

# homeowners' and renters' "Super Plus" application form



## Section 1 Applicant details

1 Applicant's Full Name

2 Address

3 Telephone No.

4 Email

5 Occupation

6 Date of Birth

## Section 2 Property details

7 Property Address

8 Type of Property

9 Walls

Roof

No. of Stories

10 Are buildings in a good state or repair and, if so, will they be maintained?

11 Are there any outbuilding?  If Yes, give construction details.

Walls

Roof

No. of Stories

12 Are buildings within 20 feet of any other building? If Yes, state construction details of other building.

Walls

Roof

No. of Stories

13 Are buildings solely occupied by you and family? If No, state number of tenants, lodgers, boarders or paying guests.

14 For how many days, whether consecutive or not, is the dwelling likely to be left without an inhabitant during one year?

15 State, as a number of days, the longest continuous period in any one year during which the dwelling is likely to be left without an inhabitant.

**Note: Coverage is eliminated for Theft when the building is unoccupied for a period exceeding 30 consecutive days unless we specifically agree to continue coverage.**

16 Is there any profession, business or trade carried on in the dwelling or any portion of the premises? If Yes, please give full details.

17 Do you have a domestic pet? If Yes, please give type, age, market value and vet.

18 Do you have live-in domestic workers? If Yes, please give details.

19 Do you have any small crafts or vehicles? If Yes, please give details.

## Section 3 Previous Insurance and Losses

20 Are there any other policies in force covering any of the perils to be insured against? If Yes, please give details.

21 Is there any insurance in force with NAGICO? If Yes, please give details.


22 Has any company or insurer, in respect of any of the perils to which this proposal applies:

- a. declined to insure you?
- b. required special terms to insure you?
- c. cancelled or refused to renew your insurance?
- d. increased your premium on renewal?

23 Have any building(s) and/or contents suffered damage by storm during the last five years? If Yes, please give details.

24 Have you suffered loss from any perils to which this insurance is to apply?

If Yes, please give details.

25 Is the building or property mortgaged?   If Yes, please state to whom?

### Section 4 Values

The SUM TO BE INSURED must represent the FULL VALUE of the property and the applicant is required to sign a declaration to that effect below. The insurance will be subject to 'average' which means that, if at the time of loss or damage the sum insured is less than the full value of the property insured, the amount payable is proportionately reduced.

#### BUILDINGS

Any property to be insured under Contents should be excluded. The "Building" is the Private Dwelling House or Private Flat and all the domestic offices, stables, garages and outbuildings used solely in connection therewith and on the same premises including Landlord's fixtures and fittings therein and the walls, gates and fences around and pertaining thereto.

Item	Description	Sum To Be Insured	Rate	Premium
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Sum To Be Insured on Buildings</b>		<input type="text"/>		<input type="text"/>

#### CONTENTS

The "Contents" are the furniture, household goods and personal effects that are the property of the applicant or any members of his/her family normally residing with the applicant and fixtures and fittings which are the applicant's own or for which the applicant is legally responsible.

**Notes:** No one article (except furniture, household appliances, radio, television sets, pianos and organs) will be deemed of greater value than 5% of the total sum insured on the said Contents unless that article is **specialy declared** as a separate item.

The insurance on Contents does not cover any part of the structure or ceilings of the Building, wallpapers and the like, external television or radio antennae, aerials, fittings, masts and towers not any property to be insured under Buildings nor does it cover property more specifically insured under another policy or, unless specially mentioned, Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Travellers Cheques, Securities for money, Stamps, Documents of any kind, Cash, Currency Notes, Manuscripts, Medals, Coins or Livestock.

Contents	Sum To Be Insured	Rate	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Sum to be Insured on Contents</b>	<input type="text"/>		<input type="text"/>

### Section 5 Increased Limits

Please state the increased limits you require for:-

- "Alternative expenses of alternative accommodation" and "Loss of Rent"   
(Current limit is 10% of the sums Insured for Buildings and Contents)
- Public Liability

### Section 6 Deductibles

- 2% of the Total Sum Insured for Catastrophes subject to a minimum of EC\$ 1,500.
- For Physical Loss or Damage by any other covered peril - EC\$ 1,350.
- For any covered loss other than a. or b. above - EC\$ 675.

### Section 7 Period of Insurance

FROM  TO

- To the best of my/our knowledge and belief the information provided in this application is true and correct in every respect and no relevant information has been withheld
- I/We understand this insurance is not in force until NAGICO Insurances accepts this application.
- I/We understand that any statement made in this application will be the basis of the contract between me and NAGICO Insurances and I agree to accept indemnity subject to the conditions in and endorsed on the Policy.

I further declare that the Total Sums Insured represent not less than the FULL VALUE of the property, as mentioned above.

Signature of Applicant(s)

Date

### FOR COMPANY USE ONLY

Underwriting notes:

Policy #:  Agent:

Underwritten & Approved by:

Date: