

RENTSURE PROPOSAL

Head Office: 11 Maraval Road, Port of Spain, Trinidad and Tobago

GENERAL INFORMATION

Tatil's RentSure plan is a comprehensive policy providing cover to assets of the Renter and Legal Liability to third parties plus optional cover for All Risks and/or Personal Accident.

The Plan provides cover for your Contents. The major areas to note are outlined below.

CONTENTS – Section 1 covers your contents against a wide variety of perils such as:

- (1) Fire, Lightning, Explosion, Subterranean Fire, Smoke;
- (2) Earthquake, Hurricane, Windstorm, Tornado, Cyclone, Flood, Volcanic Eruption;
- (3) Riot and Strike, Labour Disturbances, Lock-outs, Persons of Malicious Intent;
- (4) Burglary, Housebreaking, Theft or any Attempt Thereat;
- (5) Escape of Water Resulting from the Bursting or Overflowing of Water-Tanks Apparatus and Pipes;
- (6) Aircraft and Other Aerial Devices and/or articles dropped therefrom;
- (7) Impact to Damage Building by any Road Vehicle;
- (8) Breaking or Collapse of Television and/or Radio Receiving Aerial Fittings and Masts;
- (9) Falling Trees or parts thereof;

This section, also extends to cover additional misfortunes (subject to specified limits) not found in Section 1 such as:

- (1) Loss of Money (up to \$1,000);
- (2) All Risks on Electronic Equipment (up to \$1,000);
- (3) Deterioration of Freezer Contents (up to \$500); and
- (4) Visitors' Effects (up to \$1,000);

among several others.

ALL RISKS – Section 2 covers jewellery and other specified items whilst at home or abroad and is available only if contents cover is taken. This section is rated separately.

LIABILITY – Section 3 covers you for Public Liability at the premises as well as your Personal Liability away from the premises up to \$250,000. Cover is also provided for your legal liability to domestic servants as an employer up to \$100,000. This cover is given **free of charge** when you take Contents cover.

PERSONAL ACCIDENT – Section 4 provides compensation to Insured (and spouse if you choose) aged 18 to 65 for: death (\$25,000); for loss of use of limbs or loss of sight or hearing (\$25,000); permanent total disability (\$25,000); and medical expenses up to \$1,250), all subject to the limits and conditions of the Policy.

Section 5 – details the **GENERAL CONDITIONS** which the Company and the Insured must adhere to and governs the contractual agreement between both parties.

Section 6 – sets out the **GENERAL EXCLUSIONS** which apply to each and every section of the Policy.

GENERAL – We have briefly summarized above the cover offered by RentSure. Having decided that the RentSure Plan satisfies your Home Insurance needs, you can apply for it by completing the Proposal Form overleaf. You should then return the Proposal Form to your insurance advisor or agent who will advise you when it has been accepted. The Policy will be issued after acceptance.



RENTSURE PROPOSAL FORM

Head Office 11 Maraval Road,
Port of Spain

OFFICIAL USE ONLY
POLICY NO: _____
PRODUCER NO: _____

Full Name: _____	
Occupation: _____	
Telephone (Home): _____	Email Address (Home): _____
Telephone (Mobile): _____	Email Address (Work): _____
Address: _____ _____	
Insurance Required From: _____	To: _____
Contents Situated at: _____	

NOTE

The questions you are about to answer usually provide us with sufficient information to enable us to consider this proposal. However the circumstances of each proposer are different and no list of questions can be considered exhaustive. Please consider carefully whether there is any other information known to you which could influence our acceptance and assessment of the risk. Material information would include any special feature of the property or its location or use which could make losses more likely to happen or more serious if they do. Please let us know of any such information even if you are in doubt as to whether it is material or not as failure to do so could INVALIDATE YOUR POLICY.

NOTE: COVER CANNOT BEGIN BEFORE PROPOSAL IS ACCEPTED.

GENERAL QUESTIONS (Applicable to all Sections)

	Yes	No
1a) Is the dwelling		
i. built of brick, stone or concrete?	[]	[]
ii. roofed with slates, tiles, metal, asphalt or concrete?	[]	[]
iii. standing on pillars?	[]	[]
iv. a single storey building?	[]	[]
v. floored with concrete?	[]	[]
		If no, please give details: _____ _____
1b) Are the inner walls made of		
1) timber?	[]	[]
2) concrete?	[]	[]
		If neither please give details: _____ _____
1c) Are outbuildings constructed as in a) and b) above?	[]	[]
2) Will the dwelling be:		
a. used for any business purposes?	[]	[]
b. used by tenants, sub-tenants or paying guests?	[]	[]
c. regularly left unattended during the day and/or weekend?	[]	[]
		If yes please give details: _____ _____ _____

	Yes	No	
d. left unoccupied for 40 days or more during any one period of insurance?	[]	[]	_____
3a) Is the dwelling in a good state of repair?	[]	[]	If no, please give particulars: _____
3b) Will it be so maintained?	[]	[]	_____
4) Have you previously held or do you currently have any policies in force covering any of the contingencies to be insured against?	[]	[]	If yes, please give details: _____ _____
5) Is the dwelling a house and separate from other dwellings?	[]	[]	_____
If no, indicate whether:			
a. part of a purpose-built block of flats/apartments.	[]	[]	_____
b. self-contained with a locked entrance under your control.	[]	[]	_____
6) Has any Company or Insurer:			
a. declined to insure you?	[]	[]	If yes, please state why: _____
b. required any special terms or conditions to insure you?	[]	[]	_____
c. cancelled or refused to renew your insurance?	[]	[]	_____
7) What is the approximate age of the Building?			_____ years
8) Is this proposal in lieu of any insurance with this or any other Company?	[]	[]	If yes, please give details: _____ _____
9) Have the Building and/or Contents suffered damage by earthquake, hurricane, windstorm, cyclone tornado, volcanic eruption or flood during the past five years?	[]	[]	If yes, please give details: _____ _____
10) Have you ever sustained loss from any of the herein-mentioned perils other than those referred to in 9) above within the last five years?	[]	[]	If yes, please give particulars: _____ _____
11) Are all openings protected from burglary by iron bars and or steel grills?	[]	[]	If no, please give details: _____ _____
12) What other protection is there against loss by burglary? (Please give details)			_____

SECTION 1 - CONTENTS

	SUM TO BE ASSURED
13) Please state the Sum Insured you require on:	
a. Contents (excluding electronic equipment):	\$ _____
Limits will apply unless items for the following are <u>specified separately</u>.	
b. Computer, Television and other Electronic Equipment:	\$ _____
c. Jewellery:	\$ _____
d. Any other special items:	\$ _____
TOTAL SUM TO BE INSURED:	\$ _____

	Yes	No
14) Do you wish to insure for reinstatement?	<input type="checkbox"/>	<input type="checkbox"/>
If yes does the sum insured under this Section represent the full replacement value as new	<input type="checkbox"/>	<input type="checkbox"/>
15) Is the Building:		
a) fully furnished	<input type="checkbox"/>	<input type="checkbox"/>
b) semi-furnished	<input type="checkbox"/>	<input type="checkbox"/>
c) unfurnished	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – ALL RISKS (PLEASE ATTACH A LIST OF ITEMS AND VALUATIONS)

16) What territorial limits do you require?		
Residence only <input type="checkbox"/>	Trinidad and Tobago <input type="checkbox"/>	West Indies <input type="checkbox"/>
		Worldwide <input type="checkbox"/>
	Yes	No
17) Is your jewellery kept in a safe or bank safe deposit box when not worn?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, please give details:
18) Will any of the items be used by anyone other than yourself or a member of your family living with you?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, please state which items and by whom:
19) If property is kept at premises other than as stated on the schedule or bank safety deposit box please specify.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 – PERSONAL ACCIDENT

	Yes	No
20) Do you wish to insure for Personal Accident cover?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, please give details:
If yes, then please state: Yourself	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
		Your age next birthday: _____
		Spouse's age next birthday: _____

Before signing the declaration below please check your answers carefully particularly if the proposal is not completed in your own hand.

DECLARATION

I/We declare to the best of my/our belief the answers given are true and all material information as explained above has been disclosed. I/We agree if any answer has been written by any other person, such person shall for that purpose be regarded as my/our agent and not the agent of the Insurers. I/We agree that this proposal is for insurance in the normal terms and conditions of the Insurers' policy and shall be incorporated and form the basis of the Insurance contract.

Signature of Proposer (s) _____ Date: _____

THIS INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THE PROPOSAL.

FOR OFFICE USE ONLY

RATES	Rate	REVENUE CODING
SECTION 1 \$ _____ @ _____	% = \$ _____	
SECTION 2 \$ _____	% = \$ _____	
SECTION 4 \$ _____	% = \$ _____	
	PREMIUM	\$ _____