

effected through



Lloyd's Correspondent

Please ensure that all questions are answered fully and accurately

1. Name of Proposer in full (please put name down as it should appear on the policy.)

2. Addresses (Physical, mailing, email, phone, fax etc.)

3. State the name(s) of the Principal(s) in the business:

4. Insurance to date from

5. How many years have you been in business? _____ How many years at this location? _____

6. What is managements' experience in business: _____

7. What is the nature of the operation?

8. Number of Employees _____

9. Location (please complete for each location covered):.

10. Is the building owned by the proposer? Yes No
 Area Occupied by the proposer _____
 Number of stories: _____
 Building age: _____
 Basement: Yes No

11. Is the building of standard Bermuda construction (stone walls and slate roof) Yes No
 If not, please give details:

12. If any renovation work has been done to the building (additions, wiring, plumbing, replacement windows etc.) please give details including dates:

13. Building Occupants (please give name and type of business:

14. Is the building sprinklered? Yes No

15. Does your premises have a professionally installed burglar alarm system hooked up to a central station or the police department? Yes No

16. Are all doors, windows and other potential entry points secured when there is nobody on the premises? Yes No

17. Does the premises have any unusual features which might increase the likelihood of accidents (Waterfront, Cliffs, Cranes, Fuel Pumps, Hatches in the floor or sidewalk etc.) Yes No

18. Is there a safe? Yes No
 If YES, please specify type/class _____

19. Average amount of cash on the premises: _____
 Maximum Amount: _____

19. Type of coverage requested All Risk Named Perils

Amounts

20. Material Damage

Item	Amount of Insurance	Deductible
Building:	\$	\$
Tenant Improvements:	\$	\$
Equipment:	\$	\$
Stock:	\$	\$
Other:	\$	\$

21. Business Interruption: Indemnity Period _____ Months

Item	Amount of Insurance
Gross Earnings	\$ _____
Profits	\$ _____
Professional Fees:	\$ _____
Extra Expense:	\$ _____
Rental Income	\$ _____

22. Laptop Computers: \$ _____ * If covered, Value, Serial Numbers, Make and Model of each laptop is required to be attached.

23. Computer Equipment, Hardware: \$ _____ Software / Media \$ _____

24. Public Liability Limit of Indemnity: \$ _____

25. Plate Glass Cover: Value of Fitted Glass: \$ _____

26. Name of Previous Insurance Carrier: _____

27. Expiry Date: _____

28. Claims Experience past five (5) years: \$ _____

Description and year of claim(s)

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29. Mortgagee (if any)

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Declaration

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company. I/We agree to accept a certificate in the Company's usual form for this class of insurance.

Signature
(Partner or Director)
on behalf of (Insert name of firm)

Date

(Signing this form does not bind Proposer to complete the insurance)