

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

Georgetown, Demerara .....20.....

**COMPREHENSIVE COVER**

Application is hereby made to the Directors for a policy or policies of Insurance against LOSS or DAMAGE caused by:-

**“Fire, Lightning, Explosion, Thunderbolt, Earthquake, Subterranean Fire, Bursting and/or Overflowing of Water Tanks, Apparatus and Pipes, Theft accompanied by actual forcible and violent breaking into or out of the Building or any attempt thereat Aircraft and/or Articles dropped therefrom, Storm and/or Tempest, Impact, Riots and Third Party and Malicious Damage.”**

on the following property situate (Give the No. of the Lot, name of Street, Ward, Town or Village).

at .....

Construction - Frame ..... Walls ..... Roof .....

Number of Storeys ..... Occupied as ..... If Business State Nature .....

**BUILDINGS (to be insured for full value)**

The private dwelling house ..... \$  
 Garage and outbuildings ..... \$  
 Landlord's Fixtures therein and thereon..... \$  
 Walls, gates and fences around and pertaining thereto..... \$  
 (A separate sum must be declared against each item) ..... \$

**CONTENTS (to be insured in full value) as shown below or on list attached**

.....  
 \$  
 .....

- (1) No liability is accepted by the Company unless and until a receipt signed by the Company's cashier is issued.
- (2) This policy is subject to an excess to be determined by the Company and which would be applicable to each and every claim in respect of loss of or damage to stereo equipment (such as amplifiers, turntables, speakers, taperecorders, records, tapes, television sets, video recorders and video tapes).

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**Signature(s) of Applicant(s)**

For Office Use Only					
Credit amount to Suspense A/C pending Inspection	TSI ON RISK		Sales Representative		
Accepted subject to Inspection	TSI ON BLOCK	Block No.	Checked by	Prepared by	
Inspected and Accepted	Retention on Risk	Retention on Block	Sum Insured	Rate	Annual Premium

**QUESTIONS**

- 1. (a) Are the buildings or contents or any part thereof at present insured with -
    - (i) this Company? or (i)
    - (ii) any other Company? (ii)if so, give particulars.
  - (b) Have you previously applied to this Company for any insurance on the above?  
If so, when?
  - (c) Has any application for insurance to any Company ever been refused, deferred or accepted for a smaller amount than applied for?
  - (d) Have you ever had an existing insurance cancelled or discontinued by any Company?
  - (e) Have you ever made a claim against an Insurance Company? And if so, was the claim paid in full, reduced or rejected?
  - (f) Is the property mortgaged or to be mortgaged? If so, to whom, and for what amount?
  - (g) Are you the owner of the building?  
If not, state the name of the owner.
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- 2. (a) Is the dwelling house in a good state of repair?
  - (b) Is Gasolene kept in or about the premises?  
If so, state particulars.
  - (c) Are the premises specially exposed to any of the perils to be insured against?
  - (d) Have you ever suffered any loss from these perils?  
If so, please give brief details thereof and state what precautions have been adopted to prevent recurrence.
  - (e) Will the dwelling house be at any time uninhabited?  
If so, for what period?
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- 3. (a) How long have you owned the property to be insured?
  - (b) From whom was it purchased and for what sum?
  - (c) If built, at what cost?
  - (d) What is the present value of
    - (i) the buildings; and
    - (ii) the contents?
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- 4. (a) State whether private house, self-contained flat or apartments.
  - (b) Are the premises occupied or to be occupied otherwise than by the applicant, members of his family and servants? If so, please give full particulars.
  - (c) Are the premises used for any trade or professional purpose? If so, please give full particulars.
  - (d) State security arrangements.

**(N.B.:- This form must be carefully filled in. If there is any material misdescription, misrepresentation or omission in information given, the Company is not liable upon the policy.)**

**Name(s) or Applicant(s) in full .....**

**Address.....**

**Profession or Occupation.....Phone No.: Office..... Home.....**

**I/WE hereby warrant and declare that all statements and answers herein contained are true and complete and nothing materially affecting the risk has been concealed and I/WE agree that this proposal shall be taken as the basis of proposed contract and as incorporated therein.**

**Dated the .....**

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