



Policy No. _____

A. Proposer's Details

1. Title _____ 2. Full Name/Business Name _____

3. Alias _____ 4. E-mail Address _____

5. Place of Birth _____ 6. Nationality _____ 7. Country of Citizenship _____

8. Are you or are you affiliated with any high ranking Government, military or State Officials? Yes No If yes, please state affiliations _____

9. Is the annual premium to be paid in excess of \$10,000.00 local currency? Yes No If yes, please complete the Declaration of Source of Funds form.

10. Mailing Address (Building Name/Apt. No., Parish, Country) _____ 11. National ID #/Business Reg. ID # _____

12. Telephone (Home) _____ 13. Telephone (Work) _____ 13. Cell Number _____ 14. Occupation _____

B. Cover Required

1. Latitude _____ 2. Longitude _____ 3. Altitude _____

4. Address of building to be constructed _____

5. Number of storeys _____ 6. How will building be occupied _____ 7. Dimensions of building (length x width) _____ 8. Total square feet _____

9. Construction of external walls (material) _____ 10. Construction of roof (material) _____

11. Are any other buildings to be constructed on property? Yes No If yes, please give details and construction _____

12. What is the distance between the building(s) under construction and the building or structure nearest to it? _____

13. If the building under construction is less than 20 feet from any other building or structure, please state fully the construction and occupation of such other buildings _____

14. Is the building and any other out-buildings on the same property, in an area that is free from flooding for the past 5 years? Yes No If no, please give full details. _____

15. Is the building mortgaged? Yes No If yes, to whom? _____ What is the amount of the mortgage _____ Is the policy assigned? Yes No

16. Please state the amount of insurance you are requesting: \$ _____ Building 1 \$ _____ Building 2 \$ _____ Building 3 \$ _____ Building 4

17. Are you at present insured with any other company or companies in respect of the same property as declared now for insurance? Yes No If yes, please state the name of the companies(s), the amount of insurance, policy numbers and their periods. _____

18. Has any insurance company ever declined a proposal of insurance from you, or cancelled or terminated your insurance with them? Yes No

19. Have you sustained any losses in respect of property owned by you? Yes No If yes, please give details: _____

20. Name and address of building contractor
Name _____
Address (#, Street, Parish, Country) _____

21. Please attach a copy of the approved building plan.

22. State period for which this insurance is required: DD/MM/YYYY From DD/MM/YYYY To

C. Declaration

I / We hereby declare that the above particulars are true & correct to the best of my / our knowledge and belief, and I / we hereby agree that this declaration shall form the basis of this contract between me / ourselves and the insurer.

Date DD/MM/YYYY

Signature of Insured _____