



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 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>		\$

**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: \_\_\_\_\_