

Homeowners "Super Plus"

Application Form



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Section 1 Applicant details

1 Applicant's Full Name

2 Address

3 Telephone

4 Email

5 Occupation

6 Date of Birth

Section 2 Property details

7 Property Address

8 Type of Property

9 Walls

Roof

No. of Stories

10 Are buildings in a good state of repair and, if so, will they be so maintained?

11 Are there any outbuildings?

If Yes, state

Walls

Roof

No. of Stories

12 Are buildings within 20 feet of any other building? If Yes, please state

Walls

Roof

No. of Stories

13 Are buildings solely occupied by you and family?

If No, state number of tenants or paying guests

14 For how many days, whether consecutive or not, is the dwelling likely to be left without an inhabitant during one year?

15 State, as a number of days, the longest continuous period in any one year during which the dwelling is likely to be left without an inhabitant.

Note: Coverage is eliminated for Theft when the building is unoccupied for a period exceeding 30 consecutive days unless we specifically agree to continue coverage.

16 Is there any profession, business or trade carried on in the dwelling or any portion of the premises? If Yes, please give full details.

17 Do you have a domestic pet?

If Yes, please state type, age, market value and vet.

18 Do you have any Residence Employees?

If Yes, please give details including number and job.

19 Do you have any small crafts or vehicles?

If Yes, please give details.

20 In what year was the building built?

21 Distance from sea or canal

Section 3 Previous Insurance and Losses

22 Are there any other policies in force covering any of the perils to be insured against?

If Yes, please give details.

23 Has the company or insurer, in respect of any of the perils to which this proposal applies:

a. declined to insure you?

b. required special terms to insure you?

c. cancelled or refused to renew your insurance?

d. Increased your premium on renewal?

24 Is there any insurance in force with NAGICO?

If Yes, please give details.

25 Have any building(s) and/or contents suffered damage by storm during the last five years?

If Yes, please give details.

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26 Have you suffered any loss from any perils to which this insurance is to apply? ☐

If Yes, please give details.

27 Is the building or property mortgaged? ☐

If Yes, please state the name of the organization

Section 4 Values and Condition of 'Average'

The SUM TO BE INSURED must represent the FULL VALUE of the property. The insurance will be subject to 'average' which means that, if at the time of loss or damage the sum insured is less than the full value of the property insured, the amount payable is proportionately reduced.

For example, if you have a sum insured that is 50% of the total replacement value of your home, you will likely only receive 50% of any valid claim. Similarly, if you insure your home for 75% of the replacement value, you will likely only receive 75% of any valid claim. In addition, if your home is underinsured and you have a total loss, the Policy will pay the amount of the sum insured, which will not reimburse you for the total amount of the loss you may have.

The following example will help illustrate this principle:

Sum Insured (SI): \$200,000 Calculation Formula
Replacement Cost (RC): \$400,000 $\frac{\text{Sum Insured}}{\text{Replacement Cost}} \times \text{Loss}$
Amount of Loss (L): \$ 50,000

 $\frac{\$ 200,000}{\$ 400,000} \times \$ 50,000 = \$25,000$ (settlement)

Please note that, where a deductible exists on a Policy, this will be subtracted from the final payment of the claim after the operation of the Condition of Average.

The applicant's signature below the declaration indicates the applicant's understanding and agreement with the Condition of Average.

BUILDINGS

Item	Description	Sum To Be Insured	Rate	Premium
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Sum To Be Insured
On Buildings

Section 5 Period of Insurance

From:

To:

CONTENTS

The "Contents" are the furniture, household goods and personal effects that are the property of the applicant or any members of his/her family normally residing with the applicant and fixtures and fittings which are the applicant's own or for which the applicant is legally responsible.

Item	Contents	Sum To Be Insured	Rate	Premium
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Possessions - All Risk	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Sum To Be Insured On Contents		<input type="text"/>		<input type="text"/>

Section 6 Coverage

(CLIENT INITIAL)

Fire and Extended Perils INCLUDING Catastrophe Perils ☐

Fire and Extended Perils EXCLUDING Catastrophe Perils ☐

Fire and Extended Perils with ____% Catastrophe Sublimit ☐

Section 7 Increased Limits

(CLIENT INITIAL)

Please state the increased limits you require for:

1. "Alternative Expenses of Alternative Accommodation" and "Loss of Rent"
Current limit is 10% of sums insured for Buildings and Contents
2. Public Liability
Current limit is \$500,000
3. Employer's Liability
Current limit is \$500,000
4. Personal Liability
Current limit is \$250,000

Section 8 Deductibles

(CLIENT INITIAL)

- a. ____% of the Total Sum Insured for Catastrophes - minimum of \$500.
- b. 5% of Total Sum Insured for heave/landslip - minimum of \$1,000.
- c. For Physical Loss or Damage by any other covered peril - \$250.
- d. For any covered loss other than a.b. or c. above - \$250.

Section 9 Declaration

- a. To the best of my/our knowledge and belief the information provided in this application is true and correct in every respect and no relevant information has been withheld.
- b. I/WE understand this insurance is not in force until NAGICO Insurances accepts this application.
- c. I/WE understand that the statements made in this application will be the basis of the contract between me and NAGICO Insurances and I agree to accept indemnity subject to the conditions in and endorsed on the Policy.
- d. I further declare that the Total Sums Insured represent not less than FULL VALUE of the property, as mentioned above.

Signature of Applicant(s)

Date