



The NEW INDIA ASSURANCE CO. (Trinidad & Tobago) LTD

Registered Office .
3rd Floor,
Guardian Building
St. Vincent Street,
Port of Spain, Trinidad, W.I.
Telephones 62-31328/
31868/ 50889/ 50670
Telex 22588 NAITT WG

PROSPOSAL FOR BURGLARY & HOUSE BREAKING INSURANCE

Agency Code No. _____

N.B.:- The property is not covered until the proposal is accepted by the Company

1. Name of Proposer (in full) : _____ (in block letters)			
2. Full Address : _____			
3. Proposer's Business or Profession : _____ (Nature of Trade)		TEL. NO : _____	
4. STATE : (a) Situation of Premises to be insured. (b) Whether Warehouse, Godown, Shop or Offices. (c) Annual Rental of Premises. (d) How long you have been an occupant of Premises. (e) Whether you are sole occupant of Premises. (f) If not, what other occupants are there.	(a) _____ _____ (b) _____ _____ (c) _____ _____ (d) _____ _____ (e) _____ _____ (f) _____	9. PREMISES (i) Are all your entrances &/or final exits fitted with dead locks &/or Chubb locks ? (ii) Do you, require the insurance on contents whilst at Shop only? If not where are the other contents stored ? (a) Situation. (b). Construction. (c) Value of the contents.	(i) _____ _____ (ii) _____ _____ (a) _____ _____ (b) _____ _____ (c) _____
5. (a) Are the Premises occupied by you at night ? If not, by whom ? (b) Will the Premises be guarded by Watchmen ? If so, by how many and during which time ? (c) Will the Premises at any time be left unoccupied ? (d) If so, how often and for how long ?	(a) _____ _____ (b) _____ _____ (c) _____ _____ (d) _____	10. (a) Have any Premises occupied by you been entered by thieves ? (b) If so, state when and how they gained access. (c) What extra precautions have been taken to prevent another Burglary ?	(a) _____ _____ (b) _____ _____ (c) _____
6. What entrances (including windows, trapdoors and skylights) are there to the Premises and how are they secured and protected ? (State whether iron bars, trellis, wooden plants etc.)		11. GOODS. (a) State the nature of goods in which you deal ? (b) Do you stock Radios, Tape Recorders, Gramophones, Watches, Cameras and similar articles ? If so, state the value of such stock you hold. (c) Do you deal in Readymade Garments ? Are these displayed in show window ?	(a) _____ _____ (b) _____ _____ (c) _____
7. Nature of Construction of the building. (a) External Walls (b) Internal Walls (c) Roof.	(a) _____ _____ (b) _____ _____ (c) _____	12. (a) Are all the valuables secured in Burglar-Proof Safes when Premises are closed ? (b) Give (1) maker's name, (2) height, (3) width, (4) depth, and (5) weight of safes.	(a) _____ _____ (b) _____
8. Display/Show Windows. (a) Do the premises have display/show windows. (b) How are display/show windows protected ? Whether by Plate Glass only or plate glass with Iron Grill or Rolling Shutters. (c) State the approximate value of goods displayed in the display/show windows ?	(a) _____ _____ (b) _____ _____ (c) _____	13. Give a full description of the contents (i.e. the property to be covered) of the Premises.	_____ _____ _____
		14. STATE : (a) Estimated average value of contents during the next 12 months (b) Amount for which contents are insured against Fire and name of the Company	(a) _____ _____ (b) _____

15. Business Career. How long have you conducted business ? (a) In this premises (b) Elsewhere (c) Have you made profit for the past 3 years ?	_____ _____ (a) _____ (b) _____ (c) _____	19. BOOKS OF ACCOUNTS. (a) What books of Accounts do you maintain ? (b) Are your books regularly maintained ? (c) How often do you undertake physical stock taking of your stocks ? (d) Please state the date of your last stock taking. (e) Are your books regularly audited ? (f) Please state the names and addresses of your auditors during last three years :	(a) _____ (b) _____ (c) _____ (d) _____ (e) _____ (f) _____ _____
16. Other Insurances. Have you presently insured these premises with other insurance companies ? If so, state the names of the companies and the amounts insured with each of them.	_____ _____ _____	20. (a) Who are your regular Bankers ? Please state the name, address and the Branch with whom you are dealing. (In case of any change of your Bankers within the last 3 years, please state the names of previous Bankers together with the reasons for the change.) (b) Was at any time any suit action proceeding or Petition (Civil criminal bankruptcy insolvency or any other) under any law filed or instituted by or against you or any business concern in which you had any interest ? (c) Did you make or enter into at any time any scheme of composition with any creditor or creditors or compounded in any manner any debt with any creditor ?	(a) _____ _____ _____ _____ _____ (b) _____ _____ _____ _____ (c) _____ _____ _____ _____
17. How many other shops are there in your trading centre ?	_____		
18. Has any Office of Insurance Co. or underwriters (a) cancelled _____ (b) declined _____ (c) refused to renew _____ any insurance or repudiated claim under any one or more policies of insurance either for you or any one of you partner/s. or Co-owner/s.	(a) _____ (b) _____ (c) _____		

State clearly against the following items the amounts to be insured under each (the items must not be bracketed and if insurance is not required for any item state "nil" against that item.)

On Proposer's own Stock in Trade	T.T.\$	_____
On similar goods held by Proposer in Trust or on Commission for which he is responsible	T.T.\$	_____
On cash or valuables in safe..	T.T.\$	_____
On Furniture, Business Plant and Appliances	T.T.\$	_____
Total	T.T.\$	_____

IMPORTANT

Gold or Silver Articles, Watches, Jewellery, Precious Stones, Medals, Coins Curiosities Sculptures, Manuscripts, Rare Books Plans, Patterns, Models, Moulds, Designs, Deeds, Bonds, Bills of Exchange, Promissory Notes, Money or Securities for Money, Stamps, Business Books or Documents are not covered. The Company will, however, be prepared to insure some of these by special arrangement.

DECLARATION:- I/WE do hereby declared that the above answers are true and that I/we have withheld no information whatever regarding the proposal. I/We agree that this declaration and the answers above given shall be the basis of the contract between me/us and THE NEW INDIA ASSURANCE CO. (INDIA) LTD. and I/we further agree to accept a policy subject to the conditions in and endorsed on the Policy.

Cover required for _____ months from _____

Date : _____ Place : _____ Signature of Proposer _____

AGENT'S REPORT :- The Proposer has been known to me for _____ years, is of good reputation and repute and I recommend acceptance of the risk.

Agent's Signature _____



The NEW INDIA ASSURANCE CO. (Trinidad & Tobago) LTD

Registered Office
3rd Floor,
Guardian Building
St. Vincent Street,
Port of Spain, Trinidad, W.I
Telephones 62-31326/
31868/ 50669/ 50670
Telex 22588 NAITT WG

Agency Code No. _____

PROPOSAL FOR PLATE-GLASS

Policy No: _____

N.B.:- The property is not covered until the proposal is accepted by the Company, and premium paid.

1. Name of Proposer (in full): _____ (in block letters)	
2. Full Address: _____	
3. Proposer's Business of Profession: _____ (Nature of Trade)	Tel: _____

1. Situation of the Premises in which the glass is contained	
2. Nature of the Business carried on in the Premises	
3. Are the Premises situate at the corner of a street or exposed to any special risk?	
4. Are you the Proprietor or Tenant?	
5. Is there any glass in the Premises not included in the Schedule? If so, specify it	
6. Is there at present any broken or damaged glass? If so, describe its position and size	
7. Have there been any previous Breakages? If so, give particulars	
8. Have you been insured for similar risk before? If so, give name of the Company	
9. Has any Company refused to accept or continue your insurance or increased the Premium therefor? ..	

PARTICULARS OF GLASS TO BE INSURED.

Position of each square or pane of glass	Size of each square or pane		Description of Glass, State whether Plain, Plate, or Plain Sheet Painted, Rough, Silvered, Embossed, Stained, Bent or Ornamental	Value		Premium
	Height in inches	Width in inches		Material	Labour	
			TOTAL			

Note:- In the event of a loss all Glass is considered plain unless the contrary is specially stated in the Policy. No Lettering, Embossing, Silvering, or any Ornamental work is considered insured unless stated in the Policy.

DECLARATION:- I/WE do hereby declare that the above answers are true and that I/We have withheld no information whatever regarding the proposal. I/We agree that this declaration above given shall be the basis of the contract between me/ us and THE NEW INDIA ASSURANCE CO. (TRINIDAD & TOBAGO) LTD. and I/we further agree to accept a policy subject to the conditions in and endorsed on the Policy.

Cover required for _____ months from _____

Date : _____ Place : _____ Signature of Proposer _____

AGENT'S REPORT :- The Proposer has been known to me for _____ years, is of good reputation and repute and I recommend acceptance of the risk.

Agent's Signature _____

PLEASE ANSWER ALL QUESTIONS AND FULLY