

# M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 99, Castries  
St. Lucia, W.I.

## Homemakers Inclusive Insurance Proposal

Coverage provided for:-

1. Buildings
2. Contents
3. All Risks
4. Workmen's Compensation
5. Optional extensions where requested

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID.

Name of Proposer (in full) \_\_\_\_\_  
Mr/Mrs/Miss

Postal Address \_\_\_\_\_

Telephone Nos. Home \_\_\_\_\_ Office \_\_\_\_\_

Property situate \_\_\_\_\_

Profession /Occupation \_\_\_\_\_

If Proposer is married state occupation of Spouse \_\_\_\_\_

Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_

1. Do you hold any other policies with M & C General Insurance Company Ltd.? YES ..... NO .....

If 'yes', give details \_\_\_\_\_

2. What is the age of the building ? \_\_\_\_\_

3. What is the construction of the building?

(a) external walls \_\_\_\_\_

(b) roof \_\_\_\_\_

(c) floors \_\_\_\_\_

4. Is the property proposed in good state of repair and will it be so maintained? YES ..... NO .....

5. Is the area subject to flooding or specially exposed to loss by any of the perils to be insured against? YES ..... NO .....

6. Is the distance from the nearest building less than 20'? YES ..... NO .....

If 'yes' , please state occupation and construction \_\_\_\_\_

7. Is the building:-

(a) Private Dwelling, Townhouse, Condominium? \_\_\_\_\_

(b) Self-contained Flat with separate entrance exclusively under your control? \_\_\_\_\_

(c) Rooms not self-contained? \_\_\_\_\_

8. Will the property be left unattended for more than 120 days in aggregate during any one period of insurance? YES ..... NO .....

9. Is the building used for residential only? YES ..... NO .....

If 'no', state other use \_\_\_\_\_

10. Have you ever sustained a loss from any of the perils for which you now propose? YES ..... NO .....

If 'yes', give details \_\_\_\_\_

11. Has any insurer in respect of the risks for which you now propose:-

(a) decline to insure you? YES ..... NO .....

(b) cancelled or refused to renew your insurance? YES ..... NO .....

(c) imposed any special terms or premium? YES ..... NO .....

If 'yes' to any of these questions, please give details \_\_\_\_\_

12. Do you hold any other policies for any of the risks now proposed? YES ..... NO .....

If 'yes', please state the name of the insurer \_\_\_\_\_

I desire to effect an insurance with M & C General Insurance Company Ltd. and do hereby declare that the above statements are true; that I have withheld no material information: that the foregoing sums to be insured are to the best of my knowledge and belief not less than the full value of the property to be insured on the basis proposed and will be so maintained. I agree that this Proposal and Declaration shall be the basis of the contract to be made between me and the Company.

Date \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

**COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING**

1. Do you wish to insure for reinstatement? YES .... NO ....
2. Do you require flood cover from any cause? YES .... NO ....
3. Is the building mortgaged?  
 If 'yes', please state name of Mortgagee \_\_\_\_\_  
 \_\_\_\_\_
4. What is the height in storeys? \_\_\_\_\_
5. What is the approximate superficial area? \_\_\_\_\_

**SECTION 1 - BUILDING**

**SUM TO BE INSURED**

On building (including walls, gates and fences) _____	\$ _____
Retaining Walls _____	\$ _____
Swimming Pool _____	\$ _____
Central Air-Conditioning Equipment _____	\$ _____
	=====

**COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS**

1. If you are renting the building, is it? FULLY FURNISHED \_\_\_\_\_ SEMI FURNISHED \_\_\_\_\_ UNFURNISHED \_\_\_\_\_
2. What protection is there against loss by burglary? \_\_\_\_\_

**SECTION 2 - CONTENTS**

**SUM TO BE INSURED**

On Contents	\$ _____
Computer Stereo Equipment, Television and the like (Please supply details)	\$ _____
Jewellery (Please provide valuations &/or receipts)	\$ =====
	=====

**SECTION 3 - "ALL RISKS" (PLEASE ATTACH A LIST &/OR VALUATIONS)**

1. Is your jewellery kept in a safe when not worn? YES .... NO ....
2. What territorial limits are required? ST. LUCIA .... WEST INDIES .... WORLDWIDE ....
3. Are you in a position to meet all of your financial commitments at present?  
 If 'yes', do you expect to continue being able to meet all of  
 Your financial commitments within the next twelve months?  
 YES .... NO ....  
 YES .... NO ....
4. 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. At what premises is the property usually kept overnight? \_\_\_\_\_  
 \_\_\_\_\_

**SUM TO BE INSURED**

Specified Items	\$ _____
General Contents (Premises risk only)	\$ =====
	\$ =====

**SECTION 4 - WORKMENS COMPENSATION/EMPLOYERS LIABILITY**

FOR OFFICIAL USE ONLY

RATE (S)	Section 1	\$	@	%0	= \$
	Section 2	\$	@	%0	= \$
	Section 3	\$	@	%0	= \$
Extisions					= \$ =====
				PREMIUM	=====

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AGENT/BROKER

SPECIAL TERMS

Please use the chart to estimate the total value of your possessions.

1 KITCHEN	2. OTHER ROOMS			
3.  LOUNGE AND DINING ROOM	4.  BED ROOMS	5.  BED ROOMS	6.  BED ROOMS	GARAGE/SHED

1. KITCHEN

STOVE/FRIDGE \$
CARPET/LINO \$
FREEZER AND CONTENTS \$
DOMESTIC APPLIANCES \$
UTENSILS CROCKERY AND CUTLERY \$
FOOD AND DRINKS \$

2. OTHER ROOMS

FURNITURE \$
CAMERA AND PROJECTOR \$
BINOCULARS ETC. \$
CLOCK & ORNAMENTS \$
TOYS \$
MUSICAL INSTRUMENTS \$

3. LOUNGE  
AND DINING ROOM

CURTAINS AND FITTINGS \$
CARPETS \$
FURNITURE \$
PICTURES BOOKS AND ORNAMENTS \$
T.V. STEREO VIDEO \$
\$

4.  
BEDROOM

CLOTHES/SHOES \$
JEWELLERY \$
FURNITURE \$
CARPETS \$
CURTAINS \$
LINEN \$

5.  
BEDROOM

CLOTHES/SHOES \$
JEWELLERY \$
FURNITURE \$
CARPETS \$
CURTAINS \$
LINEN \$

6.  
BEDROOM

CLOTHES/SHOES \$
JEWELLERY \$
FURNITURE \$
CARPETS \$
CURTAINS \$
LINEN \$

7.  
GARAGE/SHED

GARDEN EQPT. \$
HOUSEHOLD TOOLS \$
LAWN MOWER \$
BICYCLE \$
\$
\$

If any item does not fall into the above categories, please enter it in one of the following boxes.

\$

\$

=

**TOTAL \$**