Tatil ... where people are people

TRINIDAD AND TOBAGO INSURANCE LIMITED HEAD OFFICE:

11 MARAVAL ROAD, PORT OF SPAIN

PROPOSAL FOR BURGLARY INSURANCE

FOR OFFICE USE ONLY
Policy No:
Producer Name:
Producer No:
Branch:
Premium: \$
First Loss: \$
Excess: \$

Please give <u>complete</u> answers (no blanks or dashes) to all questions. Note that where applicable in the context of this proposal, the singular shall include the plural. (Where applicable please tick () the appropriate box)

Full Name:				Phone (H):			
				Phone (W):			
Postal Address:				Cell:			
				Email:			
Situation of Premises to be Insured:							
Insur	rance Coverag	ge required: From:	To:				
		PARTICULARS OF THE	COVERAGE				
			Please Tick ()	If "YES", give details			
1.	Description of	Trade or Business carried out at the	Tiouse Tion (t)	n 125 , give details			
	-	. Warehouse, Grocery, Restaurant etc.)					
	Describe brief	· · · · · · · · · · · · · · · · · · ·					
2.	Are there othe	er occupants in the building?	Yes	No			
[.]	Details:						
8							
3.	-	ses be left unattended by		_			
	(a)	Day?	Yes 🗆	No 🗆			
	(b)	Night?	Yes □	No □			
	(c)	Weekends?	Yes □	No □			
ļ ,	(d) Details:	Holidays ?	Yes □	No □			
				_			
	•	will you continue to keep records of	Yes □	No □			
1	Stocks for Sale		_				
		rds updated daily ?	Yes 🗆	No □			
5.	• •	of your stock consist of:	0 57 🗆 571 🛧	N. 🗆			
	(a)	Jewellery, Watches &/or such Valuables		No □			
	(b)	Liquor&/or Tobacco products?	Yes □ Value \$	No □			
	(c)	Electronic equipment incl. TV's & cameras ?	Yes □ Value \$	No □			
6.	State the Total						
[° '	(a)	Stock:	\$				
	(a) (b)	Furniture, Fixture & Fittings:	\$	*			
	(c)	Equipment in Trade:	\$	·:			
	(d)	Other Contents:	\$:			
	(4)	TOTA	*				
7	First Loss Lim	ait required:					

\$

This is the maximum amount you feel can be stolen.

NB: Tatil may wish to restrict this amount.

FURTHER DETAILS

		Please Tick (🗸)	If "YES", give details				
8.	Are you presently insured against the risk of theft?						
	(a) At this address	Yes □	No □				
	(b) Elsewhere	Yes □	No □				
	Details:		No □				
0	II Dia in lin the besidence						
9.	Have you or any Principal in the business ever:						
	(a) Been declined Insurance?	Yes □	No □				
	(b) Had any special terms or conditions imposed?(c) Had your insurance cancelled by any insurer?	Yes □	No 🗆				
	(d) Been charged for any act of dishonesty?	Yes	No				
	(Whether convicted or not)	Yes	No				
	Details:						
	Details.						
10.	Have you ever made a claim on a						
10.	•	Yes □	No 🗆				
	(a) Burglary policy ?(b) Cash Policy ?		No _				
	(c) Fire Policy?	Yes □ Yes □	No				
	(d) All risk policy?	Yes □	No				
	Details:	168 🗆					
	Domino.						
11.	How is the building protected against unlawful entry?						
	(a) Windows						
	(b) Doors						
	(c) A/C Units						
	(d) Details of alarm						
	(e) Others						
12.	Do you secure the services of any security guard or watchman						
12.	Details:	: ies 🗆	No 🗆				
	Details.						
13.	Have burglars ever entered or attempted to enter your premise	s Yes □	No □				
	at this address or elsewhere?		7.6 —				
	Details:						
14.	Is the property insured for loss by fire?	Yes □	No □				
	With which Company						
15.	Is the property to be insured morgaged or subject to	Yes □	No □				
	encumbrances?						
	Name & address of Financial Institution.						
	ARATION: I/we do hereby declare that the above answers are true, the						
_	tend in any way to increase the Company's risk, or to influence the condertake to exercise all ordinary and reasonable precautions for the						
	ation, and the answers above given shall be the basis of the contract l						
	al is accepted, I/we agree to accept a policy, subject to the usual condit		= -				
policy	which is available for inspection upon request.						
		_					
Signa	iture of Proposer:	Date	ed:				
and (Company Stamp						