



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:

1 - BUILDINGS

Do you wish to insure the Buildings of your business? [ ] YES [ ] NO

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

[ ] Standard [ ] Excluding Windstorm

a) Please state the rebuilding / replacement cost of the Building: \$\_\_\_\_\_

b) Rent Receivable (monthly rent if the Building is unfit for occupancy):

\$\_\_\_\_\_ MONTHLY RENT X \_\_\_\_\_ NUMBER OF MONTHS = Total Sum Insured \$\_\_\_\_\_

c) Alternative Accommodation (reasonable monthly increased amount to relocate to another property):

\$\_\_\_\_\_ MONTHLY RENT X \_\_\_\_\_ NUMBER OF MONTHS = Total Sum Insured \$\_\_\_\_\_

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

2 - CONTENTS

Do you wish to insure the Contents of your business? [ ] YES [ ] NO

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

[ ] Standard [ ] Excluding Windstorm

Please state the replacement costs of each category:

a) General Contents (fixtures, fittings, furniture & all other contents not for sale): \$\_\_\_\_\_

b) Stock (stock and material in trade): \$\_\_\_\_\_

c) Business Equipment (computers, keyboards, photocopies, fax machines etc.): \$\_\_\_\_\_

d) Tenants Improvements (improvements made and fixed to the Building): \$\_\_\_\_\_

e) Rent Payable (monthly amount payable if the building is unfit for occupancy): \$\_\_\_\_\_

\$\_\_\_\_\_ MONTHLY AMOUNT X \_\_\_\_\_ NUMBER OF MONTHS = Total Sum Insured \$\_\_\_\_\_

f) Customers Goods In Trust \$\_\_\_\_\_

g) Artwork / Sculptures: \$\_\_\_\_\_

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

Do you wish to insure your Business Equipment against Accidental Damage [ ] YES [ ] NO

Do you wish to insure for Additional Expenditure relating to your Business Equipment [ ] YES [ ] NO

If Yes, Sum Insured amount: \$\_\_\_\_\_

Do you have any Portable Business Equipment greater than 10% of your Total Business Equipment Sum Insured figure, &/or greater than \$2,500 any one item? [ ] YES [ ] NO

If Yes, Please provide the details of the equipment and the maximum value of any one piece:

3 - MONEY

Do you wish to insure your Business against the loss, damage or destruction of Money? [ ] YES [ ] NO

In the event of a loss, could you identify the source of all cheques? [ ] YES [ ] NO

State the maximum Sum to be insured for cheques \$\_\_\_\_\_

State the maximum Sum to be insured for Money:

a) In the premises during business hours: \$\_\_\_\_\_

b) In the premises whilst closed and in a locked safe: \$\_\_\_\_\_

c) In the premises whilst closed and not in a locked safe: \$\_\_\_\_\_

d) In transit by you / your employee: \$\_\_\_\_\_



Money Continued:

e) In any bank night safe \$ \_\_\_\_\_

Estimated Annual Turnover: \$ \_\_\_\_\_

Estimated Percentage of Credit Card Sales: \_\_\_\_\_%

Premises Safe Details – Make & Model: \_\_\_\_\_

4 – BUSINESS INTERRUPTION

Do you wish to insure your Business against Interruption?  YES  NO

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

Standard  Excluding Windstorm

State the Sums to be insured for:

a) Gross Profit (annual): \$ \_\_\_\_\_

Period of Insurance: \_\_\_\_\_ months

b) Professional Accountants Fees: \$ \_\_\_\_\_

c) Outstanding Debit Balances: \$ \_\_\_\_\_

d) Additional Expenditure: \$ \_\_\_\_\_

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

5 – 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: \_\_\_\_\_

6 – LEGAL LIABILITIES TO EMPLOYEES

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

Do you wish to insure your Business 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>		\$



7 – REFRIGERATED STOCK

Do you wish to insure the Refrigerated Stock of your Business?  YES  NO

Description of Refrigeration Equipment	Year of Make	Type of Stock	Sum Insured

Do you have a maintenance warranty or independent maintenance service agreement in force for the above refrigeration equipment?  YES  NO

8 – GOODS IN TRANSIT

Do you wish to insure The Goods In Transit of your Business?  YES  NO

If yes, please complete the below with the required details.

Description of Goods	Road Vehicle Registration No.	Maximum Sum Insured
		\$
		\$
		\$
		\$

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: \_\_\_\_\_