

“Heritage HomeCover Application”

Island Heritage Insurance Company, Ltd.
Suite 15 First Floor Thomas Daniel Building
Hincks Street Bridgetown BB11000 Barbados
Tel +246 434 2800 Fax +246 426 2224
customerservice@islandheritage.bb www.island-heritage.com

CUSTOMER INFORMATION

Please answer all questions fully

Please note that you must legally own the property being proposed for insurance

Mr Mrs Miss Ms First name: Middle initial: Last name:

Date of birth: (DD/MM/YY) What is your Nationality?

Mr Mrs Miss Ms First name: Middle initial: Last name:

Date of birth (DD/MM/YY): What is your Nationality?

What other names or aliases do you use?

Mailing address:

Occupation/Source of Income:

Address of Property to be Insured? Block: Parcel: House number:

Street: District:

Telephone: (Home): (Work):

(Mobile): Email:

Is this property your main residence? Yes No

If No, please state main residence:

Date insurance required; From: To:

CONSTRUCTION

Walls: Concrete Wood

Other

Floor: Concrete Tiles Wood

Other

Number of Floors / Stories:

Roof: Concrete Shingles Tiles Wood Standing Seam

Other

Roof Frame: Metal Wood

Other

Roof Anchor: Hurricane Clips Rebars

Other

Special Features: Shutters Fire Alarm Impact Glass (Miami Dade Std.)

Other

What outbuildings form part of your property?

What are they constructed of?

“Heritage HomeCover Application”

UNDERWRITING DETAILS

Please answer all questions fully

1. Have you ever had insurance: Declined? Yes No Cover cancelled? Yes No
 Renewal refused? Yes No Premium or deductible increased? Yes No

2. Have you or the proposed property sustained any loss, damage or liability in the last 5 years? Yes No

If Yes, please provide full details:

3. Will the home be occupied continually by you or others? Yes No

If No, please provide full details:

4. Do you have any policy which covers any of the property for which insurance is now proposed? Yes No

If Yes, please provide full details:

5. Is the Property located: Inland On the Sea On a Canal

6. Which of the following describes your home? Detached Home Apartment Townhouse Condominium

Other

7. Is the home to be occupied by you or will it be rented/leased out? Owner Occupied Short Term Rental Long Term Rental

8. When was the proposed property constructed: Date last major renovation:

Details of renovation:

9. What is the approximate floor area (including garages, covered patios etc.)? sq. ft.

10. Name of Mortgage Interest:

11. Name of all other persons with an interest in this property to whom payments may be made:

What is your relationship to them?

PROPERTY AND/OR LIABILITY TO BE INSURED

Currency

Please state which country's currency applies:

Buildings \$

Your Home, its landlord's fixtures and fittings, swimming pools, patios, terraces, footpaths, satellite dishes, external antennae, hardcourts, walls, gates and fences:

Outbuildings \$

Is cover required for sea walls, docks, piers, jetties? Yes No \$

Date Constructed: Materials Used:

Strata Fixtures and Fittings (Betterments & Improvements) \$

Fixtures and fittings added to your home not covered by the strata insurance policy covering your home:

Item Value \$

Item Value \$

Contents \$

Household goods and personal effects (**including valuables**), fixtures, fittings and interior decorations belonging to you (or for which you are responsible), or belonging to your family or domestic employees permanently residing with you:

“Heritage HomeCover Application”

VALUABLES

You have the option to include valuables that exceed the policy limits, such as jewellery, curios, pictures, works of art, or antiques as part of the Contents, both inside and outside your home. Receipts or valuations will be required for these itemized valuables.

For a full list of items and their limits, refer to our website www.island-heritage.com or ask our representative.

Item:	Value \$	Is Cover required outside your home for this item?	Is Worldwide Cover required for this item?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

ELECTRONIC EQUIPMENT

You have the option to include electronic equipment such as laptops, audio, camera and video equipment when outside your home.

For a full list of items and their limits, refer to our website www.island-heritage.com or ask our representative.

Item:	Serial No.	Value \$	Is Cover required outside your home for this item?	Is Worldwide Cover required for this item?
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DECLARATION

I/We declare that the above answers and statements are true and accurate and that I/We have disclosed all particulars affecting the assessment of the risk. I am/We are aware that failure to disclose information that could influence Island Heritage Insurance Company Ltd. in its acceptance of this proposal including the premium to be charged and the coverage provided, may by law entitle Island Heritage to refuse payment of any claims submitted and/or cancel the policy from its inception date.

Date: _____ Applicant's Signature: _____

INSURANCE COVER WILL NOT COMMENCE UNTIL ISLAND HERITAGE HAS INDICATED ITS ACCEPTANCE OF THIS APPLICATION. A SPECIMEN POLICY WORDING IS AVAILABLE UPON REQUEST OR GO TO www.island-heritage.com