



INSURANCE COMPANY (TRINIDAD & TOBAGO) LIMITED

25 French Street, Woodbrook, Port of Spain, Trinidad, W.I.
 Telephone: 868-622-7292 / 5614 / 8500, Fax: 868-622-8209, Underwriting: 868-221-1795
 Website: www.genac.com/tt Email: info@genac.com

HOUSEOWNER'S / HOUSEHOLDER'S PROPOSAL FORM

PROPOSER INFORMATION

Name/s (First, Middle Name, Surname or Company) ¹		Date of Birth: dd/mm/yyyy ²	Nationality ³
Address ⁴		Business Phone ⁵	Country of Residence ⁶
		Residence Phone ⁷	Mobile Phone ⁸
Occupation / Nature of Business ⁹		Email ¹⁰	
Proof of Address ¹¹ Please indicate which of the following documents has been attached			
<input type="checkbox"/> Phone Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Other:			
Is/Are the Proposer/s affiliated with Government/Military/State Officials (Politically Exposed Person PEP) ¹² ? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details)			

PROOF OF IDENTIFICATION¹³ Please indicate the document/s attached

<input type="checkbox"/> Driver's License				<input type="checkbox"/> National Identification			
Number	Place	Date of Issue: dd/mm/yyyy	Expiry Date: dd/mm/yyyy	Number	Place	Date of Issue: dd/mm/yyyy	Expiry Date: dd/mm/yyyy
<input type="checkbox"/> Passport				<input type="checkbox"/> Other (specify)			
Number	Place	Date of Issue: dd/mm/yyyy	Expiry Date: dd/mm/yyyy				

PROPERTY INFORMATION

Address of your home ¹⁴		Is your home mortgaged ¹⁵ ? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide name & address)	
Is your home ¹⁶ :			
(a) <input type="checkbox"/> Private Dwelling House		<input type="checkbox"/> Self-contained Apartment	
<input type="checkbox"/> Townhouse or Condominium		<input type="checkbox"/> Tenanted*	
(b) <input type="checkbox"/> Owner occupied		<input type="checkbox"/> Owner & Tenant occupied*	
<input type="checkbox"/> Unoccupied		<input type="checkbox"/> Unfurnished	
*If tenanted, please indicate if		<input type="checkbox"/> Fully furnished	
<input type="checkbox"/> Semi-furnished			
Is your home used for residential purposes ¹⁷ ? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, provide details)			
Number of Floors ¹⁸	Age of Home ¹⁹	Has your home been renovated since ²⁰ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details)

--	--	--

PROPERTY INFORMATION (cont'd)

Construction of your home:			
EXTERNAL WALLS²¹	INTERIOR WALLS²²	ROOF²³	FLOORS²⁴
<input type="checkbox"/> Concrete <input type="checkbox"/> Concrete & Clay Blocks <input type="checkbox"/> Wood <input type="checkbox"/> Mixed / Other (specify) <div style="border: 1px solid gray; height: 40px; margin-top: 5px;"></div>	<input type="checkbox"/> Concrete <input type="checkbox"/> Concrete & Clay Blocks <input type="checkbox"/> Wood <input type="checkbox"/> Mixed / Other (specify) <div style="border: 1px solid gray; height: 40px; margin-top: 5px;"></div>	<input type="checkbox"/> Concrete <input type="checkbox"/> Metal/Galvanized Iron <input type="checkbox"/> Shingles Tiles: <input type="checkbox"/> Asphalt <input type="checkbox"/> Clay <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Mixed (specify) <div style="border: 1px solid gray; height: 40px; margin-top: 5px;"></div>	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Mixed (specify materials and proportion of each) <div style="border: 1px solid gray; height: 40px; margin-top: 5px;"></div>
Construction of Outbuildings (if any) :			
Occupancy ²⁵	Distance from main building: sq. ft. ²⁶	External Walls ²⁷	Roof ²⁸
Is your home protected by a Fire Alarm ²⁹ ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, is the Fire Alarm monitored? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your home equipped with Fire Fighting Appliances ³⁰ ? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is your home protected by Burglar Alarm ³¹ ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, is the Burglar Alarm monitored? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your home protected by Burglar Bars ³² ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your home in a good state of repair and will it be so maintained ³³ ?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your home likely to be unoccupied for more than thirty (30) consecutive days in one (1) year ³⁴ ?		<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details)	
Is your home in an area subject to flooding, subsidence or landslip ³⁵ ?		<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details)	
Is your home within twenty (20) feet of any other building ³⁶ ? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is your home within one hundred (100) feet of the high water level along the sea coast ³⁷ ? <input type="checkbox"/> YES <input type="checkbox"/> NO	

INSURANCE HISTORY & ACCIDENT DETAILS

Do you hold any other policies for any other of the risks now proposed ³⁸ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details)
Has any Insurer ever declined your proposal ³⁹ ? <input type="checkbox"/> YES <input type="checkbox"/> NO Has any Insurer ever increased your premium ⁴⁰ ? <input type="checkbox"/> YES <input type="checkbox"/> NO Has any Insurer ever imposed special conditions on your policy ⁴¹ ? <input type="checkbox"/> YES <input type="checkbox"/> NO Has any Insurer ever refused to continue or renew your policy ⁴² ? <input type="checkbox"/> YES <input type="checkbox"/> NO Has any Insurer ever cancelled your policy ⁴³ ? <input type="checkbox"/> YES <input type="checkbox"/> NO <div style="text-align: right; margin-top: 5px;"><i>(If yes to any question above, provide details below)</i></div>	
Have you or any member of your family residing with you had any loss, destruction or damage sustained in the last five (5) years ⁴⁴ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details)

COVERAGE FOR BUILDING⁴⁵

DEFINITION: <i>"Buildings" mean the structure of your private residence including fixtures, fittings and decorative finishes; outbuildings used for domestic purposes; solar heating systems; motorized garden equipment; radio and tv aerials and satellite dishes; water tanks; sewerage and drains; patios; terraces; garden and boundary walls (other than retaining walls (unless specifically mentioned)) fences and gates; swimming pools; path and driveways.</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Main Building (including boundary and garden walls, gates, fences, patios, driveways, terraces)</td> <td style="width:20%;"></td> </tr> <tr> <td>Outbuilding(s)</td> <td></td> </tr> <tr> <td>Retaining Walls</td> <td></td> </tr> <tr> <td>Swimming Pool (including pump and fixed accessories)</td> <td></td> </tr> <tr> <td>Air-conditioning Equipment</td> <td></td> </tr> </table>	Main Building (including boundary and garden walls, gates, fences, patios, driveways, terraces)		Outbuilding(s)		Retaining Walls		Swimming Pool (including pump and fixed accessories)		Air-conditioning Equipment	
Main Building (including boundary and garden walls, gates, fences, patios, driveways, terraces)											
Outbuilding(s)											
Retaining Walls											
Swimming Pool (including pump and fixed accessories)											
Air-conditioning Equipment											
NOTE:											

The sum insured should represent the full reinstatement / replacement cost of the Building, making allowance for cost of Local Authority Requirements and Removal of Debris and Professional Fees.	TOTAL SUM INSURED:	
--	---------------------------	--

COVERAGE FOR CONTENTS

DEFINITION:
 "Contents" shall mean your possessions and those belonging to permanent members of your household such as furniture, fixtures and furnishings, clothing and personal belongings; valuables; audio and video equipment; interior decorations if you are liable for them as a tenant; domestic staff or gardeners' personal belongings; guest's personal belongings and the property of the Insured or for which he is legally responsible.

Contents is separated into the following categories:
 Household Contents Electronic Equipment Valuables & Personal Possessions Personal Computers

HOUSEHOLD CONTENTS⁴⁶

NOTE: The maximum payable on any item is five percent (5%) of the Total Sum Insured on all Contents unless items are specifically declared and as a separate item.	Household Contents	
	Tenants Improvements & Betterments	
TOTAL SUM INSURED:		

ELECTRONIC EQUIPMENT⁴⁷

DEFINITION:
 "Electronic Equipment" may include televisions, DVD players, stereo equipment, game consoles and the like which remain on the premises.

DESCRIPTION (including Make & Model)	SERIAL NUMBER	VALUE
TOTAL SUM INSURED:		

VALUABLES & PERSONAL POSSESSIONS (ALL RISKS COVERAGE)⁴⁸

DEFINITION: "Valuables" mean items composed of precious metals or precious stones, jewellery, watches, furs, curios and works of arts. "Personal Possessions" mean private property including valuables but excluding furniture, fixtures and fittings, crockery, cutlery, glassware and domestic appliances.	NOTE: Valuations / bills must be submitted for all items to be covered on an All Risks basis.
--	---

DESCRIPTION	VALUE
Coverage Area: <input type="checkbox"/> T&T <input type="checkbox"/> Worldwide	TOTAL SUM INSURED:

PERSONAL COMPUTERS (ALL RISKS COVERAGE)⁴⁹

DEFINITION:
 "Personal Computers" may include desktops, laptops, accessories, monitors, printers, cameras, tablets, mobile phones, portable devices and the like.

DESCRIPTION (including Make & Model)	SERIAL NUMBER	VALUE

Coverage Area: <input type="checkbox"/> T&T <input type="checkbox"/> Worldwide	TOTAL SUM INSURED:
--	---------------------------

SUMMARY OF COVERAGE

PROPERTY INSURED	SUM INSURED	OFFICIAL USE (RATES)
Building		
Household Contents		
Electronic Equipment		
Valuables & Personal Possessions		
Personal Computers		
TOTAL SUM INSURED:		

PERIOD OF COVERAGE

Start Date: dd/mm/yyyy ⁵⁰	End Date: dd/mm/yyyy ⁵¹

CONSENT

I/We hereby acknowledge that Insurance companies from time to time share information about their policyholders and their insurance transactions with insurance Brokers/Agents and Financial Institutions in Trinidad & Tobago, and in this regard I/We hereby consent to the Insurer sharing related information about my insurance transactions.

DECLARATION

- I/We declare and warrant that:
- (a) The property is not otherwise insured;
 - (b) The sum(s) insured represents the full replacement value of the property insured;
 - (c) The property will only be used as specified in the proposal;
 - (d) In the event of a claim, the applicable excess (deductible) will be payable in respect of each occurrence;
 - (e) I/We will exercise all due care and diligence to prevent loss or damage;
 - (f) The information given above is correct in every respect;
 - (g) I/We have told General Accident Insurance Co. (Trinidad & Tobago) Ltd. everything which is likely to affect the acceptance of the insurance;
 - (h) The declaration and proposal shall be the basis of this contract;
 - (i) I/We agree to accept the Company's Homeowner's/Householder's Comprehensive Policy subject to the terms, conditions and exceptions contained herein.

Signature & Company Stamp (if applicable)	Date: dd/mm/yyyy

FOR COMPANY USE ONLY

Date Received: dd/mm/yyyy	Branch/Agent/Broker	Received by	Signature
Policy Number	Comments		

Notice to Insured on the Condition of Average

All items insured on the Homeowner's/Householder's Comprehensive policy is subject to the condition of Average. Average is a term used when calculating the payment of a claim if the Sum Insured at the time of a loss or damage is less than the Actual Value of the insured property. The Claim Settlement or Payout will be in proportion to the value insured.

The following scenario best describes the condition of average:

Your property is valued at \$1,000,000.00	= Actual Value of Property
You decide to insure it for \$500,000.00	= Sum Insured on Policy
You suffer a loss from an Insured Peril in the amount of \$200,000.00	= Amount of Loss

In the event of a partial loss, the Claim Settlement or Payout is subject to the condition of average and is calculated as follows:

$$\frac{\text{Sum Insured}}{\text{Actual Value}} \times \text{Amount of Loss} = \text{Amount Recoverable}$$
$$\frac{\$ 500,000.00}{\$1,000,000.00} \times \$200,000.00 = \$100,000.00 \text{ (less any applicable Deductible)}$$

In this instance, the property is insured for 50% of its actual value; therefore, the claim settlement reflects 50% of the loss less any applicable Deductible stated in the policy.

In the event of a total loss, you will receive the amount you insured the property for, which is \$500,000.00 less any applicable Deductible stated in the policy.

Please review the terms of your policy carefully, ensuring that an adequate sum insured of the property is used. You may check with your insurer, agent or broker for further clarification on the terms of your policy and the nature and effect of the condition of Average contained therein.

This notice is given to you in fulfilment of the legal requirement to ensure that the Policyholder has been sufficiently informed on the nature and effect of the condition of Average stated in your policy.

Please note that the extent to which the condition applies is governed by the terms of your policy.

Proposer's Signature	Date: dd/mm/yyyy