



GUARDIAN GENERAL
INSURANCE LIMITED

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Branch Office: 17-19 Independence Avenue, San Fernando, Trinidad & Tobago, W.I.
Telephone: (868) 652-1391 / 4323 Fax:(868) 652 5228
Website: www.ggil.biz

HOMEGUARD INSURANCE PROPOSAL FORM

COVER PROVIDED

- Full Cover - Loss or damage caused by Fire, Lightning, Explosion, Earthquake, Flood, Hurricane, Riot & Strike, Collapse, Escape of water, Theft, Collision by aircraft, vehicles or animals, Falling radio or TV antennae, Smoke and Falling trees or utility poles
Cover excluding catastrophic perils - Loss or damage caused by all of the above excluding Earthquake and Hurricane

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

It should be noted that this is just a brief summary of cover and your policy will include many other benefits all subject to the conditions stated therein.

The items you insure should be maintained in a good state of repair and you should choose a sum insured for your building and contents that would be adequate to replace them as new. In the event of a claim, failure to do this can result in a partial loss being settled proportionately to the replacement value.

In order to avoid unnecessary delays in settling claims, it is in your best interest to keep bills, receipts, invoices and adequate records so that you can easily substantiate your claim.

Claims are subject to 'applicable' excesses. We should be advised immediately should a loss occur.

It is your duty to inform us of all facts which would affect our judgment in accepting this proposal.

The liability of the company does not commence until the proposal has been accepted.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Names of Proposer (s) (in full) First Name Surname

Date of Birth MM/DD/YY Profession/Occupation

Postal Address

Marital Status Email

Telephone Nos. Home Office Cell

Period of Insurance from MM/DD/YY to MM/DD/YY

Building and /or Contents situated at



6. Is the distance from the nearest building less than 20 feet (6.5 metres)? YES  NO
7. Are any of the surrounding buildings occupied for commercial purposes? YES  NO   
If 'YES', please give details \_\_\_\_\_
8. Will your residence be left unoccupied for more than 30 consecutive days during any one period of insurance? YES  NO   
If 'YES', please give details \_\_\_\_\_
9. What type of security is there against loss by burglary or theft? \_\_\_\_\_  
\_\_\_\_\_
10. What type of protection is there against loss by fire? \_\_\_\_\_  
\_\_\_\_\_
11. Do you hold any other policies with Guardian General Insurance Limited? YES  NO   
If 'YES', please give details \_\_\_\_\_
12. Do you hold any other policies for any of the risks now proposed? YES  NO   
If 'YES', please state the name of the insurer \_\_\_\_\_
13. Have you/ your domestic partner/ any member of your family residing with you sustained in the last 5 years a loss which would have been a claim under any of the covers for which you now propose? YES  NO   
If 'YES', please give details \_\_\_\_\_
14. Has any Insurer ever
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) declined your proposal?                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) increased your premium?                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) imposed special conditions on your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) refused to continue or renew your policy?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) cancelled your policy?                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- If 'YES' to any of these please give details \_\_\_\_\_  
\_\_\_\_\_

15. Type of cover required is  Full Cover  Cover excluding catastrophic perils

**COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING**

**POLICY SECTION 5A**

1. What is the height of the building in storeys? \_\_\_\_\_
2. What is the approximate total area of all its floors? \_\_\_\_\_
3. Is the building in a good state of repair and will it be so maintained? YES  NO
4. Are the buildings sited on:
- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| (a) Reclaimed land              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) Recently levelled land      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) A hillside or steep incline | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
5. Is the building mortgaged? YES  NO   
If 'YES', please state name and address of Mortgagee \_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS**

**POLICY SECTION 5B**

1. Is the Private Residence:  
Occupied only by you/ your family? YES  NO   
If 'NO' please give details \_\_\_\_\_
2. If you are renting the residence, is it: Fully Furnished  or Semi-Furnished  or Unfurnished

Please declare any item (other than Furniture, Appliances, Pianos, Organs) which is in excess of 5% of the Contents sum insured. **Continue on a separate sheet if necessary**

Description (including Make & Model)	Serial No.	Sum Insured

Please specify **all** Electronic Equipment

Description (including Make & Model)	Serial No.	Sum Insured

**TOTAL SUM INSURED** \$ \_\_\_\_\_

**POLICY SECTION 5C** – Covers your Liability to the Public

**POLICY SECTION 5D** – Covers your liability to 2 Domestic Employees

**POLICY SECTION 5E** – SPECIFIED PERSONAL ITEMS INCLUDING JEWELLERY (ALL RISKS)

List below all items you wish to insure on an **All Risks** basis and **provide valuations/bills**. **Continue on a separate sheet if necessary.**

Description (including Make & Model)	Serial No.	Sum Insured	Cover Area <i>Local, WI, Worldwide</i>

**TOTAL SUM INSURED** \$ \_\_\_\_\_

1. If jewellery is insured are they kept in a safe when not worn? YES  NO

If 'NO', please give details \_\_\_\_\_

2. Will any of the specified personal items be used by anyone **other than** yourself or a member of your family living with you? YES  NO

If 'YES', please state which items and by whom? \_\_\_\_\_

\_\_\_\_\_

3. At what premises are the items usually kept overnight? \_\_\_\_\_

\_\_\_\_\_

**POLICY SECTION 5F** – PERSONAL COMPUTERS

List all items below. **Continue on a separate sheet if necessary**

Description (including Make & Model)	Serial No.	Sum Insured	Cover Area <i>Local, WI, Worldwide</i>

I/We declare that the above statements are true; that I/We have withheld no material information: that the foregoing sums to be insured are to the best of my/our knowledge and belief not less than the full value of the property to be insured on the basis proposed and will be so maintained. I/We agree that this Proposal and Declaration shall be the basis of the contract to be made between me/us and GUARDIAN GENERAL INSURANCE LIMITED.

I/We also declare that the SUMS TO BE INSURED REPRESENT NOT LESS THAN THE FULL REPLACEMENT VALUE OF THE PROPERTY mentioned above.

Date (MM/DD/YY): \_\_\_\_\_

Signature of Proposer (s) \_\_\_\_\_