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## PROPOSAL FOR FIRE INSURANCE

1. Name of Proposer: \_\_\_\_\_
2. Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Tel. No.: \_\_\_\_\_
3. Trade/Business/Occupation: \_\_\_\_\_
4. Occupancy of the Property to be insured: \_\_\_\_\_
5. Address of Property to be insured: \_\_\_\_\_  
\_\_\_\_\_
6. Risk Date: From: \_\_\_\_\_ To: \_\_\_\_\_ (Year/Month/Day)
7. Please list the Property to be insured:

ITEM NOS	PROPERTY INSURED	SUM INSURED
1	Building including Landlord's Fixtures and Fittings (Dwelling House/Commercial)	\$
2	Household Furniture and Personal Effects	\$
3	Office Furniture, Fixtures, Fittings and Equipment	\$
4	Stock – Nature of Goods: _____ <b>If Manufacturers:</b> Finished and partly finished Goods \$ _____ Raw Materials: In Bond \$ _____ Outside Bond \$ _____	\$    \$
5	Plant and Machinery including Tools & Spares	\$
6	Tenants Improvements and Betterments	\$
7	Any other item _____	\$
	<b>TOTAL SUM INSURED:</b>	\$

8. Is there a Lien/Debenture on the property? Yes ( ) No ( )  
 If **Yes**, please state:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

9. Please tick which Perils you require insurance for?

- ( ) Fire & Lightning    ( ) Riot & Strike    ( ) Malicious Damage    ( ) Explosion    ( ) Hurricane  
 ( ) Impact by Vehicles/Aircraft    ( ) Burst Pipes    ( ) Flood    ( ) Bush Fire    ( ) Earthquake

10. Please give information on the building(s) to be insured:

(a) No. of storeys? \_\_\_\_\_ Construction of external walls? \_\_\_\_\_

(b) Construction of internal walls? \_\_\_\_\_ Construction of Floors? \_\_\_\_\_

(c) Construction of Roof? \_\_\_\_\_ When was the building constructed/renovated? \_\_\_\_\_

11. How long have you occupied the Premises? \_\_\_\_\_

12. Is the property protected by any of the following?

- ( ) Fire Alarms    ( ) Smoke detectors    ( ) Fire Extinguishers    ( ) Sprinklers    ( ) Hose-reels

13. Please give information in respect of any building within 3meters (20 feet) of any of the building (s) to be insured:

(a) occupied as: \_\_\_\_\_

(b) construction: \_\_\_\_\_

(c) No of storeys: \_\_\_\_\_

15. Have you suffered any loss by Fire or any other perils during the last five (5) years? Yes ( ) No ( )

If **Yes**, please give details of:

DATE OF LOSS	PARTICULARS	CAUSE	AMOUNT PAID

16. Has any Insurer in respect of this risk ever:

(a) Declined to insure you? Yes ( ) No ( )

(b) Refuse to renew your insurance? Yes ( ) No ( )

(c) Increase your premium at renewal? Yes ( ) No ( )

If **Yes** to any of the above, please give particulars: \_\_\_\_\_

\_\_\_\_\_

17. Do you wish to insure on an "Indemnity" or "Reinstatement" Basis? \_\_\_\_\_

**NB: Basis of Settlement**

**"Indemnity":** The Sum Insured on all property proposed for insurance should be adequate to ensure that you are properly indemnified. You should take into account depreciation and wear and tear and in the case of Stock the Cost Price to you.

**"Reinstatement":** You may elect to cover your property on a Reinstatement Basis, (new for old) in which case the Sum Insured should be adequate to replace as new the property you elect to insure on this basis. **Reinstatement Conditions do not apply to stock.**

**DECLARATION**

I declare the foregoing statements to be true and accurate and I agree that this Proposal and Declaration shall be the basis of the Contract between me and **THE BEACON INSURANCE COMPANY LIMITED.**

**SIGNATURE AND COMPANY STAMP OF PROPOSER:** \_\_\_\_\_

**DATED:** \_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_\_