

TRINRE INSURANCE COMPANY LIMITED

69 Edward Street, Port of Spain, Trinidad and Tobago, West Indies

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

| PROPOSAL FOR HOMEOWNERS/ HOUSEHOLD INSURANCE | | | | |
|---|--------------------------------|--|--|--|
| APPLICANT DETAILS Policyholder's Name | | | | |
| Mailing Address | | | | |
| Telephone Nos. Cell Home | Email: | | | |
| BROKER DETAILS Broker Name | Account Executive | | | |
| Address | | | | |
| Telephone Nos. Office Cell | Email: | | | |
| EMPLOYMENT DETAILS Company Name | | | | |
| Position | Telephone No | | | |
| Address | | | | |
| IDENTIFICATION DETAILS ID Type: Drivers Permit [] Passport [] National Identification | Card [] | | | |
| Date of Birth: | | | | |
| Gender: Male [] Female [] Marital Status: Single [] | Married [] Other [] | | | |
| ID No Class Date of I | Issue/ Expiry Date/ | | | |
| Country of Issue | City of Issue | | | |
| Citizen of | Country of Birth | | | |
| CO APPLICANT DETAILS Name | | | | |
| Occupation | _ Employer | | | |
| ID Type: Drivers Permit [] Passport [] National Identification | Card [] | | | |
| Date of Birth:/ | | | | |
| Gender: Male [] Female [] Marital Status: Single [] | Married [] Other [] | | | |
| Drivers Permit No Class | Date of Issue/ Expiry Date/ | | | |
| Country of Issue | City of Issue | | | |
| Citizen of | Country of Birth | | | |
| DESCRIPTION OF PREMISES TO BE INSURED Address | | | | |
| Number of Stories Year Built | | | | |
| SPECIAL PERILS INFORMATION 1. Do you require your contract to be extended to include loss or day as a result of Riot and Strike? | amage YES[] NO[] | | | |
| 2. Do you require your contract to be extended to include flood from | m any cause? YES [] NO [] | | | |
| 3. Are the premises situated near a river or coastline and is it in a flo | ood prone area? YES [] NO [] | | | |
| 4. Are the premises situated on a slope of Hillside? | YES [] NO [] | | | |
| 5. Are the premises situated in an isolated area? | YES [] NO [] | | | |



| QUESTIONNAIRE DETAILS | V=0.5.1 | | | | |
|--|---------|--------|--|--|--|
| 1. Are premises protected by any fire extinguishing appliances? | YES[] | NO [] | | | |
| 2. Are the buildings in good state of repairs and will they be/ are so maintained | YES[] | NO [] | | | |
| 3. Are the outer doors and all windows secured? | YES [] | NO [] | | | |
| 4. Are the premises secured at all times? | YES[] | NO [] | | | |
| 5. Are the windows, louvres, doors, and other openings protected? | YES[] | NO [] | | | |
| 6. At what premises is the Jewelry kept overnight? | YES[] | NO [] | | | |
| 7. Do you require any Territorial coverage for your Jewelry to be covered? If 'YES', please indicate (T&T, West Indies, Worldwide) | YES[] | NO [] | | | |
| 8. Have the building and/ or contents suffered damage by earthquakes, hurricane, cyclone, tornado, or flood during the last 5 years? | YES[] | NO [] | | | |
| 9. How close is the nearest Fire Station? | | | | | |
| 10. Is any business profession or trade carried on in the dwelling or any portion of the premises of which the dwelling forms a part? | YES[] | NO [] | | | |
| 11. Is the building a private Dwelling, Townhouse, or Condominium? | | | | | |
| 12. Is the building a self-contained flat with separate entrance exclusively under your control or Rooms not self-contained. | | | | | |
| 13. Is the building on open pillars? | YES[] | NO [] | | | |
| 14. Is the building used for Residential only? If 'NO', please state other use. | YES [] | NO [] | | | |
| 15. Is the distance from the nearest building less than 20 feet? If 'YES', please provide information relative to its occupancy and construction. | YES [] | NO [] | | | |
| 16. Is there any functional fire protection installed either inside or outside? If 'YES', please provide describe | YES [] | NO [] | | | |
| 17. Is there any functional security system or device installed? | YES[] | NO [] | | | |
| 18. Is your Jewelry kept in a safe when not worn? | YES[] | NO [] | | | |
| 19. Please provide details of any other security features in place. | | | | | |
| 20. What protection is there against loss by burglary? | | | | | |
| 21. Will the building be occupied by you and your family or is it tenanted? | | | | | |
| 22. Will the dwelling be left without an inhabitant for more than 40 days in all during one (1) year? | YES[] | NO [] | | | |
| 23. Will the dwelling be regularly left unoccupied during weekdays/ weekends? | YES[] | NO [] | | | |
| 24. Will the property be left unattended for more than sixty days in aggregate during any one period of insurance? | YES [] | NO [] | | | |
| 25. Will your Jewelry be used by anyone other than yourself? If 'YES', please state whom | YES [] | NO [] | | | |
| GENERAL QUESTIONS | | | | | |
| 1. Is this proposal in lieu of any insurance with this or any other company? | YES[] | NO [] | | | |
| Have you previously held or have any policies in force covering any of the contingencies to be insured against? | YES[] | NO [] | | | |
| Has any Insurance Company in connection with these classes of Insurance 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 [] | | | |
| SOURCE OF FUNDS | | | | | |
| 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 desire to effect an insurance with TRINRE Insurance Company Limited (TRINRE) and do hereby declare that the above statements are true; that I have withheld no material information; that the foregoing sums to be insured are to the best of my knowledge and belief not less than the full value of the property to be insured on the basis proposed and will be so maintained. I agree that this Proposal and Declaration shall be the basis of the contract to be made between me and the Company.

| Signature of Proposer | Date | / | ' | / | |
|-----------------------|------|----|---|-------|---|
| - | | dd | | 1000/ | _ |



| ASSETS TO BE INSURED | | | | |
|---|-------------|--|--|--|
| Period of Insurance: Date/ to to | _ | | | |
| Mortgagor | _ | | | |
| SECTION | SUM INSURED | | | |
| I - BUILDING | | | | |
| Sum Insured on the Building (including walls, gates and fences) | | | | |
| Annex | | | | |
| Generator House | | | | |
| TOTAL - BUILDING | | | | |
| | | | | |
| II – CONTENT | | | | |
| Household goods and personal effects | | | | |
| Computers & Electronic Equipment | | | | |
| Framed Paintings | | | | |
| Other | | | | |
| TOTAL – CONTENT | | | | |
| | | | | |
| III – ALL RISK | | | | |
| Jewelry | | | | |
| Other Items | | | | |
| TOTAL RISK | | | | |
| | | | | |
| TOTAL | | | | |
| | | | | |
| Signature of Proposer | Date/ | | | |