



# Material Damage Proposal

Name of Proposer:

Address:

Contact:

Property Details:

1. Situation of property to be insured:

2. Description of the premises (even if contents only are to be insured):

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|---------------------------|---------------------------|------------------------------|
| a) Construction of walls: | b) Construction of roof:  | c) Type of roof:             |
| d) Roof pitch:            | e) No. of storeys:        | f) Approx. Square footage:   |
| g) Construction Date:     | h) Adjacent to sea/water? | i) Is Subsidence Required ?: |
| j) Is Theft Required ?:   |                           |                              |

3. Occupation of premises:

- a) Does the premises have one sole occupant ?
- b) What is the occupation of adjacent building/s ?
- c) Are hazardous materials kept on the premises ?

Give details and quantities:

4. Interest and Sums to be insured:

Property	Sum Insured	Occupation and other Details
Total Sum Insured		

5. Does a bank or finance company have a financial interest in the property ?

If yes, please provide details.

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- 6 **If you require a discount for an increase to the standard Deductibles, please state what Deductibles are required:**  
a) **For Hurricane, Earthquake, state percentage Deductible required:**  
b) **For other perils, state any increased Deductible amount required:**
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7. **What Hurricane protection measures have been taken ?**

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8. **Commencement Date of Cover:**

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9. **Claims or losses in the past 5 years:**

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10. a) **Have you ever been convicted of a criminal offence involving violence, theft or fraud, or do you have any prosecution for such offences outstanding ?** YES/NO  
b) **Have you ever been declared bankrupt, or have you ever been a Director or Partner in a business which has become insolvent ?** YES/NO

**If Yes, please provide details.**

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11. **Within the past 5 years, have you had**  
a) **any insurance policy cancelled by an Insurer ?** YES/NO  
b) **any insurance proposal declined or special terms applied ?** YES/NO

**If Yes, please provide details.**

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#### **Declaration**

I/We warrant that the above statements are, to the best of my/our knowledge and belief, true and complete and I/we agree that this proposal shall be the basis of the contract between me/us and the Company.

I/we agree to accept a policy in the Company's usual form for this class of insurance.

Signature

Date

(Signing this form does not bind you to complete this insurance)

## **Caribbean Alliance Insurance Company Limited**

Registered Office: Caribbean Alliance House,  
Cnr. Newgate and Cross Streets, P. O. Box 1609, St. John's, Antigua  
Company Registration No. 2284