

M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 786, Castries
St. Lucia, W.I.

Burglary Insurance Proposal Form

COVER PROVIDED

- (i) loss of or damage to the Property insured by Theft involving entry to or exit from the Premises by forcible and violent means.
- (ii) damage to the Premises failing to be borne by you due to such Theft or attempt thereat.
- (iii) loss of or damage to the Property insured whilst contained within the Premises consequent upon and in connection with assault or violence or the threat thereof to you.

EXCEPTIONS

The policy does not cover: -

- (a) radioactivity risks
- (b) war risks
- (c) loss or damage caused by fire or explosion
- (d) damage to stained or plate glass or any painting lettering or ornamentation thereon
- (e) loss or damage by any Theft as aforesaid or any attempt thereat by any of your family business staff domestic servants or any person lawfully on the Premises
- (f) loss of or damage to money coins medals securities stamps of any kind documents of any kind manuscripts business books computer systems records patterns models moulds plans or designs unless the same be specifically insured hereunder.

DEFINITION

"Premises" means that part of the building occupied by you exclusive of any building not communicating therewith and of any yard or open space.

AVERAGE

The sum insured by each item shown on this Proposal Form will be separately subject to Average in accordance with the following clause: -

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

 _____ Telephone No. _____
 (c) Email Address _____
 (d) The Business (describe fully) _____

(e)

The Premises	1	2
Situation of Risk		
Occupied by Proposer as		
Occupied by other Occupants as		

Exclusive of any building not communicating therewith and of any yard or open space.

Period of
Insurance

- (i) (12 months) from _____ to _____ both dates inclusive.
 (ii) any subsequent annual period for which you shall pay and the Company shall agree to accept a renewal premium.
2. Do you have any other policies in force with us? YES NO
 If 'YES' please give details. _____
3. Have you ever suffered any loss (whether insured or not) of the kind to be insured at these Premises or elsewhere? YES NO
 If 'YES', please state:
 (a) Date of Loss _____
 (b) Nature of Loss or Damage _____
 (c) Amount _____
4. Has any Insurer declined any proposal from you? YES NO
 If 'YES', please state the type of proposal and the name of the Insurer. _____

5. (a) Did you make a gain during your last trading year? YES NO
 (b) Do you anticipate being able to pay all of the charges, debts or liabilities against you? YES NO
 If 'NO', please state fully. _____

6. (a) Do you keep a record of sales? YES NO
 (b) Are your books audited by professional Accountants? YES NO
7. Have you ever insured property for BURGLARY? YES NO

If 'YES', please state

(a) the names of all previous Insurers _____

(b) whether any Insurer has cancelled or refused to renew your policy _____

or required special terms or increased premiums. _____

8. (a) Are all of the proposed Premises of brick, stone or concrete construction
roofed with concrete, metal or other hard roof material? YES NO

If 'NO', please give details. _____

(b) Are there any unprotected external openings? YES NO

If 'YES', give details. _____

9. Are the doors to the Premises securely locked and the windows fastened when
the Premises are closed? YES NO

10. Are any of the proposed Premises occupied other than by security personnel
at night? YES NO

If 'YES', which, and by whom? _____

11. How long have you occupied each of the Premises proposed? _____

12. Are security measures employed to protect the Property insured against the
risks proposed for insurance. YES NO

If 'YES', please give details overleaf. _____

The Property to be covered whilst contained within the building occupied by you for the purpose of the business and situate at the Premises.

<u>DESCRIPTION</u>	<u>TOTAL DECLARED VALUE</u>
1. Stock in Trade your property or held by you in trust or on commission for which you are responsible	\$
2. Customers' Goods for which you are responsible	\$
3. Plant and Machinery and Trade Furniture, Fixtures, Fittings and Utensils and Office Equipment, Meters and Telephone Installations, your property or for which you are responsible	\$
4. Tenants Improvements and Betterments	\$
5.	\$ _____
	\$ =====

Please indicate the sum insured required in respect of:

- (a) The property to be covered - First Loss Basis. \$
- (b) Damage to Premises) limited to 10% of Sum insured \$
-) or \$5,000 (whichever is greater)
- (c) Assault and Violence) unless you indicate otherwise. \$

If any of the following Property is proposed for Insurance, please indicate:

<u>PROPERTY</u>	<u>VALUE</u>
<input type="checkbox"/> Stereo video and electronic equipment	\$
<input type="checkbox"/> Cigarettes	\$

- | | | |
|--------------------------|----------------------------|----|
| <input type="checkbox"/> | Wines and Spirits | \$ |
| <input type="checkbox"/> | Jewelry or precious metals | \$ |
| <input type="checkbox"/> | Computer Equipment | \$ |

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 beliefs the statements and particulars given by me/us in this proposal are true and complete and no material fact, that is 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 _____

<p>A. BURGLAR ALARM</p> <p>Make _____ Installers _____</p> <p>Type _____ Age _____</p> <p>Is it maintained under contract by the Installers?</p>																			
<p>B. GRILLWORK</p> <p>Gauge of metal used:</p> <p>Are Grills or other similar protections securely fitted into the walls to protect all window, louver and external door openings? YES NO</p> <p>Please state the construction of the external doors not protected by grillwork.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%;">Front</th> <th style="width: 30%;">Rear</th> <th style="width: 25%;">Side</th> </tr> </thead> <tbody> <tr> <td>Wood</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Glass</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Metal</td> <td>Solid/hollow/expanding</td> <td>Solid/hollow/expanding</td> <td>Solid/hollow/expanding</td> </tr> </tbody> </table>					Front	Rear	Side	Wood				Glass				Metal	Solid/hollow/expanding	Solid/hollow/expanding	Solid/hollow/expanding
	Front	Rear	Side																
Wood																			
Glass																			
Metal	Solid/hollow/expanding	Solid/hollow/expanding	Solid/hollow/expanding																
<p>C. SAFE (S)</p> <p>Make _____ Age _____</p> <p>Model _____ Weight _____</p> <p>How is the safe secured? E.g. Is it fixed into the floor or positioned near to a corner and bolted to the wall?</p> <p>Is it burglar or fire resistant?</p>																			

D. OTHER

- | | | |
|--------------------------------|---------------------------|--------------------------------|
| (1) Security Guard _____ | (2) Guard Dogs _____ | (3) Watchman _____ |
| (a) How many _____ | (a) How many _____ | (a) How many _____ |
| (b) Armed with pistol _____ | (b) Name of firm _____ | (b) Hours of duty _____ |
| (c) Name of firm _____ | (c) Hours of duty _____ | (c) Age _____ |
| (d) Hours of duty _____ | (d) What areas _____ | (d) Is he able-bodied _____ |
| (e) What areas patrolled _____ | (e) With or without _____ | (e) What areas patrolled _____ |
| | Patrolled | handler |

OFFICE TO COMPLETE

Premium _____ Renewal Premium _____ Total Sum Insured _____

Operative Endorsements

Examined _____ Date _____