

## SUBMIT BY E-MAIL (PDF WITH SIGNATURE) TO

admin@shellinvestment.net

Pursuant to Section [No.] of the Contract, the Supplier is hereby submitting this completed Form of Certificate of Property Insurance to the Buyer. Capitalized terms not defined herein have the meanings ascribed thereto in the Contract.

<b>Instructions</b>	
<ul style="list-style-type: none"> <li>This Certificate of Property Insurance must be completed by the Supplier's insurance agent or broker and submitted to the Shell Investment prior to commencement of the construction of the Contract Facility. Refer to Section [No.] of the [Contract Type Short Name] Contract dated [Contract Date] (the "Contract") for a detailed description of insurance requirements, including required coverages.</li> <li>Insurer's standard certificate of insurance is not acceptable in lieu of this Certificate of Property Insurance.</li> <li>It is understood that this Certificate of Property Insurance is issued as information only. It does not amend, extend or alter coverages afforded by the policies described herein.</li> <li>Unless otherwise stated, capitalized terms used in this Certificate of Property Insurance have the meanings given to them in the Contract.</li> </ul>	
<b>FORM OF POLICY</b> Note: Each type of Policy requires a separate form (Double-click on box to check applicable coverage)	<b>COVERAGES PROVIDED BY THIS POLICY</b> (Double-click on box to check applicable coverage)
<input type="checkbox"/> Auto Insurance <input type="checkbox"/> Home Owner or Renters Insurance <input type="checkbox"/> Property Insurance <input type="checkbox"/> Equipment Breakdown Insurance <input type="checkbox"/> Business Interruption <input type="checkbox"/> Other (Specify): [Details]	<input type="checkbox"/> All Risks <input type="checkbox"/> Stated Amount <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Interest of Contractors, Subcontractors and others with an insurable <input type="checkbox"/> interest Waiver of Subrogation against each Indemnitee (as defined below) <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake
<b>IDENTIFICATION OF NAMED INSURED</b>	
Named Insured as it appears in the Policy	<input type="checkbox"/> Evidence of Coverage of Supplier enclosed
Named Insured Address	
City	
Province	
Postal Code	
<b>IDENTIFICATION OF CONTRACT</b>	
Legal Name of Supplier	
Name of Contract Facility	
Location of Contract Facility (Municipality)	

IDENTIFICATION OF CONTRACT	
Insurer's Name	
Insurer's Policy Number	
Policy Term – From / To (Day/Month/Year)	
Limit of Liability (per occurrence)	
Deductible	
<p><b>Certification</b></p> <p>The undersigned hereby certifies that:</p> <ul style="list-style-type: none"> <li>• Where the Named Insured is not the Supplier, the Supplier is also insured under the policy described in this certificate to the same extent as the Named Insured.</li> <li>• The policy described herein, subject to its terms, conditions, and exclusions, has been issued to the named insured and is in full force and effect.</li> <li>• The Shell Investment, the Government of Amsterdam, the members of the Government of Amsterdam's Executive Council and their respective Affiliates, and each of the foregoing Person's respective directors, officers and employees, shareholders, advisors and agents (including contractors and their employees) are added as additional insureds to the policy described in this certificate.</li> <li>• Coverages afforded under policies described herein will not be cancelled or materially changed to restrict coverage unless sixty (60) days prior written notice has been given to the Shell Investment at the address shown on page 1 of this Certificate of Property Insurance and the policy has been endorsed to this effect.</li> <li>• The undersigned is an authorized representative of the insurance company entered next to "Insurer's Name" above, has full knowledge of the facts set forth herein and believes them to be true.</li> </ul>	
Name of Issuing Agent or Brokerage	
Address of Issuing Agency or Brokerage	
City	
Province	
Postal Code	
Phone Number	
Name of Authorized Representative	
Signature of Authorized Representative	
Date of Issue	

**“All Risks” Insurance Proposal Form**

Policy No: .....

Total Sum Insured .....

Premium \$ .....

- 1. (a) Name of Proposer : .....
- (b) Address: .....
- (c) Profession /Occupation of Proposer.....
- (d) Business.....

- 2. (a) Is the residence self-contained and solely under your own control? Yes/No
- (b) To what extent will the residence be left unattended?

By day..... By night.....

- 3. Select geographical area in which you wish the articles to be insured;
- Insured’s Private Dwelling only   o Insured’s Business Premises only
- Anywhere in Grenada, Carriacou and Petite Martinique   o Worldwide

4. Have you at any time proposed for insurance in respect of Fire, Burglary or “All Risks? If so state: -

• Name of Company or Underwriters and whether accepted  
.....

If Yes - has the risk ever been declined, the policy cancelled, premium increased, renewal refused or special terms imposed?   Yes / No

5. Have you ever sustained a loss by Fire Theft or any other risk now to be insured?  
If so state particulars: - .....

6. Is the Jewelry contained in a locked safe when not in use?

- 7. (a) How often is the Jewelry overhauled by a Jeweler?.....
- (b) When was it last overhauled?.....
- (c) Do you possess evidence of value of all the articles to be insured? (If so please submit)

**Declaration:**

I do hereby declare that the above answers are true, that I have withheld no information whatever that might tend in any way to increase the Company’s risk, or to influence the decision of the Directors regarding the proposal: and I undertake to exercise all ordinary and reasonable precautions for the safety of the said property. I agree that this declaration, and the answers above given shall be the basis of the contract between me and the Company: and further, if the proposal is accepted, I agree to accept a policy, subject to the usual conditions prescribed by the Company and set forth in the Policy.

Dated.....

Signature of Proposer.....

