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PROPOSAL FOR HOMEOWNERS/ HOUSEHOLDERS INSURANCE

1. (a) Name of Proposer: _____
(b) Date of Birth (Year/Month/Day): _____ (c) Tel. No: _____
(d) Occupation: _____ (e) E-mail address: _____
2. (a) Additional Name (if any): _____
(b) Date of Birth (Year/Month/Day): _____ (c) Tel. No: _____
(d) Occupation: _____ (e) E-mail address: _____
3. Postal Address: _____

4. Address of Dwelling at which insurance is required: _____

5. Risk Date: From: _____ To: _____ (Year/Month/Day)

BUILDING

6. Please tick the description that best describes the nature of your residence:
 Private Dwelling House Apartment/Condominium Unit
 Rooms not self-contained Self-contained flat with separate entrance exclusively under your control
7. Of what materials is the dwelling constructed?
Walls: _____ Roof: _____ Floors: _____
8. What is its height of the building in storeys? _____
9. Please describe outbuildings if any:
Walls: _____ Roof: _____ Floors: _____
Occupancy: _____ Distance from the Main Building: _____ (ft.)
10. Is the building in a good state of repair and will be so maintained? **Yes () No ()**
(a) Please specify when the building was: Constructed: _____ Last Renovated: _____
(b) Has the building been rewired since its Construction/Renovation? **Yes () No ()**
If **Yes**, when? _____

(c) Has the buildings been approved by the Government Electrical Inspectorate within the past Five(5) Years? **Yes () No ()**

If **No**, please state the last date the building was inspected and/or approved by an Authorised Electrical Inspector: _____

11. Is the roof of the Building secured with Hurricane Straps, Ties, or Clips? **Yes () No ()**

If **Yes**, please describe fully: _____

12. Is the dwelling occupied solely by you and your family and servants? **Yes () No ()**

If **No**, state the number of other tenants, lodgers, borders, or paying guests: _____

13. How many days (whether consecutive or not) is the dwelling likely to be left without an inhabitant during one year: _____

(a) State as a number of days, the longest continuous period in any one year during which the dwelling is likely to be left without an inhabitant: _____

Note: Attention is drawn to a proviso in the Policy that cover against Bursting or Overflowing of Water Tanks, Apparatus or Pipe and Burglary &/or Theft will be suspended for any period or periods in excess of Thirty (30) days during which the dwelling is left without an inhabitant therein unless specially agreed to by the Company.

14. Is there any profession, business or trade carried on in the dwelling or in any portion of the premises of which the dwelling forms a part? **Yes () No ()**

If **Yes**, please give the particulars: _____

15. Have the Buildings &/or Contents suffered damage by Hurricane, Windstorm or Flood during the past five (5) years? **Yes () No ()**

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

ITEM(S) DAMAGED	CAUSE	AMOUNT

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: _____

22. Is there a Lien/Mortgage/Debenture on the property to be Insured? **Yes () No ()**

If **Yes**, please state Name: _____

Address: _____

PROPERTY INSURED

BUILDING

The **SUM TO BE INSURED** must represent the **FULL VALUE** of the Buildings, the Proposer being required to sign a declaration to that effect below. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the Buildings insured, the amount payable is proportionately reduced.

The **SUM TO BE INSURED** can be either the Building at **MARKET VALUE** or **REPLACEMENT VALUE**. The Market Value of the Building represents the amount it could be sold for, excluding the value of the land. The Replacement Cost of the Building is the cost to reconstruct it as new, using materials of same kind and quality with no deduction for wear & tear/depreciation.

The Insurance will cover the building of the Private Dwelling House or Private Flat and all the Domestic Offices, Stables, Garages and Out-buildings used solely in connection therewith and on the same premises including Landlord's Fixtures and Fittings therein and the Walls, Gates and Fences around and pertaining thereto.

ITEM(S) SUM INSURED

Item 1.	The Buildings including Wall, Gates, Fences and Outbuilding	\$ _____
Item 2.	Swimming Pool and Accessories	\$ _____
Item 3.	_____	\$ _____
Total Sum Insured		\$ _____

(Note 1: Any Property that should be insured as Contents must not be considered here)

Please indicate if the total value stated represents:

- (a) Market Value ()
- (b) Replacement Value ()

CONTENTS

This will include the Furniture, Household Goods and Personal Effects (except as aforementioned) of the Proposer or any Member(s) of the Proposer's family normally residing with the Proposer and Fixtures and Fittings which are Proposer's own or for which the Proposer is legally responsible.

Note: In respect of all Furniture, Household Appliances, Radio and Television will be deemed of greater value than five percent (5%) of the Total Sum Insured on the said Contents unless such article is specifically declared and as a separate item. In respect of all Electronic Items, Cameras, Binoculars, Pianos, Organs and Computers, such articles must be listed Separately below, showing the Make, Model, Serial Number and Value of each item.

CONTENTS	SUM INSURED
	\$ _____

SPECIFIED ITEM(S) ON ELECTRONIC AND SOUND EQUIPMENT

(Please declare make, serial number and value of each item)

Item 1.	_____	\$ _____
Item 2.	_____	\$ _____
Item 3.	_____	\$ _____

Note 2: The insurance on Contents does not cover any part of the Structure or Ceilings of the Buildings, Wallpapers and the like, External Television and Radio Antennae, aerials, Aerial Fittings, Masts and Towers nor any property to be insured under Buildings, nor does it cover property more specifically insured under another policy or, unless specifically mentioned, Deeds, Bonds, Bills of Exchange, Promissory Notes, Securities for Money, Stamp, Documents of any kind, Notes, Manuscripts, Medals, Coin, Pedal Cycles, Motor Vehicles and Accessories or Livestock.

SPECIFIED ITEM(S) ON COMPUTER EQUIPMENT

(Please declare make, serial number and value of each item)

Item 1.	_____	\$ _____
Item 2.	_____	\$ _____
Item 3.	_____	\$ _____
Item 4.	_____	\$ _____

JEWELLERY

(This must be supported by a Jeweller's Certificate and an additional premium paid for the cover) \$ _____

TOTAL SUM TO BE INSURED ON CONTENTS \$ _____

ALL RISKS

Item 1.	_____	\$ _____
Item 2.	_____	\$ _____
Item 3.	_____	\$ _____
Item 4.	_____	\$ _____

Please tick which territory All Risk coverage is required:

() Trinidad and Tobago () West Indies () World Wide

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**.

I also declare that **THE TOTAL SUM INSURED REPRESENTS NOT LESS THAN THE FULL VALUE OF THE PROPERTY**, as above mentioned.

SIGNATURE AND COMPANY STAMP OF PROPOSER: _____

ADDITIONAL INSURED SIGNATURE: _____

DATED: _____ / _____ 20_____