



Netherlands Insurance Company (W.I.) Ltd.

Policy Number : _____

Agent's Name : _____

Householders Comprehensive Insurance Proposal

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID.

Name of Proposer (in full) _____

Mr/Mrs/Miss

Profession/Occupation _____

If Proposer is married state occupation of spouse _____

Postal Address _____

Telephone Nos. Home _____ Office _____ Email _____

Property situate _____

1. Is this proposal to replace an existing policy with NETHERLANDS INSURANCE COMPANY? YES NO
If "yes", give details _____
2. Do you hold any other policies (e.g. Business, Motor) with NETHERLANDS INSURANCE COMPANY? YES NO
If "yes", give details _____
3. Do you hold any other policies for any of the risks now proposed? YES NO
If "yes", please state the name of the insurer _____
4. Has any insurer in respect of the risks for which you now propose:-
(a) decline to insure you? YES NO
(b) cancelled or refused to renew your insurance? YES NO
(c) imposed any special terms or premium? YES NO
If "yes", to any of these questions, please give details _____
5. Have you ever sustained a loss from any of the perils for which you now propose? YES NO
If "yes", give details _____
6. Are you in a position to meet all your financial commitments at present? YES NO
If "yes", do you expect to continue being able to meet all of your financial commitments within the next twelve months?
7. What is the age of the building which is to be insured or in which your contents are housed? _____
8. Of what materials is the building constructed?
(a) external wall _____
(b) roof _____
(c) floor _____
9. Is the building in good state of repair and will it be so maintained? YES NO
10. Is the building used for residential purposes only? YES NO
If no, state other use(s) _____
11. Is the distance from the nearest building less than 20 feet (6 meters)? YES NO
If "yes", please state construction of such other buildings and purpose (s) for which they are occupied. _____
12. Is the vicinity of the building subject to flooding or specially exposed to loss by any of the perils to be insured against? YES NO

Period of insurance from _____ to _____

I desire to effect an insurance with Netherlands Insurance Company (W.I.) Limited and do hereby declare that the statements above and overleaf are true; that I have withheld no material information; that the foregoing sums to be insured are to the best of my knowledge and belief not less than the full value of the property to be insured on the basis proposed and will be so maintained. I agree that this Proposal and Declaration shall be the basis of the contract to be made between me and the Company.

Date _____ Signature of Proposer _____

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING

1. Is your Building (tick one)

- (a) a completely detached private dwelling house? ()
 (b) a portion of a building (townhouse, flat)? ()
 (c) a block of flats? ()

2. What is the height of the building in storeys? _____

3. Is the building mortgaged? YES NO
 If "yes" please state name and address of mortgagee _____

4. What is the approximate superficial area of the building? _____ square feet/meters

5. Do you wish to insure on the Reinstatement Basis? YES NO

SECTION 1- Building

SUM TO BE INSURED

On Building (including walls gates and fences) _____ \$ _____

On retaining walls _____ \$ _____

On swimming pool _____ \$ _____

On Central Air-Conditioning Equipment _____ \$ _____

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS

1. Is your dwelling (tick one)

- (a) a Private Dwelling house? ()
 (b) a Self contained Flat with separate entrance exclusively under your control? ()
 (c) Rooms not being a self contained flat? ()

2. Is your Dwelling occupied solely by you and your family and servants? YES NO

3. If you are renting the dwelling, does your landlord provide for your use:

FULL FURNITURE () ? SOME FURNITURE () ? NO FURNITURE () ?

If furniture is provided, have you included in your sum insured on Contents a figure to cover furniture belonging to your landlord? YES NO

4. What protection is there against loss by burglary? _____

5. Will the dwelling be left unoccupied for more than 120 days in aggregate during any one period of insurance? YES NO

SECTION 2 CONTENTS (DO NOT INCLUDE ITEMS TO BE INSURED BY SECTION 3)

SUM TO BE INSURED

On the whole contents (excluding any items specifically insured below) \$ _____

On Computer Stereo Equipment, Television, Video recorders, and the like (Please supply details) \$ _____

On jewellery while in your dwelling (please provide valuations and/or receipts) SUM TO BE INSURED \$ _____

COMPLETE THIS SECTION IF YOU ARE INSURING ITEMS AGAINST "ALL RISKS"

1. Will any of the items be used by anyone except yourself or a member of your family living with you? YES NO

2. If "yes", please state which items and by whom? _____

3. At what premises is the property usually kept overnight? _____

SECTION 3 "All Risks" (PLEASE ATTACH A LIST OR LISTS MARKED (a) OR (b) AS APPROPRIATE AND VALUATIONS/RECEIPTS) SUM TO BE INSURED

On the specified items anywhere in (a) Grenada and dep. or (b) the World \$ _____

FOR OFFICE USE ONLY

SPECIAL TERMS

Section 1 \$ @ %o = \$

Section 2 \$ @ %o = \$

Section 3 \$ @ %o = \$

PRODUCER CODE

CHECKED AND AUTHORISED BY

POLICY NO.