



TRINRE INSURANCE COMPANY LIMITED

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FOR OFFICIAL USE ONLY	
Producer Name:	_____
Policy No.:	_____
Quote No.:	_____
Branch:	_____

COVER SMART INSURANCE PROPOSAL FORM

APPLICANT DETAILS

Broker Name _____ Account Executive _____

Address _____

Telephone Nos. Cell _____ Home _____ Email: _____

BUSINESS DETAILS

Company Name _____

Manager Name _____ Company Type _____

Company Reg. No. _____ Date Registered / / Country of Incorporation _____
dd mm yyyy

Vat Reg. No. _____ Telephone Nos. Office _____ Email: _____

Mortgagee or Interested Party _____ Number of Employees _____

Estimated annual turnover of the business _____ Estimated annual wage roll and salaries _____

BUSINESS DIRECTORS

Director Name _____

Date of Birth: / / Gender: Male Female Marital Status: Single Married Other
dd mm yyyy

ID Type: Drivers Permit Passport National Identification Card

ID No. _____ Class _____ Date of Issue / / Expiry Date / /
dd mm yyyy

Country of Issue _____ City of Issue _____

Citizen of _____ Country of Birth _____

Trade/ Profession/ Occupation _____

Particulars of Work _____

DESCRIPTION OF PREMISES TO BE INSURED

QUESTIONNAIRE DETAILS

Are any Oils, Spirits, explosives, cotton or vegetable fibres or other goods of a hazardous or inflammable nature stored on the premises? YES NO
 If so state variety, quantity and how and where stored. _____

Are the outer doors and all windows secured? YES NO

Are the premises secured at all times? YES NO

Are the premises to be insured occupied solely by yourself? YES NO
 If not, state the nature of other tenants occupation. _____

Is any process of manufacture carried on in the premises? YES NO
 If so, state variety, quantity and how and where stored. _____

Is the distance from the nearest building less than 20 feet? YES NO
 If 'YES', please provide information relative to its occupancy and construction. _____

Is there any functional fire protection installed either inside or outside? YES NO
 If 'YES', please describe. _____

How close is the nearest fire station? YES NO

Please provide details of any other security features in place. _____

What protection is there against loss by burglary? _____

How many persons are engaged in the transfer of cash at any one time? _____

What is the method used for transporting cash? _____

Approximate Distance from premises to bank? _____

How often is an audit of your cash, accounts, inventory, and stock carried out? _____

Is transport of stocks and other contents done using your own vehicles? YES NO

Are any of these vehicles open delivery vehicles? YES NO
 If Yes, how are the contents protected? _____

GENERAL QUESTION

Has any Insurance Company:

- a) Declined to accept a proposal from you? YES [] NO []
- b) Cancelled a policy contrary to your wishes? YES [] NO []
- c) Declined to renew a policy, contrary to your wishes? YES [] NO []
- d) Altered your premiums, terms and conditions? YES [] NO []

ASSETS TO BE INSURED

Do you require coverage for more than five (5) employees? (limited to a maximum of eleven (11) employees) YES [] NO []

If 'YES' please state _____

Do you require an increase in public liability limits for more than \$500,000.00? YES [] NO []

Period of Insurance / / to / /
dd mm yyyy dd mm yyyy

Mortgagor _____

SECTION I – FIRE AND SPECIAL PERILS

Sum insured on the building (including walls, gates and fences) _____

Buildings, structures and other fixed properties located on the premises owned by the proposer/ applicant or for which he is responsible including landlord's fixtures and fittings _____

Plant, Machinery and Equipment owned by the proposer/ applicant while on the premises _____

Stock and Materials in trade of the proposer/ applicant and goods in trust for which the proposer / applicant is responsible while on the premises _____

All other contents on the premises _____

SUB-TOTAL

SECTION II	– Business Income Insurance	(limit \$150,000.00)	_____
SECTION III	– Money Insurance	(limit \$20,000.00)	_____
SECTION IV	– Burglary Insurance	(limit \$20,000.00)	_____
SECTION V	– Goods in Transit Insurance	(limit \$20,000.00)	_____
SECTION VI	– Glass Insurance	(limit \$10,000.00)	_____
SECTION VII	– Public Liability Insurance	(limit \$500,000.00)	_____
SECTION VIII	– Workmen's Compensation Ins.	(limit \$1,000,000.00 5 employees)	_____

CLAIM INFORMATION

List all claims and uninsured losses, damage or liabilities that have involved your business, partners and associated entities during the past five years.

Year of Underwriting: _____ Date of Loss / / Insurer _____
dd mm yyyy

Description _____

Amount Claimed/ Paid _____ Status _____

Year of Underwriting: _____ Date of Loss / / Insurer _____
dd mm yyyy

Description _____

Amount Claimed/ Paid _____ Status _____

Year of Underwriting: _____ Date of Loss / / Insurer _____
dd mm yyyy

Description _____

Amount Claimed/ Paid _____ Status _____

SOURCE OF FUNDS DECLARATION

If applicable you may be required to complete a source of funds document.

I declare that the source of funds for this policy is _____

Consent is hereby given to TRINRE INSURANCE COMPANY LIMITED to disclose the information provided herein to third parties including the Regulatory and Law Enforcement Authorities.

I/We hereby warrant the truth of the above statements. I declare that I have withheld no information whatsoever which might in any way increase the risk of the company, or influence the acceptance of this Proposal. It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Signature of Proposer _____

Date / /
dd mm yyyy