

FIRE & ASSOCIATED PERILS INSURANCE PROPOSAL FORM

(PRIVATE DWELLING (BUILDINGS AND/OR CONTENTS))

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

PROPOSER DETAILS

Name of Proposer (in full)..... Social Security No.

BLOCK LETTERS PLEASE

Postal Address

Physical Resident Address

Contact No. (H)..... (O) Cell Fax Email

Name of Employer (in full).....

Type of Business Entity: Company Partnership Sole Proprietorship Charitable Equity

Other (Please specify)

Profession or Occupation Date & Place of Birth

Day/Month/Year

Type of Business Sector:

Private Sector Service Professional (attorney/accountant)

Public Sector/Government Service Real Estate

Financial Services Broker Retail/Distribution

Medical (dentist/doctor) Transport/Travel

Construction Other (please specify)

Nationality Dual Citizenship? Yes No If YES, please state

Do you have any other Insurance Policy with this company? Yes No If YES please provide details

.....

PARTICULARS OF PROPERTY TO BE INSURED

Address of dwelling for which the Insurance is required (if different from above)

..... GPS:

Term of Insurance from 20 to 20

- | | |
|---|-----|
| 1. (a) What is the construction of the external walls? | (a) |
| (b) What is the construction of the roof? | (b) |
| (c) Dimension & Age of Building | (c) |
| (c) How many storeys? | (d) |
| (e) Where in the premises are the contents (if applicable)? | (e) |

<p>2. Is the building occupied solely for residential purposes? If not, for what other purposes is the building used?</p>	
<p>3. (a) Are you the sole Owner of the property above described? Is it registered in your name? If NO please state particulars of ownership and registration</p> <p>(b) Does any other party have a legal interest in the property that should be specified on the Policy? e.g. hire purchase, lease, lien or mortgage agreement. If so, who?</p>	<p>(a)</p> <p>(b)</p>
<p>4. Is property to be insured detached at least 25 feet away from all other properties?</p>	
<p>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.</p>	
<p>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.</p>	
<p>7. Have you ever had a loss by Fire or other allied peril? If so, please give details.</p>	
<p>8. Amount of insurance required:-</p> <p>(a) On building including Landlord's fixtures and fittings therein or thereon</p> <p>(b) On household goods and personal effects</p> <p>(c) Pictures/paintings/collections/jewellery (Please list values separately)</p> <p>(d) On loss of rent or alternative accommodation</p> <p>(e) Any other (e.g. fence, other structures)</p>	<p>SUM INSURED</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p>

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

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

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



RF&G INSURANCE COMPANY LIMITED
Gordon House

One Coney Drive | P.O. Box 661 | Belize City, Belize
Ph#: 501-223-5734 | Fax#: 501-223-6734 | www.rfginsurancebelize.com
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