



# Tatil

Head Office 11 Maraval Road, Port of Spain

## HOMESURE PROPOSAL

### GENERAL INFORMATION

Tatil's Homesure plans are comprehensive policies providing cover to assets of the Homeowner and Householder and Legal Liability to third parties plus optional cover for All Risks and / or Personal Accident.

The Plan is very flexible and can be used to provide cover for your Buildings only, your Contents only or both. The major areas to note are outlined below

**BUILDING- Section 1** covers your Building against a wide variety of perils such as:

- (1) Fire, Lightning, Explosion, Subterranean Fire, Smoke;
- \* (2) Earthquake, Hurricane, Windstorm, Tornado, Cyclone, Flood, Volcanic Eruption;
- (3) Riot and Strike, Labour Disturbances, Lock-outs, Persons of Malicious Intent;
- (4) Burglary, Housebreaking, Theft or any Attempt Thereat;
- (5) Escape of Water Resulting from the Bursting or Overflowing of Water-Tanks Apparatus and Pipes;
- (6) Aircraft and Other Aerial Devices and /or articles dropped therefrom;
- (7) Impact Damage to Building by any Road Vehicle;
- (8) Breaking or Collapse of Television and / or Radio Receiving Aerial Fittings and Masts;
- (9) Falling Trees or parts thereof;

Cover for damage due to Subsidence and Landslip is available in selected areas **only under our Homesure Policy** and an additional premium may be applicable.

Also covered under this section is Accidental Damage to Glass forming part of the Building and damage to door locks and other cover extensions.

**CONTENTS - Section 2** covers the Contents of your dwelling against the same perils referred to under Section 1. This Section however, extends to cover additional misfortunes (subject to specified limits) not found in Section 1 such as:

- (1) Loss of Money (up to \$250.);
  - (2) All Risks on Electronic Equipment (up to \$500.);
  - (3) Deterioration of Freezer Contents (up to \$500.); and
  - (4) Visitors' Effects (up to \$1000.);
- among several others.

**ALL RISKS - Section 3** covers jewellery and other specified items whilst at home or abroad and is available **only if Contents cover is taken**. This section is also rated separately.

**LIABILITY - Section 4** covers you for Public Liability at the premises as well as your Personal Liability away from the premises up to \$250,000. Cover is also provided for your legal liability to domestic servants as an employer up to \$100,000. This cover is given **free of charge** when you take Building cover and / or Contents cover.

**PERSONAL ACCIDENT - SECTION 5** provides compensation to Insured (and spouse if you so chose) aged 18 to 65 for: death (\$25,000); for loss of use of limbs or loss of sight or hearing (\$25,000); permanent total disability (\$25,000); and medical expenses (up to \$1,250), all subject to the limits and conditions of the Policy.

**Section 6** - details the **GENERAL CONDITIONS** which the Company and the Insured must adhere to and governs the contractual agreement between both parties.

**Section 7** - sets out the **GENERAL EXCLUSIONS** which apply to each and every Section of the Policy.

**GENERAL** - We have briefly summarized above the cover offered by Homesure. Having decided that the Homesure Plan satisfies your Home Insurance needs, you can apply for it by completing the Proposal Form overleaf. You should then return the Proposal Form to your insurance advisor or agent who will advise you when it has been accepted. The Policy will be issued after acceptance.

# HOMESURE PROPOSAL FORM

OFFICIAL USE ONLY

POLICY #: \_\_\_\_\_

PRODUCER #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TELEPHONE NO.

ADDRESS OF DWELLING TO BE INSURED: \_\_\_\_\_

HOME: \_\_\_\_\_

OFFICE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

INSURANCE REQUIRED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## NOTE

The questions you are about to answer usually provide us with sufficient information to enable us to consider this proposal. However the circumstances of each proposer are different and no list of questions can be considered exhaustive. Please consider carefully whether there is any other information known to you which could influence our acceptance and assessment of the risk. Material information would include any special feature of the property or its location or use which could make losses more likely to happen or more serious if they do. Please let us know of any such information even if you are in doubt as to whether it is material or not as failure to do so could **INVALIDATE YOUR POLICY**.

**NOTE:** COVER CANNOT BEGIN BEFORE PROPOSAL IS ACCEPTED.

## GENERAL QUESTIONS

(Applicable to all Sections)

	Yes	No	
<b>1. a. Is the dwelling</b>			
i. built of brick, stone or concrete?			If no, please give details: _____
ii. roofed with slates, tiles, metal, asphalt or concrete?			Height of pillars: _____
iii. standing on pillars?			No. of stories: _____
iv. a single story building?			If no, please give details: _____
v. floored with concrete?			_____
b. Are the inner walls made of: 1. timber?			If neither please give details: _____
2. concrete?			_____
c. Are outbuildings constructed as in a. and b. above?			If no please give details: _____
			_____
<b>2. Will the dwelling be:</b>			
a. used for any business purposes?			If yes please give details: _____
b. used by tenants, sub-tenants or paying guests?			_____
c. left unoccupied for 40 days or more during any one period of insurance?			_____
<b>3. a. Is the dwelling in a good state of repair?</b>			
b. Will it be so maintained?			If no, please give particulars: _____
			_____
<b>4. Have you previously held or have you any policies in force covering any of perils to be insured against?</b>			If yes, please give details: _____
			_____
			_____
			_____

GENERAL QUESTIONS (CONT'D)

YES NO

5. Is the dwelling a house and separate from other dwellings?

If yes, please give details on distance, occupation and construction of neighbouring buildings: \_\_\_\_\_

If no, indicate whether:

- a. part of a purpose-built block or flats / apartments.
- b. self-contained with a locked entrance under your control.

6. Has any Company or Insurer:

- a. declined to insure you?
- b. required any special terms or conditions to insure you?
- c. cancelled or refused to renew your insurance

If yes, please state why: \_\_\_\_\_

7. What is the approximate age of the Building?

\_\_\_\_\_ years

8. Is this proposal in lieu of any insurance with this or any other Company?

If yes, please give details: \_\_\_\_\_

9. Have the Building and / or Contents suffered damage by earthquake, hurricane, windstorm, cyclone, tornado volcanic eruption or flood during the past five years?

If yes, please give details: \_\_\_\_\_

10. Have you ever sustained loss from any of the herein-mentioned perils other than those referred to in 9 above within the last five years?

If yes, please give particulars: \_\_\_\_\_

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING - SECTION 1

YES NO

11. Do you wish to insure for reinstatement as new?

If yes, is the sum to be insured calculated on this basis to include architects' and surveyor's fees?

12. Do you wish to insure for damage to the Building resulting from Subsidence or Landslip

If yes, please give particulars: \_\_\_\_\_

- If yes:
- a. have you ever sustained any loss resulting from subsidence or landslip?
  - b. is the Building located on sloping land?

13. Is the building mortgaged?

If yes, please give name of mortgagee: \_\_\_\_\_

14. What is the approximate superficial area of building?:

\_\_\_\_\_ sq. ft. / m.

15. Please state the Sum Insured you require on:

SUM TO BE INSURED

- a. Building (including walls, gates and fences):
- b. Retaining walls
- c. Swimming Pool & Ancillary Equipment
- d. Fitted (wall to wall) carpets
- e. Central Air Conditioning Equipment
- f. Other

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

TOTAL SUM TO BE INSURED

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS - SECTION 2

SUM TO BE INSURED

16. Please state the Sum Insured you require on:

- a. Contents (excluding electronic equipment):
- Limits will apply unless items for the following are specified separately.
- b. Computer, Television and other Electronic Equipment:
- c. Jewellery:
- d. Any other special items:

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

TOTAL SUM TO BE INSURED: \$ \_\_\_\_\_

YES NO

**17. Do you wish to insure for reinstatement?**

If yes does the sum insured under this Section represent the full replacement value as new

**18. Do you own the Building?**

Please give extent of furnishings: .....

If yes, is it: a. fully furnished:

b. semi-furnished:

**19. Are all openings protected from burglary by iron bars and or steel grills?**

If no, please give details: .....

**20. What other protection is there against loss by burglary? (Please give details)** .....

**SECTION 3 - ALL RISKS (PLEASE ATTACH A LIST OF ITEMS AND VALUATIONS)**  
(Available only if Contents are being insured)

**21. What territorial limits do you require?** Residence only  Trinidad & Tobago  West Indies  Worldwide

YES NO

**22. Is your jewellery kept in a safe or bank safe deposit box when not worn?**   If yes, please give details: .....

**23. Will any of the items be used by anyone other than yourself or a member of your family living with you?**   If yes, please state which items and by whom: .....

**24. If property is kept at premises other than as stated on the schedule or bank safety deposit box please specify.** .....

**SECTION 5 - PERSONAL ACCIDENT**

YES NO

**25. Do you wish to insure for Personal Accident cover?**

If yes, then please state: Yourself: \_\_\_\_\_ Your age next birthday: \_\_\_\_\_

Spouse:  Spouse's age next birthday: \_\_\_\_\_

**FOR OFFICE USE ONLY**

						REVENUE CODING
RATE(S)	SECTION 1	\$	@	%0	= \$	_____
	SECTION 2	\$	@	%0	= \$	_____
	SECTION 3	\$	@	%0	= \$	_____
	SECTION 5	\$	@	%0	= \$	_____
	PREMIUM				= \$	_____

Reviewed by: ..... Date: .....

Before signing the declaration below please check your answers carefully particularly if the proposal is not completed in your own hand.

**DECLARATION**

I / We declare that to the best of my / our belief the answers given are true and all material information as explained above has been disclosed. I / We agree that if any answer has been written by any other person, such person shall for that purpose be regarded as my / our agent and not the agent of the Insurers. I / We agree that this proposal is for insurance in the normal terms and conditions of the Insurers' policy and shall be incorporated and form the basis of the Insurance contract.

Signature of Proposer(s) ..... Date: .....

**THIS INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THE PROPOSAL.**