

THE NEW INDIA ASSURANCE CO. (TRINIDAD & TOBAGO) LTD.

3RD. FLOOR, GUARDIAN BUILDING, 22-24 ST. VINCENT STREET, PORT-OF-SPAIN
P.O. BOX 884, PORT-OF-SPAIN (WEST INDIES)



MACHINES AND EQUIPMENT PROPOSAL

1. Name of Proposer (In Full)
(Block Letters)

2. Business: Address:

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3. (a) Situation of Premises containing property to be Insured (a)
(b) Nature of premises - whether shop, factory, workshop, warehouse or store (b)
(c) How long has the proposer occupied the premises? (c)
(d) Is the Proposer the sole occupier? (d)
(e) Will the premises be left without an occupant at any time? (e)
(f) If so, how often and for how long (f)

4. What business will be carried on by the Proposer in the Premises to which the Insurance is to apply.?

5. Are you at present insured against Fire, Burglary or All Risks, and if so, with whom?

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6. Give full particulars of all
(a) Losses sustained by you (a)
(b) Claims made by you (b)
in respect to any risk to which this proposal applies.

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7. Has any Company or Insurer in respect of any insurance against Fire, Burglary or All Risks (Names of all Companies or Insurers to be given)
- (a) declined to insure you? (a)
(b) required special terms to insure you? (b)
(c) cancelled or refused to renew your insurance? (c)
(d) increased your premium on renewal (d)

8. Have you any other insurance with this Company?
If so, give particulars.

9. In what situation do you require the Insurance to apply?
