



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!



FIRE INSURANCE PROPOSAL

PLEASE GIVE A DEFINITE REPLY FOR EACH QUESTION ON THE FORM

No Insurance is in force until the proposal has been accepted by ROYALSTAR ASSURANCE COMPANT LIMITED

(For office use)

ID:

TODAYS DATE:

INSURER:

UNDERWRITER:

POLICY 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 BUSINESS LICENSE ID:

PROPOSER DRIVERS LICENSE ID

PROPOSER DATE LICENSED

PROPOSER OCCUPATION

POLICY COVER REQUESTED:

STATE COMMENCEMENT OF COVER:

ADDRESS OF PROPERTY TO BE INSURED:

IS THERE A MORTGAGEE OR LOSS PAYEE?

(Please give details):

DESCRIPTION OF THE PROPERTY PROPOSED FOR INSURANCE:

CONSTRUCTION OF WALLS:

CONSTRUCTION OF ROOF:

NUMBER OF STOREYS:

SUMS TO BE 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 or materials in trade, the property of the insured or held in trust
or on commission for which they are responsible:

- d) Rent by each of the Buildings insured by this Policy in proportion to the Sums insured thereon:
 - e) Miscellaneous Property of the Insured or for which they are responsible Not covered in (a), (b), (c) and (d) above:
 - f) Other:
 - g) Other:
 - h) Other:
 - i) Other:
-

Occupation of the premises

Describe your own use of the Premises:

Do you occupy the whole premises (if not state how the remainder is occupied)?

Are any hazardous materials kept on the premises (if so, state type and quantity)?

To what extent is the property left unoccupied during the year:

Construction and occupation of adjacent or adjoining property or land:

Are there any other insurances on the property proposed for this insurance (if so, please state names of Insurers and sums insured)?

Have you previously insured for Fire & Additional Perils (if so, please state names of Insurers)?

Have you ever suffered loss by any peril covered under this proposal (if so, state names of Insurers)?

Have you ever been refused insurance cover in respect of this or any other proposer (if so, please give details)?

Declaration:

I/We warrant that the above statements are true and correct 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:

THIS FORM DOES NOT BIND YOU TO ACCEPT THE INSURANCE

Additional Information/Endorsement