

**HOMEOWNERS & HOUSEHOLDERS RENEWAL**

Please read and answer all questions. Failure to provide complete and accurate information could adversely affect your coverage.

**1. INSURED PARTICULARS**

**POLICY NUMBER:** \_\_\_\_\_

INSURED'S NAME 1: MR/MRS/MISS: ..... D.O.B. :(DD/MM/YYYY):...../...../.....

INSURED'S NAME 2: MR/MRS/MISS: ..... D.O.B. :(DD/MM/YYYY):...../...../.....

RESIDENTIAL ADDRESS:.....

MAILING ADDRESS(if different from above):.....

INSURED'S NATIONALITY 1: ..... INSURED'S NATIONALITY 2: .....

CONTACT INFO 1: HOME:..... WORK:..... CELL:.....

CONTACT INFO 2: HOME:..... WORK:..... CELL:.....

EMAIL 1:..... EMAIL 2:.....

**2. INSURED PROPERTY**

PROPERTY ADDRESS		BUILDING USE	BUILDING SIZE (square feet)	
		RESIDENTIAL ONLY <input type="checkbox"/>	0 ft <sup>2</sup> – 500 ft <sup>2</sup> <input type="checkbox"/>	
		HOME BUSINESS <input type="checkbox"/>	500 ft <sup>2</sup> – 1000 ft <sup>2</sup> <input type="checkbox"/>	
		OTHER * <input type="checkbox"/>	1000 ft <sup>2</sup> – 1500 ft <sup>2</sup> <input type="checkbox"/>	
NUMBER OF FLOORS	NUMBER OF BEDROOMS	OCCUPANCY	1500 ft <sup>2</sup> – 2000 ft <sup>2</sup> <input type="checkbox"/>	
ONE (1) <input type="checkbox"/>	ONE (1) <input type="checkbox"/>	OWNER OCCUPIED <input type="checkbox"/>	2000 ft <sup>2</sup> – 2500 ft <sup>2</sup> <input type="checkbox"/>	
TWO (2) <input type="checkbox"/>	TWO (2) <input type="checkbox"/>	SINGLE TENANT <input type="checkbox"/>	2500 ft <sup>2</sup> – 3000 ft <sup>2</sup> <input type="checkbox"/>	
THREE (3) <input type="checkbox"/>	THREE (3) <input type="checkbox"/>	MULTIPLE TENANTS <input type="checkbox"/>	3000 ft <sup>2</sup> – 3500 ft <sup>2</sup> <input type="checkbox"/>	
FOUR (4) OR MORE <input type="checkbox"/>	FOUR (4) <input type="checkbox"/>	If multiple tenants, specify how many tenants or units: _____	3500 ft <sup>2</sup> – 4000 ft <sup>2</sup> <input type="checkbox"/>	
	FIVE (5) OR MORE <input type="checkbox"/>		Greater than 4000 ft <sup>2</sup> <input type="checkbox"/>	

\*If "OTHER" building use please describe \_\_\_\_\_

How are the premises secured?: NONE  MONITORED ALARM  STANDARD BURGLAR PROOFING   
 CCTV  OTHER \*

\*If "OTHER" Security please describe \_\_\_\_\_

What is the age of the building   YEAR(S) and/or which year was the building constructed?

Has the property insured suffered any losses or damages within the last year? YES  NO

If yes, please provide details in the space provided for example the date of loss, the cost of repair, etc.

DATE OF LOSS (YYYY/MM/DD)	DESCRIPTION	COST OF REPAIR

**3. COVERAGE REQUIRED**

**To ensure you are adequately covered, the Sum Insured for building should be equal to the total rebuilding cost of the entire building. For contents, the Sum Insured should represent the full replacement cost of all contents.**

RENEWAL PERIOD: - ONE (1) YEAR  SIX (6) MONTHS

Do you wish to increase the current sum insured? YES  NO

**If contents are to be insured, a listing of your contents is recommended. Electronics should be listed with their make, model and serial numbers. Listed jewellery should be accompanied with a valuation.**

If yes, please state the new sum insured for all items:

BUILDING:	\$ _____	RETAINING WALLS:	\$ _____
SWIMMING POOL:	\$ _____	GENERAL CONTENTS:	\$ _____
ELECTRONICS:	\$ _____	COMPUTERS:	\$ _____
JEWELLERY:	\$ _____	TOTAL:	\$ _____

**4. MODIFICATIONS**

Were there any recent repairs, improvements or upgrades to your home? YES  NO

**If yes, please provide details in the space provided (i.e. description of work done with replacement value or total cost of work done and date of completion etc.).**


**5. BENEFICIAL OWNERSHIP**

Is the proposer who is establishing this policy acting on behalf of a third party who ultimately controls/owns and would benefit from this policy? YES  NO

**If yes, please provide the following information for the natural person who ultimately controls/owns the policy.**

NAME OF BENEFICIAL OWNER: MR/MRS/MISS: .....

NATIONALITY:.....D.O.B. :(DD/MM/YYYY):...../...../.....

RESIDENTIAL ADDRESS:.....

MAILING ADDRESS(if different from above):.....

CONTACT INFO: HOME:..... WORK: ..... CELL: ..... E-MAIL: .....

EMPLOYER : ..... JOB TITLE:.....

Is the beneficial owner a Politically Exposed Person? YES  NO  (If yes refer to TMFG PEP form)

**Every Proposer or Insured when seeking a quotation or renewal has a legal obligation to reveal to any prospective Insurer any material facts or information which might affect the assessment of the risk. Failure to do so could void any contract entered into from inception and/or may lead to the modification or rejection of any claim thereunder.**

**I/We declare that to the best of my/our knowledge and belief the information stated herein is accurate, true and complete in all respects and that no material fact has been suppressed or withheld. Consent is hereby given to Maritime General Insurance Company Ltd to disclose the information provided herein to other members of the Maritime Financial Group and/or regulatory/law enforcement authorities.**

Signature of Insured 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured 2: \_\_\_\_\_ Date: \_\_\_\_\_

- (i) For Joint Insureds this form must be signed by all Insureds.
- (ii) For Company Insured property the Company's stamp must be affixed to the signature.



Checked and Accepted By: \_\_\_\_\_ Date Accepted: \_\_\_\_\_  
(PRINTED NAME)

- TO ENSURE THAT YOU ARE FULLY COVERED, PAYMENT OF RENEWAL PREMIUM SHOULD BE MADE ON OR BEFORE THE RENEWAL DATE.
- CENTRAL BANK'S GUIDELINES REQUIRE ALL INSUREDS TO PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY (DRIVER'S PERMIT, PASSPORT, NATIONAL IDENTIFICATION & CERTIFICATE OF INCORPORATION FOR COMPANIES) & PERMANENT ADDRESS (CURRENT UTILITY BILL OR BANK STATEMENT DATED NO MORE THAN THREE (3) MONTHS) AND A COMPLETED TMFG PEP FORM.