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COMMERCIAL PROPERTY INSURANCE PROPOSAL

You have probably invested a considerable amount of time, effort and money setting up your business. It therefore deserves proper insurance protection.

We can provide insurance cover for your Buildings, Stock, Plant, Machinery and Equipment, Office Contents and other commercial property, against Fire and lightning and, include on your request, additional perils such as Explosion, Earthquake, Hurricane, Riot and Strike, Malicious Damage, Flood, Impact, Aircraft and Burst Pipes. "All Risks" cover subject to certain exclusions is an option for some types of risk.

In order to arrive at the sum to be insured, you should consider and note the following points:

(1) **BASIS OF SETTLEMENT**

INDEMNITY - The Sum Insured on all property proposed for insurance should be adequate to ensure that you are properly indemnified. You should take into account depreciation, wear and tear, and in the case of stock, the Cost Price to you.

REINSTATEMENT - You may prefer to cover your property on a reinstatement basis, new for old, in which case the Sum Insured should be adequate to replace as new the property you elect to insure on this basis. Reinstatement conditions do not apply to Stock.

(2) **AVERAGE** - If the Sum Insured on any item of property at the time of the loss does not represent its correct value, the claim will be subject to the condition of Average. This condition applies only when a partial loss occurs and causes the claim to be settled in the same proportion as the Sum Insured is to the correct value that should have been insured.

(3) **EXCESS** - In the event of a claim, this is the amount for which you would be responsible. This amount will be stated in the schedule against the specific perils.

IMPORTANT NOTES

- (1) In order to avoid unnecessary delays in settling claims, it is in your best interest to keep bills, receipts, invoices and adequate records so that you can easily substantiate your claim.
- (2) In the event of a claim you should notify us immediately.
- (3) Cover does not begin until the proposal has been accepted.
- (4) It is your duty to inform us of all facts which would affect our judgement in accepting this proposal. You should inform us if there are any significant changes which are likely to affect this insurance.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

(Please use block capitals and do not leave blanks or answer a question with a dash)

1. (a) Full Name _____ Contact _____
(For Companies only)
- (b) Postal Address _____
- (c) Risk Address _____
- (d) Date of Birth (*for individuals only*) _____
- (e) Telephone Home _____ Work _____ Cell _____
- (f) Email _____
- (g) Business or Trade _____
- (h) Number of years in operation _____

2. Do you have other policies in force with us? YES NO
- If yes, what type of policy? _____

3. Have you or anyone with a financial interest in this property ever suffered a loss, whether insured or not, from any peril to be insured against at this or any other location? YES NO

If 'YES', please state:

- (a) Date of Loss _____ (mm/dd/yy) (b) Cause of Loss _____
- (c) Amount _____

4. Have you or anyone with a financial interest in the property to be insured ever had an insurer:
- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| (a) declined your proposal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) increased your premium? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) increased your excess? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) refused to renew your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) cancelled your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If 'YES' to any of these, please state the reasons together with the name(s) of insurer(s) _____

5. (a) Do you keep detailed books of accounts? YES NO
- (b) Are they available for inspection if necessary? YES NO
6. (a) Did you make a gain during the last trading year? YES NO
- (b) Do you anticipate being able to meet all Charges, Debts and Liabilities against you? YES NO

If 'NO', please state fully _____

7. Have you or anyone having an interest in the property to be insured ever been convicted of any offence in connection with the ownership of property or the operation of a business? YES NO

8. Description of the Building:

(a) Occupied by you as _____

(b) How long have you occupied the building? _____

(c) Occupied by others as _____

(d) When was it constructed? _____

(e) Number of storeys including the ground floor _____

(f) External Walls are Concrete Concrete or Clay Blocks Wood

Other (specify) _____

Mixed, give the proportion of each material _____

(g) Interior Walls are Concrete Concrete or Clay Blocks Wood

Other (specify) _____

Mixed, give the proportion of each material _____

(h) Roof is Metal/Galvanised Iron Concrete Shingles (Type) _____

(Asphalt, Clay, Concrete, Wood)

Single ply (thickness) Concrete/Clay tiles

Mixed, give the proportion of each material _____

(i) Roof Design/Structure High pitched  Hipped  Gable  Flat 

(j) Roof anchor Metal or bolt anchors Nailed to wall No anchorage

Not applicable (e.g. Roof is concrete slabs)

(k) Floors are Concrete Wood

Mixed; give the proportion of each material _____

(l) Was a qualified Engineer involved in the design of the foundation works? YES NO UNKNOWN

(m) Was your property valued by a qualified valuator within the last 3 to 5 years? YES NO

If 'YES', please provide us with a copy.

(n) Is the building equipped with:

(i) Fire Extinguishing/Protection devices e.g. Fire Extinguishers, Hose Reels, Alarms etc? YES NO

If 'YES', please describe _____

(ii) Security devices e.g. Guards, Watchmen, Security Alarms ? YES NO

If 'YES', please describe _____

9. Particulars of Buildings within 20 feet/6 metres, eave to eave:

(a) Occupied as _____

(b) Construction _____

(c) Number of storeys _____

10. If the building is to be insured, is any portion of the building
 Vacant Unoccupied Seasonally unoccupied
If so, for how long? _____
11. Are there any existing insurances on any of the property to be insured? YES NO
If 'YES', please provide details _____
12. Give details of any Mortgage or other such interest _____

13. What type of cover do you require? All Risks Fire & Perils
If Fire & Perils, indicate which perils:
 Explosion Earthquake Hurricane Impact Flood Riot and Strike
 Aircraft Malicious Damage Burst Pipes Bush Fire Smoke Spontaneous Combustion
others, please state _____
If All Risks, what burglary limit do you require per period? _____
14. Period of insurance, from _____ to _____ and any subsequent annual
(mm/dd/yy) (mm/dd/yy)
period for which you shall pay and we agree to accept a renewal premium.

PARTICULARS OF THE PROPERTY TO BE INSURED

(Please tick the box against the appropriate item if cover is required on a REINSTATEMENT basis.)

N.B. A separate sum insured must be specified on each distinct Building and its Contents.

Subject Matter	Sum Insured – 1	Sum Insured – 2	Sum Insured – 3
BUILDING including Landlord's Fixtures and Fittings and all Walls (excluding retaining walls), Gates and Fences <input type="checkbox"/>			
RETAINING WALLS <input type="checkbox"/>			
FURNITURE, FIXTURES and FITTINGS and OFFICE EQUIPMENT and ALL OTHER CONTENTS <input type="checkbox"/>			
PLANT, MACHINERY AND EQUIPMENT <input type="checkbox"/>			
STOCK IN TRADE including Stock for which you are legally responsible			
LOSS OF RENT – No. of Months _____			
OTHER PROPERTY (Specify) <input type="checkbox"/>			
TOTAL SUM INSURED			

a) Are you the sole owner of the building to be insured? YES NO

b) Briefly describe type of Stock and Method of Storage _____

DECLARATION

I/We wish to effect an insurance with Guardian General Insurance 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 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, misstated, suppressed or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and Guardian General Insurance Limited.

Date _____ Proposer's Signature _____
 (mm/dd/yy) (Company Stamp)