



Name of Insured: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Contact Information: Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Any Additional Contact Information: \_\_\_\_\_

Insurance Period Required: From: \_\_\_\_\_ To: \_\_\_\_\_

Are you a Corporation formed under the Condominium Act 1986?  YES  NO

**GENERAL QUESTIONS**

1. How long has the Corporation been in existence? \_\_\_\_\_

2. Do any of the buildings that you occupy have walls other than of block or stone, or roofs other than of slate, tile or shingle?  YES  NO

3. Have you or any director or partner ever been declared bankrupt or insolvent or been convicted of, or is any prosecution pending, or any offense involving dishonesty of any kind, (including but not limited to) fraud, robbery, theft, handling stolen goods or arson?  YES  NO

4. Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions?  YES  NO

5. Has the Corporation, or any director or partner incurred any loss, destruction or damage or made an insurance claim?  YES  NO

6. Do the Condominiums have 24/7 monitored fire alarms?  YES  NO

7. Do the Condominiums have 24/7 monitored burglar systems?  YES  NO

8. If no, what protection devices do the Condominiums have on the premises? \_\_\_\_\_

\_\_\_\_\_

If you have answered 'YES' to any of the above questions, please give the full details below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**COVER REQUESTED:**

**1 - BUILDINGS**

Do you wish to insure the Buildings of the Corporation?  YES  NO

Which coverage of named Causes do you wish to insure your Buildings:

Standard  Excluding Windstorm

- a) Please state the rebuilding / replacement cost of the Building(s): \$ \_\_\_\_\_  
*(If multiple Buildings please provide a breakdown on a separate sheet of paper)*
- b) Infrastructure (Pools, terraces etc) \$ \_\_\_\_\_
- c) Seawall, dock, jetty or similar waterside structure \$ \_\_\_\_\_

**Total Sums Insured:** \$ \_\_\_\_\_

**2 - CONTENTS**

Do you wish to insure the Contents of the Corporation?  YES  NO

Which coverage of named Causes do you wish to insure your Contents:

Standard  Excluding Windstorm

Please state the replacement costs:

General Contents (fixtures, fittings, furniture & all other contents in common areas of the Corporation) \$ \_\_\_\_\_

**3 – LEGAL LIABILITIES TO THIRD PARTIES**

Do you wish to insure the Corporation against your legal liabilities?  YES  NO

State the limit of liability required: \$ \_\_\_\_\_

Do you own any vehicles for the purpose of maintaining the property?  YES  NO

Are there any Elevators in the Buildings?  YES  NO

**6 – LEGAL LIABILITIES TO EMPLOYEES**

Do you wish to insure your Employees for Workers Compensation?  YES  NO

Do you wish to insure the Corporation for Employer Liability?  YES  NO

Please complete the below for your various classes of employees, i.e. Office, Manual, Truck Drivers, Warehousemen, Maintenance etc.

Occupation Type	Number of Employees	Total Wages & All Other Earnings
		\$
		\$
<b>TOTAL:</b>		\$



IMPORTANT - Please read the following carefully and then sign and date the Declaration.

The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal. However, because a list of questions can be exhaustive, please consider carefully whether there is any other information known to you that could influence our acceptance and assessment of the risk. Material information would include any special risks of the Corporation, (any special features which make losses more likely to happen or more serious if they do). Please disclose to us on a separate sheet of paper any such information even if you have doubts as to whether it is material or not, as failure to do so could invalidate your policy. You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

Before signing the Declaration, please check your answers particularly if this Proposal Form is not completed in your own hand.

INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THIS PROPOSAL FORM AND SUBMISSION OF PREMIUM PAYMENT.

**DECLARATION**

I declare that to the best of my knowledge and belief, that the answers above are true and all material information as explained above has been disclosed. I agree that if any answer had been written by any other person, such person shall for that purpose be regarded as my agent and to the agent of the Insurers. I agree that this Proposal is for insurance under the normal terms and conditions of the Insurer's policy and shall be incorporated in and form the basis of the insurance contract.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_