICABLE" TEXT IN THE FIELDS WITH YOUR ANSWERS OR STATEMENTS BY PRESSING DELETE ON THE HIGHLIGHTED TEXT IN THE FORM FIELD THEN TYPING.

WHEN THE FORM IS COMPLETE, SELECT THE "SAVE" TAB AT THE BOTTOM LEFT OF THE FORM TO SAVE A COPY FOR YOUR RECORDS THEN SELECT THE "SUBMIT" BUTTON TO EMAIL THE FORM TO US VIA YOUR EMAIL CLIENT.

ALTERNATIVELY, YOU CAN EMAIL US YOUR SAVED COPY AS AN ATTACHMENT.

SHOULD WE REQUIRE ANY ADDITIONAL INFORMATION, WE WILL CONTACT YOU AND IF NEEDED AMMEND THE FORM SENDING YOU THE COMPLETED COPY TO SIGN VIA "RIGHT SIGNATURE" – A ELECTRONIC SIGNATURE SERVICE.

### SIGNING VIA RIGHTSIGNATURE

1. OPEN EMAIL AND SELECT "REVIEW & SIGN DOCUMENT".
2. ACCEPT THE "ELECTRONIC SIGNATURE DISCLOSURE".
3. SCROLL DOWN THE DOCUMENT TO REVIEW.
4. WHEN FINISHED, CLICK ON THE SIGNATURE PAD & SIGN THE DOCUMENT.
5. SELECT SUBMIT SIGNATURE.

YOUR WILL RECEIVE A COPY OF THE SIGNED FORM VIA EMAIL FOR YOU RECORDS.

Thank you for choosing Abaco Insurance Agency!

# **BAHAMAS FIRST GENERAL**

*Insurance Company Limited*

**FIRE POLICY PROPOSAL**

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PLEASE GIVE A DEFINITE REPLY FOR EACH QUESTION ON THE FORM

No Insurance is in force until the proposal has been accepted by Bahamas First General Insurance Company Ltd.

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(For office use)

ID:

TODAYS DATE:

INSURER:

UNDERWRITER:

POLICY NO.

MODULE NO.

TYPE OF COVER:

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PROPOSER PREFIX:

PROPOSER FIRST NAME:

PROPOSER MIDDLE INITIAL:

PROPOSER LAST NAME:

PROPOSER SUFFIX:

COMPANY NAME:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS:

PHONE:

PHONE:

PHONE:

EMAIL:

EMAIL:

TAX ID:

PROPOSER DATE OF BIRTH:

PROPOSER NATIONAL INSURANCE ID:

PROPOSER BUSINESS LICENSE ID:

PROPOSER DRIVERS LICENSE ID

PROPOSER DATE LICENSED

PROPOSER OCCUPATION

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ADDRESS OF PROPERTY TO BE INSURED:

IS THERE A MORTGAGEE OR LOSS PAYEE?

(Please give details):

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### **SUMS TO BE INSURED**

ON BUILDINGS INCLUDING ELECTRICAL INSTALLATIONS AND LIFTS:

BUILDING:

BUILDING:

BUILDING:

BUILDING:

BUILDING:

**TOTAL BUILDINGS:**

STOCK AND MATERIALS IN TRADE, OR OTHER CONTENTS, THE PROPERTY OF THE INSURED OR HELD BY THEM IN TRUST OR ON COMMISSION FOR WHICH YOU ARE RESPONSIBLE:

CONTENTS:

CONTENTS:

CONTENTS:

CONTENTS:

CONTENTS:

**TOTAL CONTENTS:**

MONTHS RENT OF EACH OF THE BUILDINGS TO BE INSURED IN PROPORTION TO THE SUM INSURED THERE ON:

MONTHS RENT:

OTHER:

OTHER:

OTHER:

OTHER:

OTHER:

**TOTAL OTHER:**

**N.B. Buildings standing apart from one another, or not connecting internally must have separate sums insured and if contents are in two or more distinct buildings, the sum to be insured thereon must be specified.**

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DESCRIBE YOUR USE OF THE PREMISIS (e.g. retailing, storage etc.)?

DO YOU OCCUPY THE WHOLE THE WHOLE OF PREMISES?

(If not state how the remainder is occupied):

ARE HAZERDOUS MATERIALS KEPT ON THE PREMISES?

(If so, give detail and quantities):

WILL THE PREMISES BE UNOCCUPIED FOR MORE THAT 30 DAYS A YEAR?

(If so, give details):

CONSTRUCTION OF WALLS:

CONSTRUCTION OF ROOF:

NUMBER OF STOREYS:

DO THE PREMISES ADJOIN OR COMMUNICATE WITH ANY OTHE PREMISES?

(If so state):

HOW THE NEIGHBOURING PREMISES ARE OCCUPIED:

OF WHAT MATERIALS THE WALLS AND ROOF ARE CONSTRUCTED:

IS THERE ANY HAZARDOUS TRADE CARRIED ON NEAR THE PREMISES OR ANY OTHER CIRCUMSTANCE INCREASING THE RISK OF FIRE?

(If so, please give details):

ARE THERE ANY OTHER INSURANCE ON THE PROPERTY PROPOSED FOR THIS INSURANCE?

(If so, give details of Insurers):

HAVE YOU EVER HAD A FIRE AT THESE PREMISES OR ANY OTHER PREMISES?

(If so, give details):

HAS ANY INSURER DECLINED, REFUSED TO RENEW OR CANCELLED ANY INSUREACE ON THIS PROPERTY OR ANY OTHER PROPERTY ON WHICH YOU HAVE HAD INTEREST OR ANY PERSON ASSOCIATED WITH YOU IN BUSINESS AT ANY TIME HAS BEEN INTERESTED?

(If so, give details):

HOW LONG HAVE YOU CONDUCTED BUSINESS IN THESE PREMISES?

HAVE YOU ALONE OR IN PARTNERSHIP CONDUCTED BUSINESS ELSEWHERE?

(If so, give details):

**DECLARATION:** I/WE warrant that the above statements are true and complete and I/We agree that this proposal shall be the basis of the contract between ME/US and the Company.

I/WE agree to accept a policy in the Company's usual form for this class of insurance.

Proposer's Signature:

Date:

Additional Information/Endorsement