

**THE HAND-IN-HAND MUTUAL FIRE INSURANCE COMPANY LIMITED**

APPLICATION NO.....

Georgetown, Guyana.....19.....

NOTE: The Contents to be insured must be clearly described. The make, brand name and serial number should be stated wherever possible. The building in which the contents are located must also be fully described. You must state:-

- (a) LOCATION - (Lot number, Street, Ward, Village or Town)
- (b) CONSTRUCTION - (No. of stories, whether wood, concrete or a combination of both)
- (c) USE - (Whether business, dwelling or a combination of both)

On contents as listed below in the.....flat of the.....storied  
 .....used as.....  
 situate on Lot.....

On wearing apparel	.....	.....	.....	.....	.....	.....	\$
Bed and table linen	.....	.....	.....	.....	.....	.....	
Refrigerator	.....	.....	.....	.....	.....	.....	
Freezer	.....	.....	.....	.....	.....	.....	
Electric, Gas or Oil Stove	.....	.....	.....	.....	.....	.....	
Electric Washer	.....	.....	.....	.....	.....	.....	
Electric Vacuum Cleaner	.....	.....	.....	.....	.....	.....	
Beds	.....	.....	.....	.....	.....	.....	
Wardrobes	.....	.....	.....	.....	.....	.....	
Vanities	.....	.....	.....	.....	.....	.....	
Radio (gram)/Stereo Set	.....	.....	.....	.....	.....	.....	
Records	.....	.....	.....	.....	.....	.....	
Sewing Machine	.....	.....	.....	.....	.....	.....	
Electric Fan	.....	.....	.....	.....	.....	.....	
Video Recorder	.....	.....	.....	.....	.....	.....	
Books	.....	.....	.....	.....	.....	.....	
Television Set	.....	.....	.....	.....	.....	.....	
Cooking Utensils, Crockery & Cutlery	.....	.....	.....	.....	.....	.....	
Other Furniture & Household Effects	.....	.....	.....	.....	.....	.....	
							\$
							=====

Type of Policy required: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of applicant(s)

FOR OFFICE USE															
Cover & Premium			Annual on				Sales Representative								
			\$ _____		<u>Half-yearly</u>		At present		TSI on risk		New				
Fire and lightning	Rate	\$													
Explosion	Rate	\$													
Riot & Strike	Rate	\$													
Malicious Damage	Rate	\$													
Extra Perils	Rate	\$													
Total Premium			\$ _____		_____		At present		TSI on block		Block No.				
											New				
Credit amount to suspense a/c pending inspection				Accept subject to inspection						Ret. on risk		Ret. on block			
										At present		New			
Prepared by:				Checked by:				Inspected and accepted				At present		New	

<p>1. Is the property referred to in this application already insured with:</p> <p>(a) This Company?</p> <p>(b) Any other Company?</p> <p>If so, give name of Company and amount of existing insurance.</p>	<p>(a) .....</p> <p>(b) .....</p>
<p>2. Have you applied or do you intend to apply for any (or further) insurance thereon to any other Company? If so, give particulars and state result of application (If any).</p>	
<p>3. Has any application for Insurance thereon been declined or deferred or accepted for less than the amount applied for? If so, give particulars.</p>	
<p>4. Have you ever had an existing insurance on this or any other property cancelled or discontinued at any time by any Company? If so, give particulars.</p>	
<p>5. (a) Have you ever made a claim against a fire Insurance Company? If so, give particulars of the claim.</p> <p>(b) Was claim paid in full, reduced or rejected?</p>	
<p>6. (a) Have you given a lien or mortgage on this property to any person or do you intend to do so?</p> <p>(b) If so, state when, for what amount and to whom (name and address) given and if policy is to be assigned.</p> <p>(c) As far as you are aware has he effected any insurance on this property?</p>	
<p>7. (a) Are you the owner of the building? If not state name of owner.</p> <p>(b) Are you the sole occupier of the building?</p> <p>(c) What part of the building is occupied by you?</p> <p>(d) How is the remainder occupied? And by whom?</p>	
<p>8. Is gasolene or any hazardous liquid, substance or goods kept in or about the premises? If so, please state particulars.</p>	
<p>9. (a) Is any adjacent building a fire hazard? (e.g. covered with troolie, trash or other non-fire proof material).</p> <p>(b) Are there any other factors which might render the property liable to any exceptional risk of fire?</p>	

**N.B.:** THIS FORM MUST BE CAREFULLY FILLED IN. IF THERE IS ANY MATERIAL MISDESCRIPTION, MISREPRESENTATION OR OMISSION IN THE INFORMATION GIVEN, THE COMPANY IS NOT LIABLE UPON THE POLICY.

- N.B.:-**
- (1) No liability is accepted by the Company unless and until a policy or an interim cover receipt is issued.
  - (2) The Company must be notified of any additional insurance effected on the property subsequent to the acceptance of this proposal.
  - (3) If the building in which the furniture, etc. covered under this policy will be unoccupied and so remain for a period of more than thirty (30) days, the Company must be notified of this and of the security arrangements made during such unoccupancy.

I (we) warrant that the above answers are true to the best of my (our) knowledge and belief. I (we) agree that this proposal shall constitute the basis of the insurance contract which shall be subject to the conditions of the policy to be issued in answer to this proposal.

.....  
Signature(s) of Applicant(s)

Name In full.....

Address..... Home Phone No.....

Profession/Occupation..... Office Phone No.....