

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

**PROPOSAL FOR
FIRE INSURANCE COVERAGE**



INCORPORATED 1865

Application No. _____

Policy No.: _____

Type of Policy Required: _____

Client Code: _____

GEORGETOWN. DEMERARA,20 _____

Application is hereby made to the Directors of the abovenamed Company for a Policy of Insurance against Fire and Lightning on the undermentioned property and subject to the terms, conditions and provisions of its by-laws and Ordinance of Incorporation.

N.B. The Property, (that is the building, erection, fence merchandise, stock-in-trade, fixture, fittings, furniture, machinery or whatever moveable property the applicant desires to insure) must be clearly described. If a building, the type of construction, the number of storeys and the purpose for which it is used, must be stated. In every case, the location of the property must be given: the No. Of the Lot; Name of the Street, Town, Village or Estate. A separate sum must be declared upon each distinct building, erection, fences and upon each item of property in each distinct building.

Building situate at

Construction-Frame Walls Roof

Occupied as
(Please specify purpose(s) for which building(s) is (are) used)

PLEASE GIVE DETAILS TO ASSIST IN LOCATING THIS PROPERTY

Full description of property to be insured

Sum (s) Insured

T.S.I

Annual Premium	Discount			Nett Yrly Premium	Nett 1/2Yrly Premium
	7 1/2% L.T.A.	% F.E.A.	% S.L.D.		

Cover and Premium

Fire and Lightning **Rate: \$**

***Explosion** **Rate: \$**

***Riot and Strike** **Rate: \$**

***Malicious Damage** **Rate: \$**

***Extra Perils** **Rate: \$**

***(Optional)**

Total Premium **\$**

Block No.: _____

- RETENTION 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 issue of a Policy by the Company on the property.**
 - (3) **All insurance covering Stock-in-Trade is "Subject to Average."**

Prepared By: _____

Signature(s) of Applicant(s)

Checked By: _____

(Date)

Accepted for \$ _____

Sales Representative _____

Approved By: _____

1. State amount of existing insurance if any on the property referred to in this application with

(a) This Company?

(b) Any other Company? (State name)

2. Have you applied or do you intend to apply to any other Company for any insurance on the property referred to?

If so, state particulars and results.

3. (a) Is the property mortgaged or to be mortgaged? If so, state to whom, for what amount and purpose.

(b) Is the Policy assigned or to be assigned? If so, state whether for a mortgage or for any other purpose.

4. Has any application for insurance on this or any other property been declined or deferred or accepted for less than the amount applied for?

If so, give particulars.

5. Have you ever had an existing insurance on this or any property cancelled or discontinued by any Company?

If so, give particulars.

6. Have you ever made a Claim against a Fire Insurance Company and if so, state name of Company Was the claim paid in full, reduced or rejected?

7. Is gasoline or any hazardous liquids, substances or goods kept in or about the premises? If so, please state particulars.

8. (a) Is any adjacent building a fire hazard? (e.g., Covered with troolie, trash or other non- fire proof material).

(b) Are there any other factors which might render the property liable to any exceptional risk of fire?

(c) Is the property at present occupied? By whom?

9. (a) Are you the sole owner of the building? If not state the name(s) and address(es) of all the co-owners.

(b) How long have you owned the property to be Insured?

(c) From whom was it purchased and for what sum?

(d) If built (or renovated) at what cost?

(e) State name and address of owner of the building containing the property to be insured and details of insurance cover if any.

10. If Stock-in-Trade insurance is included, state:

(a) Date of last stock-taking

(b) What was the value of your stock then?

(c) How often do you take stock?

(d) Where do you keep the stock book when the premises are closed to business?

(e) If left on the premises, is it kept in a fire-proof safe?

(f) Is a complete record kept of stock received and sold?

(g) Will such record continue to be kept during the currency of the Policy? If not, explain how the exact amount of a loss could be ascertained.

(h) What is the present value of your stock?

(i) What were your purchases during your last financial year?

\$ per week/per month

(j) Average weekly or monthly sales

(k) total Insurance carried with:

1. This Company \$.....

2. Other Companies \$

(1) Are your accounts Audited by a professional Auditor? If so, state name and address of your Auditor.

(m) In the event of a loss, please state how your stock balances will be obtained.

11. Have you, or any of the Partners or Directors of your Company ever been Bankrupt?

YES _____ NO _____

If 'YES' please state particulars:

(a) Date:

(b) Amount:

12. Are you involved in any other Company or Undertaking?

If so in what capacity and extent?

13. Have you, or any of the Partners or Directors of your Company ever suffered a loss, (whether insured or not) at these premises or elsewhere?

YES _____ NO _____

(a) Date of Loss:

(b) Nature of Loss or Dmaage

(c) Amount Loss:

14. Have you, or any of the Partners or Directors of your Company been convicted of Arson, Fraud, or any other crime, related to loss of the property during the last five years?

YES _____ NO _____

If 'YES' please state fully:

15. Have you, or any of the Partners or Directors of your Company ever had a Proposal or Policy: Refused, Declined, cancelled or Special Terms imposed?

If 'YES' please state:-

(a) Name of Company:

(b) Type of Proposal/Policy:

16. (a) Did you make a gain during your last trading year?

YES _____ NO _____

(b) Do you anticipate being able to pay all the Charges, Debts, or Liabilities against you?

YES _____ NO _____

If 'NO' please state fully:.....
.....
.....
.....

IMPORTANT

Please read carefully this Form and check your answers before signing. The questions we ask here and any others we specifically ask you all relate to facts considered material to our assessment of the proposal. If any false or misleading answer is given or information withheld, all benefit under the policy may be lost. If you are in doubt as to whether any information is material to the insurance, you should disclose it. No insurance is in force until the proposal has been accepted by the Company, premium or a deposit paid except as provided by an official first premium receipt issued by the Company.

DECLARATION

I/We desire to effect insurance as above on the Company's usual form for this class of insurance on the warranty that the above statements and supplementary particulars which are or may be supplied in connection with the insurance are true and complete and that nothing materially affecting the risk has been concealed. I/We agree that this proposal and Declaration shall be the basis of the contract between me/us and the Company and that if anyone else has completed this Form on my behalf they will be deemed to be my agent and not an agent of the Company.

I/We hereby warrant and declare that all the statement and answers herein contained are true and complete and shall be the basis of the contract of insurance.

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Signature(s) of Applicant(s)

Name in full:.....

Postal Address:.....

Phone No:.....

Profession/Occupation:.....

Business Address:.....

Phone No:.....