

Home Insurance Application | SXM

Name	Broker
I.D. Number <i>(attach copy)</i>	Inception Date
Postal Address	Period <input type="checkbox"/> 12 Months <input type="checkbox"/> 6 Months
Risk Address	Mobile No.
Email	Phone No.

Coverage

Home Pro Elite Home Pro Basic (Elite excl. Nat. Cat.) Home Pro EQ (Basic incl. EQ) Home Pro FLEXA

Type of Construction

(A) Stone walls with roof tiles or eternit (B) Wood structure with roof tiles or eternit

(S) Stone walls with hard concrete roof (C) Any other construction

Location of Property

Is the property located in an area that has a history of flooding? Yes No

Is the property within 60 meters of the seacoast? Yes No

Is the property within 6 meters of any other building? Yes No

Use of Property and Risk Management

Type of property? Private house Private apartment / Condominium

Do you own or have a mortgage on the property? Yes No

Is the property occupied 12 months per year? Yes No

Do you rent or rent out the property? Yes No

Is the property likely to be unoccupied for more than 40 days? Yes No

Are all the windows protected by iron grills? Yes No

Is the property protected by an anti burglary alarm system? Yes No

Is there a water heater installed inside the roof space? Yes No

Historical Information

Is there an existing insurance currently in force? Yes No

Have you ever placed a claim on your home insurance? Yes No

If yes, please give details

Have you ever been denied insurance coverage? Yes No

If yes, please give details

Have you ever been convicted or charged with a crime? Yes No

If yes, please give details

Sums to be Insured

I. The Buildings (If coverage is needed, please indicate the insured amounts and currency)

Currency	<input type="checkbox"/> USD	<input type="checkbox"/> ANG
Full Reconstruction Value of Buildings	:	
What year was the property built?	:	
How old is the building's electrical installation?	:	
Solar Panel Installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Solar Panel Installation value	:	
Is the Property Value appraised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beneficiary or Mortgagee <i>(if applicable)</i>	:	

II. The Contents (If coverage is needed, please indicate the insured amounts and currency)

Currency	<input type="checkbox"/> USD	<input type="checkbox"/> ANG
High Risk Items e.g., computers, audio and visual equipment	:	
Valuables e.g., jewelry, works of art, collections, precious metals	:	
General Contents e.g., clothing, furniture, washer, kitchenware, etc.	:	
Total Contents Sum Insured	:	

NOTE: Please specify below all Valuables, Electronics and other High Risk Items with a value of USD 550 or higher.

Item	Amount	Item	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	Fl. _____		

Declaration

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete, that the sums insured will be maintained on a true and up-to-date basis and that this proposal shall form the basis of the contract between me/us and MASSY UNITED INSURANCE.

Date: _____

Signature: _____