Bahamas FIRST

BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

HOMEOWNERS PROPOSAL

PROPOSER INFORMATION

AGENCY: **ABACO INSURANCE AGENCY LIMITED**

Full Name: ☐ Mr. ☐ Mrs. ☐ Miss

Telephone Number(s): H W M

Street Address:

Nationality:

NIB Number:

Date of Birth: (DD/MM/YYYY)

Email Address:

Marital Status:

Gender:

Payment Currency:

Occupation/Trade/Business/Profession:

PROPERTY INFORMATION

Policyholder:

Coverage requested: ☐ Catastrophe ☐ Fire Only ☐ Non-Catastrophe

On which island is the property located?

Subdivision/Settlement:

If a home, is a rental efficiency attached? ☐ Yes ☐ No

Type of Property: ☐ Apartment ☐ Condominium ☐ Cottage ☐ Duplex ☐ Fourplex ☐ Houseboat ☐ Mobile Home ☐ Single Family Home ☐ Townhouse ☐ Triplex ☐ Other

Location of Property: ☐ Canal ☐ Coastal ☐ Inland ☐ Other If other, explain:

Occupancy: ☐ Long-term rental (6 months+) ☐ Owner Occupied ☐ Seasonal ☐ Short- term Rental ☐ Entire home rental ☐ Efficiency only

Is there a basement? ☐ Yes ☐ No

How many floors does the building have?

Wall Type:

Roof Type:

SECURITY FEATURES

Alarm system? ☐ Yes ☐ No If yes: ☐ Professionally Monitored ☐ Self-Monitored ☐ Unmonitored

If professionally monitored, what is the name of the monitoring company:

Safe? ☐ Yes ☐ No

Deadbolts? ☐ Yes ☐ No

Cameras? ☐ Yes ☐ No

Guard dogs? ☐ Yes ☐ No

Security Window Bars? ☐ Yes ☐ No

Water Protection? ☐ Yes ☐ No

Fire Extinguishers? ☐ Yes ☐ No

Fenced Premises? ☐ Yes ☐ No

Fire Sprinkler System? ☐ Full ☐ Partial ☐ None

Fire/Smoke Alarm? ☐ No Heat/Smoke Alarms ☐ Smoke/Heat Alarm (All Floors) ☐ Smoke/Heat Alarm (One Floor)

HURRICANE PROTECTIONS FEATURES

Shutters? ☐ Yes ☐ No | Impact glass? ☐ Yes ☐ No | Straps/ties? ☐ Yes ☐ No

ADDITIONAL PROPERTY INFORMATION

Is the property currently unoccupied or likely to be unoccupied for more than 40 consecutive days? ☐ Yes ☐ No

Is the main building currently being renovated? ☐ Yes ☐ No

Is the property used for any employment, business, trade or profession? ☐ Yes ☐ No

If yes, provide details.

In what year was the property built? Approximate covered floor area in square feet:

Is the property currently in a good state of repair? ☐ Yes ☐ No

If no, provide details.

Does the property have any existing damage? ☐ Yes ☐ No

If yes, provide details.

Are there any previous structural repairs or movement subject to report recommending further investigation? ☐ Yes ☐ No

If yes, provide details.

BUILDING INSURANCE

Is cover required? ☐ Yes ☐ No

The sums Insured for your Building (s) should represent the full cost of reconstruction to the same specification.

Buildings Sum Insured:

Buildings:

The home and domestic outbuildings, garages, rainwater tanks, outdoor stairs, swimming pools, composition tennis courts, patios, terraces, drives, footpaths, walls, gates and fences, including landlord fixtures and fittings, all on the same site.

Sea walls, docks, piers, jetties or similar waterside structures sum insured (if cover required):

Total Sum Insured:

Is there a Mortgage provider or any other interested party to be noted on the policy? ☐ Yes ☐ No

If yes, provide details.

CONTENTS INSURANCE

Covers household items and personal items likely to be worn, used or carried within the home.

Limited up to $1,000 any one item with the total not to exceed $10,000 OR 1/3rd of the total value (whichever is lower) unless a specific higher amount is agreed.

Is cover required?	☐ Yes	☐ No
Contents Sum Insured?		
	☐	☐
Specified All Risks?	☐ Yes	☐ No
All Risk- Specified Items Total Sum Insured:		
Unspecified All Risks Required?	☐ Yes	☐ No
All Risk- Unspecified Items Total Sum Insured:		
Valuables over $1,000?	☐ Yes	☐ No

CONTENTS DETAILS

Items:	Description:	Value:

VALUABLES

Items:	Description:	Value:

ALL RISKS

Items:	Description:	Value:

DECLARATION

Please read this very carefully and if acceptable then sign and date below.

You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my 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 entitle Bahamas First General Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First General Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First General Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First General Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First General Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First General Insurance Company Limited.

Proposer's Name:	**Proposer's Signature:**	**Date:** (DD/MM/YYYY)

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A COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST.

IMPORTANT NOTE: PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.

ELECTRONIC COMMUNICATION AGREEMENT

BY SIGNING THIS PROPOSAL FORM, I AGREE TO ELECTRONIC COMMUNICATION WITH ABACO INSURANCE AGENCY LIMITED AND TO THE ELECTRONIC DELIVERY OF MY POLICY DOCUMENTS AND ANY NOTICES WITH REGARD TO THE RENEWAL OF MY POLICY. I WILL ADVISE ABACO INSURANCE AGENCY LIMITED OF ANY CHANGE IN MY EMAIL ADDRESS TO ENSURE SAFE DELIVERY OF POLICY DOCUMENTS.

IN THE EVENT I AM UNABLE TO RECEIVE ELECTRONIC COMMUNICATION, I AGREE TO COLLECT MY DOCUMENTS & NOTICES FROM THE OFFICE OF ABACO INSURANCE AGENCY LIMITED.

ORIGINAL POLICY DOCUMENTS, NOTICES & ANY COMMUNICATION WITH ABACO INSURANCE AGENCY LIMITED MAY BE COLLECTED AT ABACO INSURANCE AGENCY LIMITED'S OFFICE ON STRATTON DRIVE, MARSH HARBOUR, ABACO,BAHAMAS.

THIS AGREEMENT MAY BE RESCINDED AT ANY TIME BY NOTIFYING ABACO INSURANCE AGENCY LIMITED IN WRITING.