

M & C General Insurance Company Ltd.

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

"All Risks" Insurance Proposal Form

THE POLICY COVERS loss of or damage to the property insured by any accident or misfortune including fire, theft or any other accidental loss or damage

EXCLUDING

- (a) Radioactivity risks and sonic booms.
- (b) War risks.
- (c) Riot and Civil Commotion risks and Earthquake or Volcanic Eruption outside St. Lucia.
- (d) Wear and tear (other than loss of or damage to any item resulting from wear and tear to a clasp, setting or other fastening, carrier or container) moth, vermin or any gradually operating cause or damage caused by any cleaning, repairing or restoring process.
- (e) Delay, confiscation or detention by Customs or any other Officials or Authorities.
- (e) Electrical or mechanical breakdown or derangement unless caused by accidental damage to the exterior of the Property or loss of or damage to cameras, projectors or other photographic apparatus attributable to the application of electrical energy or the breakage of electric bulbs or tubes used in connection therewith.
- (f) Burglary, Housebreaking, Larceny, Theft or Disappearance of Jewellery not worn by you whilst contained in any room of any Hotel or Motel Used for the purpose of sleeping accommodation when such room is left unattended by you or members of your family.
- (h) Loss of Jewellery from Baggage unless carried by hand and under your personal supervision.

DEFINITION

West Indies means: Trinidad and Tobago, Barbados, Jamaica, the Windward and Leeward Islands, the French and Dutch West Indies.

AVERAGE

The sum insured by each item shown on this proposal form used at any time for Business or Professional Purposes will be separately subject to Average in accordance with the following clause:

If at the time of any loss the sum insured is less than the total value of the property covered, you shall be considered your own insurer for the difference and shall bear a rateable share of the loss accordingly.

Provided the property insured by each item is insured for its full value, this clause will not affect you in any way. If the sum insured is inadequate you will be paid only a proportionate share of any loss.

The insurance is subject to the more precise terms of the Policy, a specimen of which can be obtained on application.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE USE BLOCK CAPITALS

1. (a) Name of Proposer (in full) _____

(b) Address _____

(c) Trade, Occupation, Profession _____

(d) Name of employer _____

(e) Address _____

Telephone No: _____

Period of (a) (12 months) from _____ to _____ both dates inclusive.

Insurance (b) any subsequent annual period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

<p>2. Do you have any other policies in force with us? If 'YES' please give details</p>	<p>YES NO</p>
<p>3. Have you ever sustained any loss of the kind to be insured? If 'YES' please state: (a) Date of loss (b) Type of loss (c) Amount</p>	<p>YES NO</p>
<p>4. Has any Insurer ever declined any proposal from you? If so, please state name of the insurer.</p>	<p>YES NO</p>
<p>5. 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?</p>	<p>YES NO YES NO</p>
<p>6. Have you ever insured property for ALL RISKS, FIRE, BURGLARY or THEFT? If so please state: (a) the name of all previous insurers (b) whether any insurer has cancelled or refuse to renew your policy or required special terms or increased premiums.</p>	<p>YES NO</p>
<p>7. are you the sole owner of the property to be insured? If 'NO', please give details</p>	<p>YES NO</p>
<p>8. Will any of the items be used by anyone other than yourself or a member of your family living with you or members of your business staff? If 'YES', please state which items and by whom</p>	<p>YES NO</p>
<p>9. (a) At what premises is the property usually kept overnight? (b) Please state the situation to which the insurance is to apply.</p>	<p>(a) within your (i) Private Residence (ii) Business Premises (b) Anywhere in St. Lucia (c) Anywhere in the West Indies (as defined in the Policy) (d) Worldwide</p>
<p>10. Is any of the property proposed for insurance eused for business, professional purposes? If 'YES', please give details</p>	<p>YES NO</p>

11. Is the property protected whilst kept any the premises mentioned in (9) (a) above by any of the following? Burglary Alarm Grill work Safe Other	YES NO YES NO YES NO YES NO
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The property (Please provide valuation and / o bills for articles of jewellery)

Item	Description	Sum Insured for each Item	Rate
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

DECLARATION

I/WE wish to effect an Insurance with M & C General Insurance Company Limited in terms of the Policy to be issued by the Company. I/WE hereby declare that to the best of my/our knowledge and belief the statements and particular given by me/us in this proposal are true and complete and no material fact; that in those facts which the Company would regard as likely to influence the acceptance and assessment of this proposal, has been misrepresented, mis-stated, suppressed or withheld. I/WE agree that this Proposal shall form the basis of the Contract between me/us and M & C General Insurance Company Limited.

Date _____ Proposer's Signature _____

COVER IS NOT VALID UNTIL ACCEPTANCE HAS BEEN ADVISED BY THE COMPANY OR THE POLICY HAS BEEN ISSUED

IN RESPECT OF QUESTION (11) PLEASE GIVE DETAILS OF:

(A) BURGLARY ALARM

Make _____ Installers _____

Type _____ Age _____

Is it maintained under contract by the Installers?

(B) GRILLWORK

Gauge of metal used:

Are Grilles or other similar protections securely fitted into the walls to protect all window, louver and external door openings? YES NO

Please state the construction of the external doors not protected by grillwork.

	Front	Rear	Side
Wood			
Glass			
Metal			
	Solid/hollow/expanding	Solid/hollow/expanding	Solid/hollow/expanding

(C) SAFE (S)

Make _____ Age _____

Model _____ Weight _____

How is the safe secured? E.g. Is it fixed into the floor or positioned near to a corner and bolted to the wall?

Is it burglar or fire resistant?

(D) OTHER

Please explain

OFFICE TO COMPLETE

Premium \$ _____ Renewal Premium \$ _____ Total Sum Insured \$ _____

Operative Endorsements

Examined _____ Date _____