



NEW INDIA

THE NEW INDIA ASSURANCE COMPANY (TRINIDAD & TOBAGO) LIMITED

HEAD OFFICE: 3rd Floor, Guardian Building,
22-24 St. Vincent Street, Port of Spain, Trinidad, West Indies.
•Tel: (868) 625-6522/0669 •Fax: (868) 625-0670 •Email: hoffice@newindiatt.com

The Promise of Assurance Globally

COMPREHENSIVE HOME INSURANCE PLAN PROPOSAL FORM

COVER OPTIONS

- SECTION I BUILDINGS
- SECTION II CONTENTS
- SECTION III EMPLOYER'S LIABILITY - DOMESTIC SERVANTS
- SECTION IV PERSONAL LIABILITY
- SECTION V ALL RISKS VALUABLES

DEFINITIONS

Buildings

The term "Buildings" shall mean the buildings of the private dwelling house or private flat and all domestic offices, stables, garages and outbuildings used solely in connection therewith and on the same premises and shall include landlord's fixtures and fittings therein and the walls, gates and fences around and pertaining thereto.

Contents

The term "Contents" shall mean furniture, household goods and personal effects including current postage stamps, money, cheques and travellers cheques up to a total sum of \$500.00 (except any specifically insured as separate items) and fixtures and fittings. The property of the Insured or any member of his family normally residing with him or for which he is legally responsible.

Insured Perils

1. Fire, lightning, thunderbolt or subterranean fire.
2. Explosion.
3. Riot and strike.
4. Malicious damage.
5. Aircraft or other aerial device or any article dropped therefrom.
6. Bursting or overflowing of any water tank, apparatus or pipe.
7. Theft or any attempt thereat.
8. Impact with buildings by any road vehicle, horse or cattle.
9. Earthquake or volcano eruption, including flood or overflow of the sea occasioned thereby.
10. Hurricane, cyclone, tornado, or windstorm, including flood or overflow of the sea occasioned thereby.

BRANCH OFFICES:

#5 Xavier Street, Chaguanas. •Phone: (868) 665-1240 •Fax: (868) 672-3506

#49 Sutton Street, San Fernando. •Phone: (868) 652-2718 / 2658 •Fax: (868) 652-0235

#290 Eastern Main Road, El Dorado •Phone/Fax: (868) 662-5223

AGENCIES AND SALES PERSONS:

#25 Bootan Street, Carapichaima. •Phone/Fax: (868) 673-4995

Montrose Village, Chaguanas. •Phone/Fax: (868) 665-5865

Radha Soochit-Augustine, Chaguanas. •Phone: (868) 742-1555

#206b Southern Main Road, Couva. •Phone/Fax: (868) 636-3741

#34 Livingstonia Drive, Royostonia, Couva. •Phone: (868) 765-7655

#9 Todd Street, El Socorro. •Phone: (868) 638-3780 •Fax: (868) 638-2488 •Email: veda@ektagroup.com

#6 Church Street, La Romain. •Phone: (868) 782-7644

#12 Dumfries Road, Bamboo Village, La Romain. •Phone/Fax: (868) 647-7779

#239 La Fortuna, Woodland, La Romain. •Phone: (868) 350-0753

#95 Southern Main Road, Merabella. •Phone/Fax: (868) 657-7250

#2 Palm Villas, Lazzari Street, Block 1, Palmiste. •Phone: (868) 741-0977

#29 Adventure Road, Point Fortin. •Phone: (868) 648-0423 •Fax: (868) 648-4377

Broomage #1 Junction, Craignish Road, Princes Town. •Phone: (868) 728-5407

#93 Cedar Hill Village, Princes Town. •Phone: (868) 706-9563

#2515 Naparima Mayaro Road, Rio Claro. •Phone: (868) 644-2527 •Fax: (868) 644-0170

#100A Grants Trace, Rousillac. •Phone/Fax: (868) 648-9675

#5 Agostini Street, Elizabeth Park, St. Joseph. •Phone: (868) 470-8023 / 297-9725

#4 Perth Avenue, Cocoyea Village, San Fernando. •Phone/Fax: (868) 657-4715

#49 Irving Street, San Fernando. •Phone/Fax: (868) 652-4902

#10 Railway Road, San Juan. •Phone: (868) 674-6034 •Fax: (868) 675-6880 •Email: kushal@gmail.com

#4 Boodoo Trace, De Gannes Village, Siparia. •Phone/Fax: (868) 649-1937



PERSONAL DETAILS

1. Your full name: Mr./Mrs./Ms. _____ Date of Birth: _____

(BLOCK CAPITALS)

2. Your home address _____

3. Your home phone number _____

4. Your profession or occupation _____

5. Your work phone number _____

6. Address of property to be insured _____

7. Name and address of any financial institution which has an interest in this property (e.g. Mortgage / Finance Company) _____

8. Have you any other policies in force covering any of the perils to be insured against? YES NO

If "Yes", please give particulars: _____

9. Has any Insurer ever
a. Declined to insure you? YES NO

b. Required special terms to insure you? YES NO

c. Cancelled or refused to renew your insurance? YES NO

d. Increased your premium on renewal? YES NO

If "Yes" to any of the above, please give particulars below _____

YOUR HOME

10. Is your home: A detached house ? A self contained flat or apartment ?
 Other? Please describe....

11. Of what materials is your home constructed ?

Walls _____ Roof _____

Floors _____ Internal Partitions _____

12. Is your house occupied:

a. Solely by yourself, your family & servants ? YES NO

b. i. By yourself and tenants ? YES NO

ii. By tenants only ? YES NO

If "yes" to either (b) (i) or (ii), how many tenants ? _____

c. Let, in subdivided units ? If "yes", how many units ? _____ YES NO

d. As a Holiday Home ? _____ YES NO

If "yes" to either (c) or (d), Your main residence must be insured with
 The New India Assurance Co. (T&T) Ltd.

13. Do you keep paying guests ? If "yes", how many ? _____ YES NO

14. Is your home used for any business purposes ? YES NO

If "Yes" please give details _____

15. Is your home regularly left unoccupied as a result of you
 and your family members being at work / school ? YES NO

For any other reason ? YES NO

Please state reason and duration _____

(Attention is drawn to the Policy proviso, that theft will be suspended for any
 continuous period in excess of 40 days during which the home is left unoccupied)

16. Is your home within 50 ft. of any other building ? YES NO

If "Yes", state the distance, construction, and occupation of such building.

17. Have you or any of your family members ever sustained loss
 from any of the perils to which the insurance is to apply ? YES NO

If "yes", please complete the following:

DATE	TYPE OF LOSS	AMOUNT OF LOSS	INSURER

SUMS TO BE INSURED

SECTION I BUILDINGS

What amount do you want your home insured for ? _____

Your swimming pool ? _____ Other assets ? _____

TOTAL-SUM INSURED

(This sum should represent rebuilding costs plus an amount to cover the cost of
 Architects and Surveyors fees and removal of debris)

SECTION II YOUR CONTENTS

What is the total value of your household contents ? _____

Are there any items of your contents (other than Furniture,
 Household Appliances, Pianos and Organs) worth more
 than 5% of the total ? YES NO

If "yes" please list _____

Please state the value of your electronic equipment (Radios, Televisions, Video
 Recorders, Computer, etc.)

SECTION III YOUR DOMESTIC SERVANTS

How many servants, gardeners, etc. do you employ? _____

Subject to an additional Premium.

SECTION IV PERSONAL LIABILITY

Do you require cover for your legal liability to Third Parties? _____

Subject to an additional Premium.

SECTION V ALL RISKS

All Risk Covers protects your jewellery and personal possessions both inside your premis-
 es and outside whilst on your person. A valuation from any approved Valuator is required.

Value of specified items _____ Value of unspecified items (limit \$3,000) _____

Subject to an additional Premium.

TOTAL VALUE _____

PERIOD OF INSURANCE FROM _____ TO _____

DECLARATION

I/We declare that the information given in this proposal is true in every respect. I/We have not
 withheld or misrepresented any material fact. I/We agree that this Declaration and Proposal as
 well as any further Declaration or Proposal or Statement made in writing by me/us or anyone
 acting on my /our behalf, form the basis of the Contract between me/us and the Company,
 and I/We further agree to accept indemnity subject to the conditions and endorsed on the
 Company's Policy. I/We confirm that the buildings are in good state of repair and will be so
 maintained.

SIGNED _____ DATE _____

Cover will not commence until formally confirmed by the Company.

11. Flood other than (9) or (10) above.
12. Breakage or collapse of television and/or radio receiving aerial fittings and masts.
13. Falling trees or branches.
14. Smoke.
15. Collapse due to Subsidence and Landslip.

Extensions

- a. Reinstatement Conditions (Buildings)
- b. New for old Condition (Contents)
- c. Public Liability
- d. Loss of Rent/Alternative Accommodation
- e. Death of the Insured (Contents)
- f. Removal of Debris
- g. Professional Fees
- h. Public Authorities Clause (Buildings)
- i. Underground Services Clause (Buildings)
- j. Accidental Breakage of Sanitary Fixtures and Fixed Glass (Buildings)
- k. Replacement of door locks
- l. Breakage of mirrors (Contents)
- m. Accidental Loss of Credit Cards (Contents)
- n. Loss of Freezer Contents (Contents)
- o. Loss of Luggage (Contents)
- p. Contents in Transit
- q. Garden Equipment (Contents)
- r. Visitors' Effects (Contents)
