

Home Insurance Proposal Form



C.N.A.
BUTTERFIELD
& SON INSURANCE LTD.

The Insurance cover offered on this proposal form is explained more fully in our **Home Insurance Buyer's Guide**. If you do not have a copy of this Guide, or if you have any questions, please contact us.

The questions on this form, and any other questions which we specifically ask, are related to facts considered material to underwriting the insurance. If you answer them fully and honestly, you will be considered to have fulfilled your duty to disclose material facts. Please note that failure to do so may invalidate your insurance.

A copy of the completed Proposal Form will be supplied on request but you should keep records of all correspondence supplied to us for the purpose of entering this contract. A specimen policy is available upon request.

Full Name of Proposer (as it is to appear on the Policy): _____

Full Name of Proposer's Spouse (if not included under Proposer): _____

Address of the Property to be Insured: _____

Address for all Correspondence (if different): _____

Telephone Numbers: (H) _____ (W) _____ (C) _____

Email Address(es): _____

Occupation of Proposer: _____

Date Insurance is to Begin: (day) _____ (month) _____ (year) _____

How would you like to pay? ☐ Annually ☐ Semi-Annually ☐ Quarterly

Section 1: Is your home:

	Yes	or	No
I. Built of standard Bermuda construction?	<input type="radio"/>		<input type="radio"/>
II. Occupied by you and your family only?	<input type="radio"/>		<input type="radio"/>
-- If no, how many tenants? _____			
III. Do you live on the premises?	<input type="radio"/>		<input type="radio"/>
IV. Used for residential purposes only?	<input type="radio"/>		<input type="radio"/>
V. Continuously inhabited for at least 10 months a year?	<input type="radio"/>		<input type="radio"/>
VI. Protected by locks on all external doors and windows?	<input type="radio"/>		<input type="radio"/>
VII. In a good state of repair and will it be maintained at all times?	<input type="radio"/>		<input type="radio"/>
VII. Complete of any renovations except for routine maintenance?	<input type="radio"/>		<input type="radio"/>
VIII. Located on a site that has been free from flooding during the last ten years?	<input type="radio"/>		<input type="radio"/>
IX. At least fifty (50) feet from any body of water?	<input type="radio"/>		<input type="radio"/>

If you have answered **No** to any question in Section 1 (except for question II), please explain below: *more space is provided on last page

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Section 2 : Have you or anyone living with you:

Yes or No

I. Sustained any loss, damage or liability during the last five years, whether insured or not?

☐ ☐

II. Had any insurer decline or cancel insurance or impose special conditions?

☐ ☐

III. Ever been convicted of any offense (other than a traffic offense)?

☐ ☐

If you have answered Yes to any question in Section 2, please explain below: *more space is provided on last page if needed

Section 3: Does your house have:

Yes or No

I. A fire alarm connected to an off site 24 hour operated company?

☐ ☐

II. A burglar alarm connected to an off site 24 hour operated company?

☐ ☐

Buildings Insurance

Yes or No

Do you require this cover? (If no, please skip to the next section)

☐ ☐

I. What is the approximate floor area of your home?

_____ sq. ft.

II. What is the total replacement cost of your home?

BD\$ _____

a. Patios, footpaths, walls (not seawalls), gates, fences and driveways?

BD\$ _____

b. Swimming pools &/or tennis courts?

BD\$ _____

III. Does this include professional fees and debris removal following a loss?

☐ ☐

IV. Do you wish to insure a concrete dock (we do not insure wooden docks)?

☐ ☐

a. Total replacement cost of concrete dock including debris removal and barging fees?

BD\$ _____

V. Do you have a mortgage on the property or does anyone else have an interest in the property?

☐ ☐

a. If yes, please provide the name and address of the mortgagee or interested party below.

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Contents Insurance

Yes or No

Do you require this cover? (If no, please skip to the next section)

☐ ☐

Cover required?

☐

Standard (normal homeowners cover)?

☐

Standard Plus (includes accidental damage and more)?

I. What is the approximate replacement cost on all contents in your home?

BD\$ _____

II. Does the amount of any one Valuable* item exceed 5%?

*(valuable items include any precious metals, watches, jewelry, paintings, works of art or antiques not itemized under Personal Possessions)

a. If yes, please list the item and its approximate replacement cost below *more space is provided on last page if needed

Item No. 1: _____ BD\$ _____

Item No. 2: _____ BD\$ _____

Item No. 3: _____ BD\$ _____

Personal Possessions Insurance

*cover on valuables, personal effects and clothing that you regularly take out of the home

Yes or No

Do you require this cover? (If no, please skip to the next section)

☐ ☐

I. Do you require **Unspecified Personal Possessions** cover?

☐ ☐

☐

Total sum insured BD\$3,000 with a single article limit of BD\$1,000

☐

Total sum insured BD\$6,000 with a single article limit of BD\$2,000

II. Total sum of personal possessions to be insured for all items?

BD\$ _____

III. Do you require **Specified Personal Possessions** cover? (If yes, please list all items worth more than the limit you specified above)

Item no. 1: _____ BD\$ _____

Item no. 2: _____ BD\$ _____

Item no. 3: _____ BD\$ _____

Item no. 4: _____ BD\$ _____

*more space is provided on last page if needed

IV. Do you require Personal Money and Credit Card cover? (Limits: Money BD\$500, Credit Cards BD\$1,000)

☐ ☐

V. Do you require Pedal Cycle cover? (BD\$800 limit per cycle)

☐ ☐

VI. Do you require Deeds and Documents cover?

☐ BD\$2,000 ☐ BD\$5,000

VII. Do you require Freezer Food cover?

☐ BD\$300 ☐ BD\$600

a. What year was your refrigerator/freezer manufactured?

20 _____

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Travel Insurance

- | | Yes | or | No |
|--|-----------------------|----|-----------------------|
| Do you require Travel Insurance cover? (If no, please skip to the Declaration section) | <input type="radio"/> | | <input type="radio"/> |
| I. Are you, as the Primary Proposer, between the ages of 18 & 75 years? | <input type="radio"/> | | <input type="radio"/> |
| II. On average, how many days are you and your household away per year? | | | |
| <input type="radio"/> 0 – 9 days | | | |
| <input type="radio"/> 10 – 18 days | | | |
| <input type="radio"/> 19 – 31 days | | | |
| <input type="radio"/> More than 31 days per year | | | |
| III. Do you require Winter Sports cover? | <input type="radio"/> | | <input type="radio"/> |
| IV. Do you participate in a local major medical insurance plan in Bermuda? | <input type="radio"/> | | <input type="radio"/> |

If you require this cover, please list the names and dates of birth for everyone in your household you wish to insure:

- | | | |
|----------|------------------|----------------|
| 1. _____ | Birthdate: _____ | dd / mm / yyyy |
| 2. _____ | Birthdate: _____ | dd / mm / yyyy |
| 3. _____ | Birthdate: _____ | dd / mm / yyyy |
| 4. _____ | Birthdate: _____ | dd / mm / yyyy |
| 5. _____ | Birthdate: _____ | dd / mm / yyyy |

Declaration

I declare to the best of my knowledge and belief the above statements made by me or on my behalf are true and complete.

Signature of Proposer: _____ Date: _____

Phone: 295-5519
Fax: 292-7972
Email: cnab@butterfield.bm

Physical Address:
"White Hall"
#1 Park Road
Hamilton, HM 09

Postal Address:
P.O. Box HM 78
Hamilton, HM AX

Coverholder at **LLOYD'S**