



TRINIDAD AND TOBAGO INSURANCE LIMITED

**HEAD OFFICE:
11 MARAVAL ROAD,
PORT OF SPAIN**

**PROPOSAL FOR
BURGLARY INSURANCE**

FOR OFFICE USE ONLY

Policy No.:
Producer Name:
Producer No.:
Branch:
Tatil Rep:
Commission:
Premium: \$
First Loss: \$
Excess: \$

Please give complete answers (no blanks or dashes) to all questions. Note that where applicable in the context of this proposal, the singular shall include the plural. (Where applicable please tick (✓) the appropriate box)

Full Name:	Vat Number
Postal Address:	☎:
Situation of Premises to be Insured:	☎:
Insurance Coverage required:	From: To:

PARTICULARS OF THE COVERAGE

Please Tick (✓) If "YES", give details

1. Description of Trade or Business carried out at the Premises: (e.g. Warehouse, Grocery, Restaurant etc.) Describe briefly		
2. Are there other occupants in the building? Details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Will the premises be left unattended by (a) Day? (b) Night? (c) Weekends? (d) Holidays? Details:	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
4. Do you keep & will you continue to keep records of Stocks for Sales? Are these records updated daily?	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/>
5. Does any part of your stock consist of: (a) Jewellery, Watches &/or such Valuables? (b) Liquor &/or Tobacco products? (c) Electronic equipment incl. TV's & cameras?	Yes <input type="checkbox"/> Value \$ Yes <input type="checkbox"/> Value \$ Yes <input type="checkbox"/> Value \$	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
6. State the Total Value of (a) Stock: (b) Furniture, Fixture & Fittings: (c) Equipment in Trade: (d) Other Contents :	\$ _____ \$ _____ \$ _____ \$ _____	
TOTAL \$		
7. First Loss Limit required : This is the maximum amount you feel can be stolen. NB: Tatil may wish to restrict this amount.	\$	

FURTHER DETAILS

Please Tick (✓) If "YES", give details

8.	Are you presently insured against the risk of theft ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(a) At this address	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Elsewhere	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:		
9.	Have you or any Principal in the business ever:		
	(a) Been declined Insurance by an Insurance co. or Broker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Had any special terms or conditions imposed ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) Had your insurance cancelled by any insurer ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(d) Been charged for any act of dishonesty ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(Whether convicted or not)		
	Details:		
10.	Have you ever made a claim on a		
	(a) Burglary policy ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Cash policy ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) Fire policy ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(d) All Risk policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:		
11.	How is the building protected against unlawful entry ?		
	(a) Windows	
	(b) Doors	
	(c) A/C Units	
	(d) Details of alarm	
	(e) Others	
12.	Do you secure the services of any security guard or watchman?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:		
13.	Have burglars ever entered or attempted to enter your premises at this address or elsewhere ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:		
14.	Is the property insured for loss by fire ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	With which Company ?		
15.	Is the property to be insured on Hire Purchase or any encumbrances ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name & address of Finance Company:		

DECLARATION: I/we do hereby declare that the above answers are true, that I/we have withheld no information whatever that might tend in any way to increase the Company's risk, or to influence the decision of the company regarding the proposal; and I/we undertake to exercise all ordinary and reasonable precautions for the safety of the said property. I/we agree that this Declaration, and the answers above given shall be the basis of the contract between me/us and the company; and further, if the proposal is accepted, I/we agree to accept a policy, subject to the usual conditions prescribed by the Company and set forth in the policy which is available for inspection upon request.

Signature of Proposer:

Dated:

and Company Stamp