



**NAGICO Insurance (Grenada) Limited**  
 GCNA Complex, Kirani James Boulevard,  
 P.O. Box 3211, St. George's, Grenada  
 Tel: (473) 438-5000 / Fax: (473) 438-5002  
 Email: info.grenada@nagico.com

**“PROPERTY ALL RISKS” INSURANCE APPLICATION**

Note: It is essential that all questions are fully answered.

Policy #: \_\_\_\_\_ A \_\_\_\_\_ gent: \_\_\_\_\_

**Section I – Applicant’s Details**

1. Applicant’s/Proposer’s Name in full: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Type of Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_
4. Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_
5. Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Section II – Property Details**

6. Address/Location of Premises to be insured:

Premises/Location #1	Premises/Location #2	Premises/Location #3

7. Amount to be insured:

Description	Premises #1 ECS/US\$	Premises #2 ECS/US\$	Premises #3 ECS/US\$
a) On Building			
b) On Stock consisting of...			
c) On Furniture, Fixtures, Stationary etc			
d) On Machinery, Plant and Equipment			
e) On Household goods and personal effects			
f) On Plate Glass			
g) On Removal of Debris			
h) On Architect & Surveyors’ Fees			
i) On _____ months rent			
j) On other property (Underground cables, Generators etc.)			
<b>Total Sum Insured</b>			

If more details are necessary, please attach a separate list.

8. Are the Sums stated the actual value of each item ?  Yes  No. (If No, **AVERAGE** or **UNDERINSURANCE** may apply and claims apportioned.)

9. Describe the Building (or the Bldg. that will house the property) to be covered and the type of construction(check box that applies)

- Building 1- Walls Concrete Brick/Stone Wood Prefab Metal Sheetrock Zinc No. of Storeys \_\_\_\_\_  
 Roof Concrete Asbestos Tile Rubber Metal Zinc Other \_\_\_\_\_
- Building 2- Walls Concrete Brick/Stone Wood Prefab Metal Sheetrock Zinc No. of Storeys \_\_\_\_\_  
 Roof Concrete Asbestos Tile Rubber Metal Zinc Other \_\_\_\_\_

Building 3- Walls Concrete Brick/Stone Wood Prefab Metal Sheetrock Zinc No. of Storeys \_\_\_\_\_  
Roof Concrete Asbestos Tile Rubber Metal Zinc Other \_\_\_\_\_

(If a building is more than 1 storey, describe the construction of each storey \_\_\_\_\_)

10. Are the Building(s) or other property to be insured subject to a Mortgage Agreement? Yes No. If Yes, state the name of the Mortgagee \_\_\_\_\_
- a) Is the Policy to be assigned to the Mortgagee? Yes No.
11. State type, use and construction of properties within 20 feet of your building/premises \_\_\_\_\_
- a) What is the distance of the property nearest to your building/premises? \_\_\_\_\_ feet/metres/yards
12. Does the Building/premises have fire extinguishing appliances? Yes No. If Yes, how many \_\_\_\_\_ and where are they located \_\_\_\_\_
13. If Machinery is present, state whether it is operated by; Electricity Gas Diesel Oil Steam Other \_\_\_\_\_
14. Are there any oils, spirits, chemicals, explosives or other hazardous products stored or sold on the premises? Yes No. If Yes, please explain \_\_\_\_\_

**COVERAGE EXTENSIONS**

**Burglary Extension**

**DO YOU REQUIRE BURGLARY COVERAGE ?  YES  NO.**

15. Sum to be Insured for Burglary – GE&WU& \_\_\_\_\_
16. Is the Sum to be insured the total value at risk? Yes No. If No, please state the total value at risk \_\_\_\_\_
17. Do you require Hold Up coverage? Yes No. If Yes, state limit required EC\$/US\$ \_\_\_\_\_
18. Will a complete record of stock received and sold be kept? Yes No. If No, state how would the exact amount of loss be Ascertained \_\_\_\_\_
19. (a) Will all invoices be kept? Yes No. (b) Do you take inventories? Yes No.
20. What precautions will be taken to protect the items insured ?
- a) Grills over all (doors, windows, skylight, air condition units, other openings.)
- b) Locks etc
- c) Alarm system
- d) Safe
- e) Guards
- f) Other \_\_\_\_\_

Are there surveillance cameras installed and monitored on the premises? Yes No. If Yes, describe \_\_\_\_\_

**Business Interruption Extension**

**DO YOU REQUIRE BUSINESS INTERRUPTION COVERAGE ?  YES  NO.**

28. State;
- a) estimated turnover during the next 12 months GE&WU& \_\_\_\_\_
- b) Gross profits during the past 12 months GE&WU& \_\_\_\_\_
29. Can you supply a statement of gross profit each year? Yes No. If No, state reason \_\_\_\_\_
30. State the name of your accountant(s) \_\_\_\_\_
31. Do you want wages to be insured separately? Yes No.  
If Yes, state the amount..... EC\$/US\$ \_\_\_\_\_
32. Sum to be insured for Business Interruption..... EC\$/US\$ \_\_\_\_\_
33. Total Sum to be insured..... EC\$/US\$ \_\_\_\_\_
34. Indemnity period required;
- 1 month 3 months 6 months 9 months 12 months 18 months 24 months Other \_\_\_\_\_

**Section IV – General Questions**

35. How long have you been established? \_\_\_\_\_
36. Have you been in business before? Yes No. If Yes, give details \_\_\_\_\_
37. Are the Premises in a good state of repair and maintenance? Yes No. If No, state details \_\_\_\_\_
38. Is the building or any part thereof under construction? Yes No. If Yes, give details \_\_\_\_\_
39. Will the premises be left unoccupied at any time? Yes No. If Yes, please state \_\_\_\_\_
- (Important Note: All coverage ceases if the premises are left unoccupied for more than 17 days consecutively unless otherwise notified to and accepted by this Company.)*
40. Is your business in a state of solvency? Yes No. If No, explain \_\_\_\_\_

**Section V – Past and Current Insurance & Claims Record**

41. Have you been insured or are you now insured for any coverage being applied for? Yes No. If Yes, state the type of coverage and name of company \_\_\_\_\_
42. Has any Insurance Company or Underwriter ever;
- a) Declined your proposal? Yes No. If Yes, give details \_\_\_\_\_
  - b) Required an increased premium or imposed special conditions? Yes No. If Yes, give details \_\_\_\_\_
  - c) Cancelled any policy? Yes No. If Yes, state details \_\_\_\_\_
  - d) Refused to renew any policy? Yes No. If Yes, state details \_\_\_\_\_
43. Have you ever had any claims/losses on the property for which insurance is now required or any other property currently or previously owned by you? Yes No. If Yes, state details below;
- a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_
  - e) \_\_\_\_\_

44. **Section VI - Deductible**

Coverage A.

- a) I agree to bear the first \_\_\_ of the Total Sum Insured for each and every loss caused by a Catastrophe/Natural Peril.
- b) I agree to bear the first \_\_\_\_\_ for loss by Fire and all other perils
- c) I wish to bear a higher deductible of \_\_\_\_\_% of the Total Sum Insured for each and every loss caused by a Catastrophe/Natural Peril.

Burglary Extension.

- a) I agree to bear the first \_\_\_\_\_ for each and every loss.

Business Interruption Extension

- a) I agree to bear the first \_\_\_ of the Total Sum Insured for each and every loss by a Catastrophe/Natural Peril.
- b) I agree to bear the first \_\_\_\_\_ for loss by Fire and all other perils
- c) I wish to bear a higher deductible of \_\_\_\_\_% of the Total Sum Insured for each and every loss caused by a Catastrophe/Natural Peril.

Period of Insurance required:

From \_\_\_\_\_ to \_\_\_\_\_

**Declaration**

I/we hereby apply for Insurance coverage as set out herein and I/we declare that the Statements made are true and correct and I/we agree that this proposal and Declaration shall be the basis of the contract between the Company and myself/ourselves.

If the Proposal/Application is written by another, it shall be deemed that he/she shall be my agent and not the agent of the Company.

Signature of Applicant/proposer \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use only**

Coverage Sum	Insured	Rate	Premium
"All Risks"			
Burglary			
Business Interruption			
Total			

**Agents Notes:** \_\_\_\_\_  
\_\_\_\_\_

**Underwriter's Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_