



TATIL

* TRINIDAD AND TOBAGO INSURANCE LIMITED
 * TATIL LIFE ASSURANCE LIMITED

HEAD OFFICE: 11 MARAVAL ROAD, PORT OF SPAIN

Policy No:
Producer Name:
Producer No.:
Branch:
Commission:

PROPOSAL FOR FIRE INSURANCE

Please give **complete answers (no blanks or dashes)** to all questions. Note that where applicable in the context of this proposal, the singular shall include the plural. (Where applicable please tick (✓) the appropriate box).

Full Name:		
Postal Address:		Tel:(H) (W) (C)
Nature of your business, e.g. Boutique, Garment Factory, etc. Please be specific:		E-mail:
Situation of Premise(s) to be Insured:		
Special Perils to be Insured:	All () Fire & Lightning Only () Earthquake & Hurricane ()	Riot & Strike () Malicious Damage () Flood ()
Insurance Coverage Required:	From:	To:

VALUES TO BE INSURED

	No.1	No.2	No.3
1. Building/s			
2. Stock comprising principally of			
3. Machinery & Equipment			
4. Furniture, Fixtures & Fittings, and all Other Contents			
5. Loss of Rental Income (State no. of Months)			
6. Other (Please Specify)			
TOTAL			

7. If stock is being insured:		
i. Do you keep records of stock?	Yes ()	No ()
ii. Are these posted promptly?	Yes ()	No ()
iii. Are the records computerized?	Yes ()	No ()
iv. If Yes, is there any off-site storage of records, etc.	Yes ()	No ()
(Please specify)		
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PARTICULARS OF THE BUILDING

	No.1	No.2	No.3
8. Roof: (e.g. Galvanize, concrete, shingles)			
9. Flooring: (e.g. timber, concrete)			
10. External Walls:			
11. Internal Walls / Partitioning:			
12. Number of Stories:			
13. By whom is the building owned:			
14. For what purpose and by whom is/are the Building/Buildings occupied:			
15. Construction & occupancy of detachments or neighbouring premises within 15 feet:			

FURTHER DETAILS

Please Tick (✓) If "YES", give details

16. Do you keep stock or other items to be insured at any other location? Address	Yes ()	Value\$	No ()
17. Are any explosives, oils, spirits, hazardous goods stored on the premises or any other premises less than 15ft. away: If "YES" please indicate (a) The Description (b) The Quantity (c) Method of Storage	Yes ()		No ()
18. Is the Property being Insured subject to a Mortgage or other finance arrangement? Name of Mortgagee Address	Yes ()		No ()
19. Has the building ever sustained any loss from any of the perils to be insured against?	Yes ()	Type: Amount:	No () Date:
20. Have you or any of your Executive Directors ever (a) Suffered any loss at any location from any peril being insured against? (b) Had any application for insurance declined or cancelled by any Insurer?	Yes ()		No () No ()

I hereby warrant the truth of the above. I declare that I have withheld no information whatever which might tend in any way to increase the risk of the Company, or influence the acceptance of this Proposal. I agree that this proposal shall be the basis of the Contract between me and TRINIDAD AND TOBAGO INSURANCE LIMITED, and I further agree to accept a Policy subject to its conditions.

Signature of Proposer: Date of Proposal and Declaration