

TDC TDC INSURANCE COMPANY LTD

PROPOSAL FOR FIRE & COMMERCIAL PROPERTY INSURANCE

N. B. The property is not covered until the risk is accepted

PARTICULARS OF PROPOSE

1.	Name(s) of Proposer(s) (in full):							
2.	Address:							
2								
<i>3</i> .								
4.	·							
5.			-					
6.	E-mail Address(es) (1)	ation: (1)						
		poration: (1)						
<i>7</i> .								
	(Give full address (Name of building, street, town etc.)							
8.	Occupancy (purpose for which building is used)							
9	Is cover required against any risk or peril in addition	to Fire & Lightning?	• Yes	• <i>No</i>				
10	If yes. indicate the name(s) of the peril(s) you require							
11.	What materials are the outer walls constructed of?	• Concrete	• Wood	• Mixture				
12.	What is the roof constructed of? • Galvanized	• Asphalt Shingles	• PVF2 Sheets	• T-111s/T108s				
	• Wooden Shingles • Clay Tiles	• Concrete Tiles	• Concrete	• Other				
13.	Main Construction Material? •	Concrete	• Wood	• Mixture				
14	What are the floors constructed of: • Concrete	• Wood	Mixture	• Other(specify)				
15.	Is the building: • A Bungalow • 1 Storey	• 1 Storey with basement • 2 Storeys • Other						
16.	When was the building constructed?	months years ago						
<i>17</i> .	What is the occupancy of the building?• Residence	Business	• Mixture of	Residence/Business				
18.	Are the premises rented?	• Yes	• <i>No</i>					
19.	Is the building detached?		• <i>No</i> .					
20.	Are there any insurances on the same property, in force with us or other offices? • Yes • No							
		CULARS OF PROPERTY TO BE INST town etc.) is used) in addition to Fire & Lightning? you require: ucted of? Concrete Concrete Concrete Vood I Storey I Storey with basement months Residence Pyes Yes Yes Stance from nearest building: mstruction of adjoining building(s) perty, in force with us or other offices? e(s) of the company/companies, and the P Policy Number The risk: "For: Automatic Indemnity						
	Сотрану	Policy Number	er a	Sum Insurea				
21.	State all other circumstances material to the risk:			_				
22.	Please indicate whether you require cover for:	Automatic Indemnit	ty or	• Replacement				
23.	T T S							
	2, 100 , give name ce							

23.	Has the property been	insured in the past?	9	• Yes		• <i>No</i>	If "Yes", give particulars:
	Comp	-		Name Is an	Carre	Terrore d	Period
	Comp	ouny	Foucy	Number	Sum	Insured	1 eriou
							/ / - / /
							/ / = / /
24.	Have you ever sustaine		y other peri	il? • Yes		• <i>No</i>	If "Yes", give details:
	<u>T</u>	ype of Loss			Year		Amount of Claim
25.	Has any company, in r		y other prop	•			
	a. cancelled your pb. declined your pr			YesYes		• No • No	
	c. refused to renew			• Yes		• No	
	Comp		Policy	Number	Sum	Insured	Period
	Comp	, any	Toucy	Trumber	Sum	Insureu	1 criou
							/ / – / /
				C I	. 1		
				Sums Insure	e a		
	Building(s): \$			F.F	.F.& Eq:.	\$	
	Contents / Stock	: \$	•••••	Public I	Liability: \$	•••••	
	Emplover's Liab	oility:: \$		Oth	er :	\$	
						+	
				Periof of Cov	er		
	F_{rom} .			to			(both dates inclusive)
	110m	••••••	••••••		•••••	•••••	(both dates inclusive)
I/We and r		ipany. I/We further	r declare th	at I/We have	read and u		person shall be deemed my/our agen ll particulars entered herein and I/W
			•	•		espect to the	e following schedule of deductibles:
Each	and every claim arisir	ng as a result of hi	-		•	-	other natural peril - 2% of the Sur
Insur	ed, with a minimum of I	EC\$.					
	& Strike -	EC\$					
	n, Tempest & Flood -	EC\$					
All of	ther perils -	EC\$					
Signa	ature of Proposer:					D	ate:
$\stackrel{\cdot}{=}$							
				0.00			
				r Office Use RWRITER'S			
			UNDER	WAIIENS	KEFUKI		
The I	Proposer: a.	has been known	to me		• for	r ye	ears
	b.	was recommende			•		
	с. d.	was approached approached us	by me		•		
	α .	арргоиспеи из			-		
	re examined the propert rdingly, I do/do not reco			have found	it to be in .		condition
It is a	of Construction Class:	• Superior	\boldsymbol{A}	В	C	R	ate Applied ‰
Signa	ature of Underwriter:					D	ate:
Signa	ature of Div. Mgr:					D	ate:
C: ~	nture of CM/Dameter M	or /Ev Dim				ъ	ato.
Signa	ature of G.M./Deputy M	gr./EA. DIF				D	ate:

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