



# THE NEW INDIA ASSURANCE CO. (Trinidad & Tobago) Ltd.

Registered Office:  
The New India Assurance Building,  
6A Victoria Avenue,  
Port of Spain, Trinidad, W.I.  
•Tel.: 623-1326/1868;  
625-0669/6522  
•Fax: 625-0670  
•E-mail: hoffice@newindiatt.com

## PROPOSAL FOR FIRE INSURANCE

Agency Code No. \_\_\_\_\_

Policy No. \_\_\_\_\_

**NOTE: No Insurance is in force until the Proposal has been accepted by the Company**

### PARTICULARS OF PROPOSER

1. Full Name of Proposer (in block letters) \_\_\_\_\_
2. Full Address (in block letters) \_\_\_\_\_
3. Proposer's Business or Profession \_\_\_\_\_

### PARTICULARS OF PROPERTY TO BE INSURED

1. Situation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Give full Address i.e. Name of Building, Street, Town, etc.)

### CONSTRUCTION

2. (a) Walls (State materials used e.g. Concrete or Bricks, Iron Sheets or Timber, etc.) \_\_\_\_\_
- (b) Roof (State materials used) \_\_\_\_\_
- (c) Floors (Any timber floors) \_\_\_\_\_

### OCCUPATION OF THE ENTIRE BUILDING

3. (a) Whether used for Residence, Office, Shop, Godown or Factory. \_\_\_\_\_
- (b) If used for Shops or Godowns state nature of goods stored. \_\_\_\_\_
- (c) If used for Factory, give particulars of processes carried out. \_\_\_\_\_
- (d) Is night work carried on in the Factory? \_\_\_\_\_
- (e) Is the Building lighted by Electricity, Gas or Oil Lamps? \_\_\_\_\_

4. Is the Building detached? \_\_\_\_\_  
 If so, give distance from nearest buildings on all sides. \_\_\_\_\_  
 If not, give construction and occupation particulars of adjoining buildings. \_\_\_\_\_

5. (a) Are there any sheds or huts within 50 feet of the building? If so, state their distance from the building at the nearest point. \_\_\_\_\_
- (b) Are any materials stored in the open compound and/or open within 50/100 feet of the building and if so, give details thereof. \_\_\_\_\_

6. Are there any insurances on the same property in force with this or other offices? If so, please state the amounts, the names of the Companies, and Policy Numbers. \_\_\_\_\_

7. State all other circumstances material to the risk. \_\_\_\_\_

8. Is Cover required in respect of any risk other than Fire and Lightning? \_\_\_\_\_  
 Additional risks to be covered:- \_\_\_\_\_

**PREVIOUS INSURANCE HISTORY**

9 (a) Has the property been insured in the past or at the present time? If so, give full particulars. \_\_\_\_\_  
 (b) Have you ever sustained loss by fire? Give full particulars. \_\_\_\_\_  
 (c) Has any Office Insurance Co., or underwrites:-  
 1. Cancelled .....  
 2. Declined .....  
 3. Refused to Renew .....  
 any Insurance or repudiated claim under any one or more policies of Insurance either for you or any one of your partner/s & co-owner/s: \_\_\_\_\_

10. If the proposed Insurance applies to business premises. Please state:-  
 (a) How frequently Stock is taken? \_\_\_\_\_  
 (b) Whether an up-to-date set of Account Books is kept? \_\_\_\_\_  
 (c) When did you take last physical stock? \_\_\_\_\_  
 (d) Whether the Account Books are locked up in a fire-proof safe or removed to another building at all times when the premises are not open for business purposes? \_\_\_\_\_

11. Amount to be insured	On Building (s)	On Household Furniture, Personal Effects, etc.	On Machinery	On Goods and/or Merchandise

**SKETCH OF THE BUILDING**

I/WE hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and THE NEW INDIA ASSURANCE CO. (THE NEW INDIA ASSURANCE CO. LTD.)

Dated \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ Proposer's Signature \_\_\_\_\_

AGENT'S REPORT:- The Proposer has been known to me recommended to me for \_\_\_\_\_ years. I have examined the property proposed for insurance and find it in satisfactory condition for the acceptance of the risk.

DATE ..... 20 ..... AGENT'S SIGNATURE .....