



HOME 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

HOUSEHOLD POLICY PROPOSAL

(For office use)

ID:

TODAYS DATE:

INSURER:

UNDERWRITER:

POLICY NO.

MODULE NO.

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 DRIVERS LICENSE ID:

PROPOSER OCCUPATION:

TYPE OF COVER:

TYPE OF DWELLING:

ADDRESS OF PROPERTY TO BE INSURED:

DO YOU LIVE ON THE PREMISES:

IS YOUR HOME:

- a. USED FOR ANY BUSINESS OR PROFESSIONAL PURPOSES:
 - b. A WEEKEND OR HOLIDAY HOME:
 - c. LEFT UNOCCUPIED FOR MORE THAN 40 DAYS:
 - d. NORMALLY UNOCCUPIED BY ADULS FOR MORE THAN 4 HOURS DURING WORKDAYS:
 - e. IN A GOOD STATE OF REPAIR AND WILL BE MAINTAINED SO:
 - f. ADJACENT TO ANY BODY OF WATER:
 - g. CONSTRUCTION OF WALLS:
 - h. CONSTRUCTION OF ROOF:
 - i. HOW OLD IS YOUR HOME:
-

HAS YOUR HOME SUFFERED DAMGE BY HURRICANE, FLOOD OR EARTHQUAKE
IN THE PAST FIVE YEARS:

HAS YOUR NEIGHBOURHOOD BEEN SUBJECT TO BURGLARIES RECENTLY:
PLEASE DESCRIBE PRECAUTIONS TAKEN TO AVOID LOSS OR DAMAGE BY THEFT:

HAVE YOU SUSTAINED LOSS BY ANY OTHER PERIL OTHER THAN HURRICANE,
EARTHQUAKE OR FLOOD:

IF THE ANSWER TO ANY QUESTIONS ABOVE IS YES PLEASE GIVE DETAILS:

COVER 1. BUILDINGS:

DO YOU REQUIRE THIS COVER:

WHAT IS THE FULL REBUILDING COST:

- a. THE BUILDINGS INCLUDING LANDLORDS FISTURES:
- b. ARCHITECTS & SURVEYORS FEES:
- c. SEA WALLS:
- d. DOCKS & PIERS:
- e. PAVED CONCRETE & ASPHALTED
AREAS SOLELY RELATED TO ITEM(a):
- f. SWIMMING POOLS & TENNIS COURTS:
- g. RETAINING WALL(S):
- h. T.V. ANTENNA:
- i. SATELLITE:
- j. GATES & FENCES (CATASTROPHE PERILS):

k. "HARD WIRED" GENERATOR:

l. OTHER:

MORTGAGEE OR LOSS PAYEE:

Buildings (specifically insured as separate):

Description

Sum Insured

COVER 2. CONTENTS

DO YOU REQUIRE THIS COVER:

WHAT IS THE REPLACEMENT COST OF YOUR CONTENTS

(excluding items insured under personal possessions):

CONTENTS (specifically insured as separate)

Description

Sum Insured

COVER 3. PERSONAL POSSESSIONS

DO YOU REQUIRE THIS COVER:

UNSPECIFIED (up to \$500.00 each):

SPECIFIED (please list below with description and values

Evidence of value required):

PEDICAL CYCLES:

SPORTS EQUIPMENT:

LIABILITY

(When you take “Buildings’ or “Home Contents” you are automatically covered for Liability arising out of you as owner and occupier of your home or in a personal capacity)

BY HOW MUCH DO YOU WISH TO INCREASE THE INCLUDED \$500,000 LIMIT:

INCREASE PERSONAL LIABILITY BY:

INCREASE PUBLIC LIABILITY BY:

INCREASE EMPLOYERS LIABILITY BY:

IF ANY OF THE BUILDINGS TO BE INSURED IS WITHIN 100FT. OF ANY OTHER BUILDING PLEASE STATE DISTANCE, CONSTRUCTION & USE OF SUCH BUILDING:

HOW MANY DAYS (WHETHER CONSECUTIVE OR NOT) IS THE DWELLING LIKELY TO BE WITHOUT AN INHABITANT DURING ONE YEAR

HAS ANY INSURER OR COMPANY IN RESPECT OF ANY PERILS TO WHICH YOUR PROPOSAL APPLIES DECLINED TO INSURE YOU:

HAS ANY INSURER OR COMPANY IN RESPECT OF ANY PERILS TO WHICH YOUR PROPOSAL REQUIRED SPECIAL TERMS TO INSURE YOU (if so, give details):

DECLARATION:

I declare that the above answers are true, and that I have withheld no material information regarding this proposal. I agree that this Declaration, and the answers given above, as well as any further Proposal or Declaration or Statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED and I further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy. I also declare that THE TOTAL SUMS INSURED REPRESENT NOT LESS THAN THE FULL VALUE OF THE PROPERTY, as above mentioned. I ALSO UNDERSTAND THAT ANY CHANGE IN THE DESCRIPTION OR OCCUPATION OF THE BUILDING(S) COULD INVALIDATE ALL COVERAGE UNLESS I ADVISE THE COMPANY IN WRITING PRIOR TO ANY CHANGE.

Date:

Proposers Signature:

Additional Information/Endorsement