

CARIBBEAN HOMEOWNERS APPLICATION

NAMED INSURED: _____ MAILING ADDRESS: _____
 _____ House Name/No and Street _____ Island _____

ADDRESS TO BE INSURED IF DIFFERENT FROM THE ABOVE House Name/No and Street _____ Island _____

IS THE PROPERTY OWNED OR RENTED? _____

PERIOD OF INSURANCE 12 MONTHS AT _____

RENEWING OFF _____ NEW _____

SUM INSURED COVER VALUE (USD)
 BUILDINGS _____
 OTHER STRUCTURES _____
 PERSONAL PROPERTY _____
 VALUABLES _____
 LOSS OF USE _____
 PERSONAL LIABILITY (each occurrence) _____
 MEDICAL PAYMENTS (each person) _____

DATE OF LAST VALUATION _____ COPY ATTACHED _____

DATE OF LAST SURVEY _____ COPY ATTACHED _____

PERILS COVERED FIRE YES / NO
 HURRICANE YES / NO
 EARTHQUAKE YES / NO
 FLOOD YES / NO

DEDUCTIBLES ALL OTHER PERILS USD _____
 HURRICANE _____ % of Total Insurable Values
 EARTHQUAKE _____ % of Total Insurable Values
 FLOOD _____ % of Total Insurable Values

YEAR OF CONSTRUCTION _____ SQ FOOTAGE _____

RESIDENCE TYPE DWELLING _____ CONDO _____ APT _____ TOWNHOUSE _____

USAGE PRIMARY _____ SECONDARY _____ PT RENTAL _____ SEASONAL _____

OCCUPANCY OWNER _____ TENANT _____ UNOCCUPIED _____

CONSTRUCTION OF WALLS MASONRY _____ FRAME _____ OTHER _____

CONSTRUCTION OF ROOF MATERIAL _____ CONDITION _____

HOUSEKEEPING CONDITION _____

PLUMBING CONDITION _____

ELEVATION _____

DISTANCE FROM SEA _____

SECURITY VISIBLE FROM ROAD _____ VISIBLE TO NEIGHBOURS _____ OCCUPIED DAILY _____

FIRE PROTECTION SMOKE DETECTOR _____ SPRINKLER _____ TEMP ALARM _____
 FIRE HYDRANT _____ ft FIRE STATION _____ miles FIRE EXTINGUISHER _____

HURRICANE PROTECTION ELEVATION _____ DISTANCE FROM SEA _____ BEACHFRONT _____
 CONSTRUCTION CODE _____ HURRICANE RESISTANT GLASS _____
 SHUTTERS _____

SECURITY ALARM _____ CCTV _____ GATED _____ 24 Hr Manned _____

LOSS RECORD LAST 5 YEARS _____

SIGNATURE OF INSURED / AGENT _____ DATE _____