



Name of Insured: _____
(if not a Limited Liability company, please provide owners names and the Trading Name)

Description of Business Activities: _____

Postal Address: _____

Premises Address: _____

Contact Information: Contact Name: _____

Position: _____

Phone: _____ Fax: _____

E-mail: _____

Any Additional Contact Information: _____

Insurance Period Required: From: _____ To: _____

Is the Business the subject of a Loan agreement? YES NO
If so, with whom? _____

GENERAL QUESTIONS

1. How long has the Business been in operation? _____

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 Business, or any director or partner incurred any loss, destruction or damage or made an insurance claim? YES NO

6. Does the Business have 24/7 monitored fire alarms? YES NO

7. Does the Business have 24/7 monitored burglar systems? YES NO

8. If no, what protection devices does the Business have on the premises? _____

9. Do you undertake any carriage of flammable / dangerous items? YES NO

10. Do you undertake any business outside of the premises? YES NO

11. Do you undertake any business outside of Bermuda? YES NO

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



COVER REQUESTED:

LEGAL LIABILITIES TO THIRD PARTIES

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

State the limit of liability required: \$ _____

Estimated Annual Turnover (upcoming 12 months): \$ _____

Do you wish to insure your Business against Liability arising out of your Products? YES NO

Are any of your goods sold outside of Bermuda? YES NO

If yes, please advise which countries: _____

Are you required to obtain coverage in accordance with a contract? YES NO

If Yes, please provide details of the contract below:

If coverage is required for a specific event, please provide full details of all event activities including, event date, vendors, locations, ticket sales (if applicable), if alcoholic beverages will be served / consumed and all other relevant information.

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 Business, (i.e. manufacture or production of products, working / use with open flames, foreign ownership in the Business etc.) 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 if 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: _____