



IMPORTANT: You must inform Security & General of all facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared to be void. All questions must be answered.

SECTION 1 DETAILS OF APPLICANT

Full Name \_\_\_\_\_ NIB No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cellular No. \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_

Status (check one)  The Owner/Occupier  The Landlord  The Tenant

Please give details of any current policies you hold with Security & General Insurance \_\_\_\_\_

SECTION 2 PERIOD OF INSURANCE

From (dd/mm/yy) \_\_\_\_\_ To (dd/mm/yy) \_\_\_\_\_

SECTION 3 DETAILS OF PROPERTY TO BE INSURED

Address of Property \_\_\_\_\_

Walls constructed of:  Block  Wood  Metal  Other \_\_\_\_\_

Roof constructed of:  Concrete/Clay Tile  Asphalt/Wood Shingle  Metal  Other \_\_\_\_\_

Please answer the following questions. You must tick Yes or No. If you tick Yes, please provide the relevant details.

1. Is your home or outbuildings:

a. i. a self-contained, single family dwelling OR  No  Yes  Single-storey house  Multi-storey house  Multi-storey townhouse

ii. constructed as a multi family dwelling  No  Yes  Duplex  Triplex  Apartment Building ( \_\_\_ units)

b. in an area subject to flooding due to rain or overflow of the sea?  No  Yes

c. adjacent to any body of water such as the sea, lake or canal?  No  Yes

d. protected by sea walls and/or breakwater?  No  Yes

e. used for any business purposes?  No  Yes

f. occupied by tenants or paying guests?  No  Yes

g. regularly left unattended as a result of all adult residents being in full- or part-time work?  No  Yes

h. left unoccupied for periods exceeding 30 consecutive days?  No  Yes

i. a weekend or holiday home and not your main residence?  No  Yes

j. fully built and occupied as a private residence?  No  Yes

k. properly maintained and in good repair?  No  Yes

2. Does the dwelling have any security or fire suppression features?  No  Yes



3. Have you or any member of your family permanently residing with you:

- a. suffered any losses during the past five years from any event against which you wish to insure?  No  Yes
- b. been refused insurance by any insurer for any of the events against which you wish to insure?  No  Yes
- c. had any policy cancelled for any reason?  No  Yes
- d. ever been convicted of any criminal offence in the last five years (excl. motor offences)?  No  Yes


**SECTION 4 COVER/DEDUCTIBLES REQUIRED (Building and Contents)**

- Please select one:
- Full Perils (incl. Catastrophe Perils) with 2% deductible
  - Full Perils (incl. Catastrophe Perils) with 5% deductible
  - Full Perils (incl. Catastrophe Perils) with 10% deductible
  - Restricted Perils (excl. Catastrophe Perils)

**SECTION 5 DESCRIPTION OF THE PROPERTY INSURED**

**COVER ONE: BUILDINGS**

**Basis of Sum Insured.** Your Sum Insured should represent the cost of rebuilding your Home including garden walls, domestic outbuildings and swimming pools. An allowance should also be made for architects' and surveyors' fees and the cost of removal of debris following a loss.

Buildings \$ \_\_\_\_\_

Pools/Hot Tubs \$ \_\_\_\_\_

Sea Walls \$ \_\_\_\_\_

Docks, Piers & Jetties \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Does the building value include the foundation?  Yes  No

Please specify "Other" items: \_\_\_\_\_

Name of Mortgagee \_\_\_\_\_

**COVER TWO: CONTENTS (excluding items insured under Cover Three below)**

**Basis of Sum Insured.** Your Sum Insured should represent the full replacement value of all Contents less an allowance for wear and tear on clothing and household linen.

Contents \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Does the Sum Insured represent the full value of the Contents calculated on the same basis as that described above?  Yes  No

If No, please give full details: \_\_\_\_\_

Does the value of articles of jewelry, precious metal, furs, paintings, works of art, collections of coins, medals or stamps exceed \$5,000?  Yes  No

If Yes, they should be specified below (NB: Evidence of value is required for Specified Articles) \_\_\_\_\_

**COVER THREE: PERSONAL POSSESSIONS (ALL RISKS COVER)**

Please complete this section in respect of all items as described below regularly taken away from the Home and/or items in the Home (as described) for which Accidental Damage cover is required. E.g., precious metals, jewelry, furs, artwork, collections, instruments.

- Basis of Sum Insured** (Indemnity). Do you require Cover?
- A. **Unspecified Articles, Personal Effects and Clothing** where the value does not exceed \$2,000 per item.  Yes  No \$ \_\_\_\_\_  
The minimum sum insured for this section is \$2,000. This section also provides cover for loss of money and credit cards.
  - B. **Specified Articles** (Agreed Value) whose value exceeds \$2,000 per item.  Yes  No \$ \_\_\_\_\_  
Please list in the Specified Articles box a full description of each item and its value.  
NB: Evidence of value is required for these items.
  - C. **Sports Equipment.** Please state which type of equipment is to be insured.  Yes  No \$ \_\_\_\_\_  
Fishing \$ \_\_\_\_\_ Golf \$ \_\_\_\_\_ Tennis \$ \_\_\_\_\_  
Cricket \$ \_\_\_\_\_ Other \$ \_\_\_\_\_
  - D. **Pedal Cycles**  Yes  No \$ \_\_\_\_\_

**SPECIFIED ARTICLES (with a value of over \$2,000)**

Item No.	Description of Specified Articles	Sum Insured
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**COVER FOUR: PUBLIC LIABILITY COVER - OWNER/OCCUPIER**

The Indemnity Limit offered by Security & General Insurance Company Limited amounts to \$1,000,000 and the cover offered is only available with the covers under Cover One and/or Two in that it protects you for your liability to others as the owner and/or occupier of the insured Home.

**Workmen's Compensation for Domestic Employees.**  Yes  No

Number of Employees \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_



COVER FIVE: TRAVEL SURE - ANNUAL TRAVEL COVER

Please print the full names and birth dates of the persons to be insured indicating the number of days each person expects to be away from The Bahamas during the period of cover.

Table with 3 columns: Full Name, Date of Birth (dd/mm/yy), No. of Days expected to be away from the Bahamas. Includes checkboxes for 30, 60, 90, and 120 days.

SECTION 5 DECLARATION

I/We wish to effect an insurance with Security & General Insurance Company Limited. I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld.

LIABILITY OF THE INSURERS DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE INSURERS

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may on occasion be contacted by a company within the Colonial Group with offers and/or information in respect of other Colonial Group products. We confirm that only your contact details will be available to Colonial Group personnel for such purposes and that your private information will not otherwise be transferred between Colonial Group companies or to any other third parties without your consent to do so.

If you DO NOT wish to be contacted in this manner by Colonial Group personnel, please check here [ ]. Note that unless you check this box, Colonial will consider and operate on the basis that you have provided your express consent to the exchange of your contact details only between Colonial personnel for the limited and specific purposes described above.

Table with 7 columns: To be completed by the Agent, Policy No., Period of Insurance (From: To:), First Premium (\$), Renewal Premium (\$), Receipt No., Agency.

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