

# FIRE & ASSOCIATED PERILS INSURANCE PROPOSAL FORM

## (PRIVATE DWELLING (BUILDINGS AND/OR CONTENTS))

**(DO NOT LEAVE ANY ANSWERS BLANK – FILL IN “NIL” OR “N/A”)**

1. Name of Proposer (in full).....  
BLOCK LETTERS PLEASE
2. Postal Address .....
- Contact No. (H)..... (O) ..... Cell ..... Fax ..... Email .....
3. Profession or Occupation ..... Date of Birth.....
4. Address of dwelling for which the Insurance is required (if different from above) .....
- .....GPS: .....
5. Term of Insurance from ..... 20 .... to ..... 20 ....

<ol style="list-style-type: none"> <li>1. (a) What is the construction of the external walls?</li> <li style="margin-left: 20px;">(b) What is the construction of the roof? -Dimensions of building</li> <li style="margin-left: 20px;">(c) How many storeys?</li> <li style="margin-left: 20px;">(d) Where in the premises are the contents (if applicable)?</li> </ol>	<ol style="list-style-type: none"> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(d)</li> </ol>
<ol style="list-style-type: none"> <li>2. Is the building occupied solely for residential purposes? If not, for what other purposes is the building used?</li> </ol>	
<ol style="list-style-type: none"> <li>3. Does any other party have a legal interest in the property to be insured that should be specified under this policy? If so, specify.</li> </ol>	
<ol style="list-style-type: none"> <li>4. Is property to be insured detached at least 25 feet away from all other properties?</li> </ol>	
<ol style="list-style-type: none"> <li>5. Are you at present insured by any other Insurer in respect of the property to be insured? If so, state name of Insurer and amounts insured.</li> </ol>	
<ol style="list-style-type: none"> <li>6. Have you ever had a proposal or renewal declined or special conditions imposed, a policy cancelled or renewal invited at a specially increased rate? If so, state name of the Insurer and give full particulars in each case.</li> </ol>	
<ol style="list-style-type: none"> <li>7. Have you ever had a loss by Fire or other allied peril? If so, please give details.</li> </ol>	
<ol style="list-style-type: none"> <li>8. Amount of insurance required:-                     <ol style="list-style-type: none"> <li>(a) On building including Landlord’s fixtures and fittings therein or thereon</li> <li>(b) On household goods and personal effects</li> <li>(c) Pictures/paintings/collections/jewellery (Please list values separately)</li> <li>(d) On loss of rent or alternative accommodation</li> <li>(e) Any other (e.g. fence, other structures)</li> </ol> </li> </ol>	<p style="text-align: center;">SUM INSURED</p> <ol style="list-style-type: none"> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(d)</li> <li>(e)</li> </ol>

**Statement of Values**

It is important that you should ensure that the values given above are adequate, as cover is subject to Average Clause: **If the value at risk is greater than the sum insured, the insured shall be considered as being his own insurer for the difference and shall bear a ratable proportion of the loss accordingly.**

I/we declare that to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our 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 enable insurers to void the insurance. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your insurance broker. I/we understand that signing this proposal does not bind the Proposer to complete the insurance, but agree that should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Date ..... Signature of Proposer .....

**FOR OFFICE USE ONLY**

Policy No.	Premium.
Customer No.	Remarks:
Excess.	
Agency	

**FIRE & ASSOCIATED PERILS  
INSURANCE  
PRIVATE DWELLING  
(Buildings and/or Contents)**

Summary of Cover

Destruction or damage caused by Fire and Associated Perils thus:-

1. Hurricane/windstorm damage/earthquake/volcano  
Explosion damage  
Aircraft damage  
Impact damage  
Riot/strike/malicious damage  
Flood/burst pipes/overflow damage
2. As stated above but excluding Hurricane/  
windstorm damage/earthquake/volcano
3. Fire, Lightning & Explosion only



**RF&G INSURANCE COMPANY LTD.**

*Gordon House*

One Coney Drive, P.O. Box 661, Belize City, Belize  
Ph#: 501-223-5734 · Fax#: 501-223-6734 · [www.rfginsurancebelize.com](http://www.rfginsurancebelize.com)

A member of the Roer Group of Companies

**ARE YOU COVERED IN  
THE FOLLOWING VITAL AREAS?**

- Life Insurance
- Employers Liability for Domestic
- Private Aircraft
- Yacht or Speedboat Insurance
- Travel Insurance
- Property Owners Liability
- Medical Expenses Insurance