

BRANCH OFFICES

- Lot RF Vreed-en-Hoop,
West Bank Demerara
- Lot 22 'B' Williamsburg,
Corentyne, Berbice
- Giftland Mall, Turkeyen,
East Coast Demerara
- Lot 317 Parika,
East Bank Essequibo
- Lot 20 P/Road,
East Bank Demerara
- Lot 22 Republic Avenue,
Linden

FOR OFFICIAL USE ONLY

Measurement of Building				
Condition of Building	Poor	Fair	Good	Very Good
Assessed Value				
Sales Rep/Broker				
Prepared by				
Inspected and Accepted				
Accepted Subject to Inspection				
Additional Remarks				

Fire and Lightning Proposal Form

Policy No:

Date of Application	
Name of Insured	
Postal Address	
Business/Occupation (s)	
ID/Passport No.	Nationality

CONTACT INFORMATION

Phone No. Home	Fax
Business	
E.mail address	

Proof of address (No older than 3 months): Utility Bill Bank Statement Other

RISK DETAILS

Address of Risk	
Construction: External Walls	
Inner Walls	
Roof covering	
Floors	

OCCUPANCY

Building occupied as	
Is any part of the building:	Unoccupied
	Seasonally Occupied
	If yes, for how long

COVERAGE REQUIRED

Kindly indicate the under mentioned additional perils you require by ticking the appropriate box(es)

<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Riot and Strike	<input type="checkbox"/>	Malicious Damage	<input type="checkbox"/>	Impact Damages
<input type="checkbox"/>	Aircraft Damage	<input type="checkbox"/>	Civil Commotion	<input type="checkbox"/>	Flood	<input type="checkbox"/>	Burst Pipes
<input type="checkbox"/>	Windstorm	<input type="checkbox"/>	Storm	<input type="checkbox"/>	Bushfire	<input type="checkbox"/>	Hurricane
<input type="checkbox"/>	Tidal Wave	<input type="checkbox"/>	Tempest	<input type="checkbox"/>	Smoke Damage	<input type="checkbox"/>	Subsidence & Landslip
<input type="checkbox"/>	Volcanic Eruption	<input type="checkbox"/>	Water Damage	<input type="checkbox"/>	Tornado	<input type="checkbox"/>	Spontaneous Combustion
<input type="checkbox"/>	Earthquake	<input type="checkbox"/>	Cyclone	<input type="checkbox"/>	Others	<input type="checkbox"/>	

Period of cover	from	to
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Directions to locate Risk:



Note: A separate sum insured is required for each building

1. No liability is accepted by the Company unless and until a policy or an interim cover receipt is issued.
2. The Company must be notified of any additional insurance effected on the property subsequent to the issue of policy by the Company on the property
3. All insurance covering building; furniture, stock-in-trade, contents, etc. is "Subject to Average"

PROPERTY TO BE INSURED

Sum Insured	Rate:	Premium:
Building		
Furniture, Fixtures, Fittings, Utensils		
Plant, Machinery, Equipment, Office Equipment		
Stock in trade		
Paved Areas		
Fence, Gates		
Other (please specify)		
Total Sum Insured		

DESCRIPTION OF PROPERTY TO BE INSURED

GENERAL INFORMATION

	YES	NO
Is property already insured with this or any other Company		
If 'YES' please state fully		
Is the property mortgaged or to be mortgaged ? If so state to whom, for what amount and purpose		
Is the policy Assigned or to be assigned? If so, state whether for a mortgage or for any other purpose		
How long have you owned the property to be insured?		
From whom was it purchased and for what sum?		
If built or renovated, at what cost?		
Has any application for Insurance on this or any other property been declined or deferred or accepted for less than the amount applied for?		
If Yes state fully		

Have you or any of your Partners or Directors ever being convicted of Fraud, Arson, Bankruptcy ? If Yes state fully		
Have you or any Partners or Directors of your Company ever suffer a loss at these premises (whether insured or not)	YES	NO
Date of Loss		
Nature of Loss		
Amount of Loss		
Have you ever made a claim against a Fire Insurance Company and if so, state name of Company. Was claim paid in full, reduced or rejected		
Is Gasoline or any hazardous liquids, substances' or goods kept in or about the premises? If so, please state particulars		
Did you make a gain during your last financial year	YES	NO
Do you anticipate being able to pay all Debts, Charges or Liabilities against you?	YES	NO
If NO state fully		
Please state all fire fighting appliances available on the premises		

APPLYING FOR STOCK INSURANCE

Do you keep a record of all sales and purchases?	YES	NO
Are audited books of accounts available for inspection if necessary?	YES	NO
Are you VAT registered?	YES	NO
If yes, please provide VAT NO		
Do you have any relevant information to inform us about?		
If yes state fully		

DECLARATION

I/We wish to effect an insurance with Assuria General (GY) Incorporated in terms of the Policy being issued by the Company. I/We declare that to 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 from the basis of the contract between me/us and assuria General (GY) Incorporated.

Date		Signature(s) of Applicant(s)	
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(Company Stamp)