THE INSURANCE COMPANY OF THE WEST INDIES LIMITED
13 Castle Street, Roseau, Dominica Tel: (767) 440-ICWI (4294)

PROPOSAL FOR FIRE & SPECIAL PERILS INSURANCE

Policy No: _____ Client No: _____ Branch: _____ Source: _____

Insured: _____ Telephone No: _____

Mailing Address: _____

Business/Occupation: _____

Period of Insurance: _____

From _____ 20 _____ To _____ 20 _____

Risk Address: _____

_____

Mortgagee: _____

PERILS TO BE INSURED - Delete the Perils not required

☐ Hurricane, Windstorm & Earthquake ☐ Flood ☐ Riots and Strike ☐ Malicious Damage

☐ Impact Damage ☐ Aircraft and other Aerial Devices ☐ Explosion ☐ Burst Pipes

Please give complete answers to all questions. Ticks and dashes cannot be accepted.

1. How is/are the building(s) lighted?	
2. How far is/are the building(s) from the nearest neighbour?	
3. State the occupation of the building(s) on all sides.	
4. Is any manufacturing process carried on, or are any MINERAL OILS, or other hazardous goods stored in the building? If so, give details. (See list of hazardous goods below).	
5. Have you ever suffered a loss from any of the perils proposed? If so, give details.	
6. Is any of the property above already insured? If so, name the Insurers.	
7. Give the names of all other Insurers with whom you have previously been insured and state if you have ever had a proposal for fire insurance declined, or the renewal of a policy refused.	

8. FOR STOCK INSURANCE ONLY

	YES/NO
a) Value of stock at last stocking	
b) Present value of stock	

c) Date you started business

DAY	MONTH	YEAR

d) Date of last stocktaking

e) Average value of stock _____

(Continued Overleaf)

THE FOLLOWING GOODS ARE DEEMED TO BE HAZARDOUS

Acetylene liquid
Acid
Calcium Carbide
Camphor
Candles and Tallow
Celluloid, Xylonite and other similar substances
Chlorates and Chlorides
Coal
Coconut and other vegetable oils & fibres
Cotton
Crocus Bags
Explosives
Films
Firecrackers
Fireworks
Gases of all kinds
Lampblack
Lime
Matches
Napthalene
Nitrate of Soda
Nitric Acid
Oils and Petroleum and/or its liquid products
Paints and Enamels
Paraffin or Kerosene
Phosphorus
Potash
Rags, waste of any kind
Resins
Saltpetre
Spirits of any kind unbottled
Sulphur and all derivatives
Tar and/or Tarred Ropes and/or Tarred Canvas
Turpentine Varnishes

PARTICULARS OF PROPERTY TO BE INSURED

NOTE: The premium for this class of insurance is based on the type of construction of the walls and roof of each building to which the insurance applies and also the purpose for which each building is occupied. Please give an accurate description of the type of walls (e.g. concrete block, or concrete nog, or wood) and the type of roof (e.g. shingle, zinc, asbestos, paroid etc.)

ITEM NO.		DESCRIPTION (STATE WHETHER SHOP DWELLING ETC.)	CONSTRUCTION	
			ROOF	WALLS
1.				
2.				
3.				
4.				
5.				

SUMS INSURED

ITEM NO.	BUILDINGS	STOCK	FURNITURE FIXTURES & FITTINGS	MACHINERY	OTHERS	TOTAL
1.						
2.						
3.						
4.						
5.						

Declaration

Failure to disclose material facts could result in your policy being invalidated. Material facts are those which will influence the insurer's assessment of acceptance of this risk. If you are in any doubt as to whether a fact is material, you should disclose it.

I/We declare that the statements in the proposal form above and any other information provided by me/us or anyone acting on my/our behalf in relation to this proposal are true and complete and I/we have not withheld any material fact. I/We agree that this proposal and Declaration shall be the basis of the contract between me/us and the Company (and of any subsequent renewal if such is granted). I/We agree to be bound by the Company's standard policy for this type of risk subject to its terms, conditions, limitations and exceptions. I/We agree that no insurance will be in force until the Company has accepted this Proposal and communicates its acceptance to me/us.

I/We irrevocably acknowledge that before I/we entered into the proposed contract of insurance the Company had provided me/us with written notice of the *pro rata* condition of average and explained its effect to me/us and I/we fully understand its effect on the proposed policy.

I/We desire to effect with the Company insurance under the terms of the policy used for this class of insurance and declare that the sums to be insured represent not less than the full value of the property.

Proposer's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Policy No:	**REINSURANCE %**	**ENDORSEMENTS (Special)**
Agent/Broker:	**Retn.**	
Insured:	**SI**	
Comm. Rate: % Amount $	**S2**	
Receipt No:	**S3**	
Premium: E/Q $	**Q/S**	
Other $	**F/O**	
TOTAL $		