

Material Damage Proposal

Name of Proposer:

Address:

Contact:

Property Details

1. **Situation of property to be insured:**

2. **Description of the premises (even if contents only are to be insured):**

- | | |
|-------------------------------------|-----------------------------------|
| a) Construction of walls: | b) Construction of roof: |
| c) Type of roof: | d) Roof pitch: |
| e) No. of storeys: | f) Approx. Square footage: |
| g) Construction Date: | |
| h) Adjacent to sea or water? | Height: |
| | Distance: |
| i) Subsidence Required: | Theft Required: |
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3. **Occupation of premises:**

- a) **Does the premises have one sole occupant?**
 b) **What is the occupation of adjacent building/s?**
 c) **Are hazardous materials kept on the premises?**

Give details and quantities:

4. **Interest and Sums to be insured:**

Type	Sum Insured	Other Details
Total EC\$		

5. **Does a bank or finance company have a financial interest in the property:**

6. **What Hurricane protection measures have been taken:**

7. **Commencement Date of Cover:**

8. **Losses in the past 5 years:**

Cause:
Date of Loss:

Declaration

I/We warrant that the above statements are true and complete and I/we agree that this proposal shall be the basis of the contract between me/us and the Company

I/we agree to accept a policy in the Company's usual form for this class of insurance

Signature

Date

(Signing this form does not bind you to complete this insurance)

Caribbean Alliance Insurance Company Limited

Registered Office: Cnr Long & Temple Streets, P.O. Box 1609, St. John's, Antigua