Bahamas FIRST

Mortgage Indemnity Proposal Form
This proposal form must be completed by a duly authorized Company Representative.

Contact Details

Company Name:	
Mailing Address:	
Contact Name:	
Tel No	
Email Address:	
Company Website:	

Cover Details

Applicant	
Name	
Age	
Occupation	
Employer	
Are you a permanent member of staff?	
Length of time employed	
Annual salary	
Bonus/Overtime/Commissions	
Marital Status	
Do you have dependents?	

Name	*Age*

If in business on your own account, state:	
Address	
Nature of business or profession	
How long established	
Average net income for the past 3 years	
Name and address of your bank	
Any additional income other than the above?	

Existing Loans or Hire Purchase Agreements

Institution	
Purpose of Loan	
Period of Loan	
Monthly Payment	
Amount Outstanding	
What is the name of the Lender for this purchase?	
What is the date of the mortgage?	
What is the period of the mortgage?	
What is the mortgage covering the purchase of?	
Provide Property Description	

Property Info ***(only applicable if Building only/Building and Land is covered)***		
Address Line 1	Island	Subdivision

Valuation	
Purchase Price (excluding closing costs)	
Mortgage repayment per month	
Normal Advance	
Actual Advance	
Customer contribution – Cash	
Customer contribution – Land	
Contract Date	
Limit of Indemnity	
Rate	

Your Insurance History

Reason for Policy?	
Any other Policies with Cayman First/Bahamas First? If yes, provide details.	
Have you, Directors or Partners:	
Ever been refused insurance or had special terms applied? If yes, please provide details.	
Any claims during the last 5 years? If yes, please provide details.	
Any non-motor convictions? If yes, please provide details.	
Ever been declared bankrupt? If yes, please provide details.	
Ever had a loss under a Mortgage Indemnity policy? If yes, total number of claims made.	

Currency

Please state currency to apply to the policy	

Associated Clients

Name	Association

Cover Start Date

Please state date you wish cover to start	

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 Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First 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 Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First Insurance Company Limited.

Signature of proposer:..... Date DD/MM/YY):.....

Signature of proposer:..... Date(DD/MM/YY):.....

COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST

IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST 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.