

**PROPOSER INFORMATION**

Full Name:  Mr.  Mrs.  Miss  Telephone Number(s):  H  W  M

Street Address:  Nationality:  NIB Number:  Date of Birth:  (DD/MM/YYYY)

Email Address:  Marital Status:  Gender:  Payment Currency:

Occupation/Trade/Business/Profession:

**PROPERTY INFORMATION**

Policyholder:  Coverage requested:  Catastrophe  Fire Only  Non-Catastrophe

On which island is the property located?  Subdivision/Settlement:  If a home, is a rental efficiency attached?  Yes  No

Type of Property:  Apartment  Condominium  Cottage  Duplex  Fourplex  
 Houseboat  Mobile Home  Single Family Home  Townhouse  Triplex  Other

Location of Property:  Canal  Coastal  Inland  Other If other, explain:

Occupancy:  Long-term rental (6 months+)  Owner Occupied  Seasonal  Short-term Rental  Entire home rental  Efficiency only Is there a basement?  Yes  No

How many floors does the building have?  Wall Type:  Roof Type:

**SECURITY FEATURES**

Alarm system?  Yes  No If yes:  Professionally Monitored  Self-Monitored  Unmonitored

If professionally monitored, what is the name of the monitoring company:

Safe?  Yes  No Guard dogs?  Yes  No Fire Extinguishers?  Yes  No

Deadbolts?  Yes  No Security Window Bars?  Yes  No Fenced Premises?  Yes  No

Cameras?  Yes  No Water Protection?  Yes  No Fire Sprinkler System?  Full  Partial  None

Fire/Smoke Alarm?  No Heat/Smoke Alarms  Smoke/Heat Alarm (All Floors)  Smoke/Heat Alarm (One Floor)

**HURRICANE PROTECTIONS FEATURES**

Shutters?  Yes  No

Impact glass?  Yes  No

Straps/ties?  Yes  No

**ADDITIONAL PROPERTY INFORMATION**

Is the property currently unoccupied or likely to be unoccupied for more than 40 consecutive days?  Yes  No

Is the main building currently being renovated?  Yes  No

Is the property used for any employment, business, trade or profession?  Yes  No

If yes, provide details.

In what year was the property built?

Approximate covered floor area in square feet:

Is the property currently in a good state of repair?  Yes  No

If no, provide details.

Does the property have any existing damage?  Yes  No

If yes, provide details.

Are there any previous structural repairs or movement subject to report recommending further investigation?  Yes  No

If yes, provide details.

**BUILDING INSURANCE**

Is cover required?  Yes  No

The sums Insured for your Building (s) should represent the full cost of reconstruction to the same specification.

Buildings Sum Insured:

Buildings:

The home and domestic outbuildings, garages, rainwater tanks, outdoor stairs, swimming pools, composition tennis courts, patios, terraces, drives, footpaths, walls, gates and fences, including landlord fixtures and fittings, all on the same site.

Sea walls, docks, piers, jetties or similar waterside structures sum insured (if cover required):

Total Sum Insured:

Is there a Mortgage provider or any other interested party to be noted on the policy?  Yes  No

If yes, provide details.

**CONTENTS INSURANCE**

Covers household items and personal items likely to be worn, used or carried within the home.

Limited up to \$1,000 any one item with the total not to exceed \$10,000 OR 1/3rd of the total value (whichever is lower) unless a specific higher amount is agreed.

Is cover required?  Yes  No

Contents Sum Insured?  Yes  No

Specified All Risks?  Yes  No

All Risk- Specified Items Total Sum Insured:

Unspecified All Risks Required?  Yes  No

All Risk- Unspecified Items Total Sum Insured:

Valuables over \$1,000?  Yes  No

**CONTENTS DETAILS**

Items:	Description:	Value:
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**VALUABLES**

Items:	Description:	Value:
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**ALL RISKS**

Items:	Description:	Value:
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**DECLARATION**

**Please read this very carefully and if acceptable then sign and date below.**

**You should show this declaration to anyone who has an interest in property insured under this policy.**

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First General Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First General Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First General Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First General Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First General Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First General Insurance Company Limited.

**Proposer's Name:**

**Proposer's Signature:**

**Date:** (DD/MM/YYYY)

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**Proposer's Signature:**

**Date:** (DD/MM/YYYY)

**A COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST.**

**IMPORTANT NOTE: PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.**