



**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 **complete** 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:	
Insurance Coverage required:	From: To:

**PARTICULARS OF THE COVERAGE**

Please Tick (✓) If "YES", give details

1. Description of Trade or Business carried out at the Premises: (e.g. Warehouse, Grocery, Restaurant etc.) Describe briefly		
2. Are there other occupants in the building ? Details:	Yes	No
3. Will the premises be left unattended by (a) Day ? (b) Night ? (c) Weekends ? (d) Holidays ? Details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you keep & will you continue to keep records of Stocks for Sales ? Are these records updated daily ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does any part of your stock consist of : (a) Jewellery, Watches &/or such Valuables ? (b) Liquor&/or Tobacco products ? (c) Electronic equipment incl. TV's & cameras ?	Yes <input type="checkbox"/> Value \$	No <input type="checkbox"/>
6. State the Total Value of (a) Stock: (b) Furniture, Fixture & Fittings: (c) Equipment in Trade: (d) Other Contents: <b>TOTAL</b>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
7. First Loss Limit required: <b>This is the maximum amount you feel can be stolen.</b> <b>NB: Tatil may wish to restrict this amount.</b>	\$ _____	

