Bahamas FIRST

Plate Glass 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:	

Your Business Details

Business Type	
How many years have you been in this business?	
Have you ever submitted a proposal for a Plate Glass policy to any Insurer?	
If yes, state the insurer.	
What was the result?	

Your Cover Details

What is the address of the premises where the glass to be insured is affixed?

Island	Subdivision

Are the premises located at any of the following?

Your Cover Details

Have the premises where glass is fixed been erected or altered during the last 12 months? If yes, state the start and completion date, and details of the alteration.	
Have you had any breakage of glass during the last 12 months? If yes, list all incidents and details (Date, Cause and Value of loss).	
Please provide details of glass to be insured:	
Type/Position of Glass?	
Description of Glass?	
Size of each piece of glass?	
Value	
Is the glass double glazed? If yes, provide details and the value of the glass.	
Does any of the glass have any cracks or any other defects? If yes, please describe.	
Does the proposal include all insurable glass at the premises?	
Do you wish to insure lettering/painting? If yes, provide the value.	
Do you wish to insure woodwork of showcases? If yes, provide value.	
Do you wish to insure window frames? If yes, provide value.	
Do you wish to insure door frames? If yes, provide value.	
Are there any special terms, conditions, exclusions or limitations? If yes, please describe them.	
Total Value of Glass	
Deductibles	

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 Plate Glass 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.