

Fire Insurance Proposal



Royal & Sun Alliance Insurance (Bahamas) Limited
 P. O. Box N-4391 P. O. Box F-42673
 Nassau, Bahamas Freeport, Grand Bahama

Name of Proposer in Full	
Address	
Mortgage	

1.	Situation of property to be insured			
2.	Description of the property proposed for insurance			
		Sums Insured		
	(a) Buildings the property of the Insured or for which they are responsible	\$		
	(b) Machinery, Plant and all other Contents therein and thereon, the property of the Insured or held by them in trust for which they are responsible excluding Stock in Trade	\$		
	(c) Stock and Materials in Trade, the property of the Insured or held by them in trust or on commission for which they are responsible	\$		
	(d) Rent of each of the Buildings insured by this Policy in proportion to the sum insured thereon	\$		
	(e) Miscellaneous property of the Insured or for which they are responsible not specified under (a), (b), (c) or (d) above	\$		
3.	(a) Construction of Walls			
	(b) Construction of roof			(c) Number of Storeys
4.	Occupation of premises			
	(a) Describe your own use of the premises (e.g., retailing, storage, etc.)			
	(b) Do you occupy the whole of the premises? If not, state how the remainder is occupied			
	(c) Are hazardous materials kept on the premises? If so, please give details and quantities			
	(d) To what extent are the premises left unoccupied during the year?			
5.	Construction and occupation of adjoining or adjacent premises or land			
6.	Are there any other insurances on the property proposed for this insurance? If so, please state names of insurers and sums insured			
7.	Have you previously insured against fire or additional perils? If so, please state names of insurers			
8.	Have you ever suffered loss by fire? If so, give details including names of insurers			
9.	Have you ever been refused insurance cover in respect of this or any other proposer? If so, give details			
10.	Are you interested in insuring against:-	(a) Fire Only	(b) Fire & Additional Perils	(c) Fire excluding Catastrophe
11.	State commencement of cover			

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.

Signature:

Date:

(Signing this form does not bind you to complete this insurance)

