

Office Options

You must inform Coralisle Insurance Company Ltd. of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

PART 1 DETAILS OF APPLICANT

Fu	II Name of Business				
Fu	II Name of Interested Parties				
De	escription of the Business				
Lo	cation of the Premises				
Ma	ailing Address				
En	nail Address	-	Tel. N	lo	
Fa	x No	Cellular No			
Le	nding Institution				
Pe	riod of Insurance From:	-	То:		
Ple	ease give details of any current policies you hold with C	oralis	le		
P	ART 2 GENERAL QUESTIONS (must be fully cor	nplet	ed in	all cases)	
		YES	NO	If you answer YES to any question, please detail below:	
1.	Do any of the buildings you occupy have walls other than brick, stone or concrete or roofs other than of slate, tile, concrete, metal or asbestos?				
2.	Does any other business occupy or operate from such buildings?				
3.	Have you or has any director or partner been convicted of arson or any offence involving dishonesty of any kind, e.g., fraud, robbery, theft or handling stolen goods?				
4.	In respect of any of the risks against which you now wish to insure:				
	a. Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last five years?				
	b. Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions?				
	c. Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last five years?				
5.	Is your computer equipment subject to a maintenance contract?				

CG INSURANCE Office Options	PROPOSAL FORM FOR INSURANCE
PART 3 SECTION 1A: CONTENTS (see Part 5 - How to Calculate Your Sums Insured)	
A. Business Equipment - fixtures, fittings, fixed glass and all other contents for which you are legally responsible.	\$
Of this figure, what amount relates to computer equipment? \$	
B. Leasehold Improvements	\$
C. Reproduction of your Business Files	\$
D. Electronic Equipment (Worldwide)	\$
PART 4 OPTIONAL ADDITIONAL COVERS (complete only those items required)	
SECTION 2: INTERRUPTION OF THE BUSINESS (see Part 5 - How to Calculate Your Sums Insu	red)
A. Indemnity Period required 🛛 12 months 🗖 18 months 🗖 24 months	
B. Sum Insured for Increased Office Expenses	\$

SECTION 3: BUSINESS TRAVEL (list the names of any person to be insured and the estimated number of annual business trips)

Name of Traveller	Trips	Name of Traveller	Trips

PART 5 HOW TO CALCULATE YOUR SUMS INSURED

It is important to select and maintain adequate Sums Insured which take into account revenue, growth and acquisitions of equipment, etc.

CONTENTS - "Business Equipment" represents the cost of replacing, as new, all the items which you own or are legally responsible for as a tenant, without any deduction for wear, tear and depreciation and including any delivery and installation charges. This includes Furniture, Equipment & Machinery (computers, copiers, telephones, etc.), Office Fronts (glass, fixed signs, etc.) and all Other Contents (stationery, stock, etc.) plus the cost of debris removal.

"Business Files" represents the value of materials including stamp tax, the cost of labour or computer time expended in reproduction and expenses likely to be incurred to retrieve or re-compile the information.

BUSINESS INTERRUPTION - "Increased Office Expenses" represents your assessment of the additional costs, e.g., renting alternative office space, removal costs and expenses, etc., that would be incurred during the selected Indemnity Period following damage at the premises. This more limited cover will not compensate you for actual loss of revenue. Any expenses must reduce the loss of revenue of the Business to be considered covered expenses for the purpose of this insurance.



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PART 6 DECLARATION

I/We wish to effect insurance with Coralisle Insurance Company Ltd. I/We declare that the above statements and particulars are complete and correct and no material fact has been misrepresented, misstated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and Coralisle and I/we agree to accept Coralisle's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is my agent for that purpose and not the agent of Coralisle. (If you have not personally completed the answers to the questions, you should check them carefully before signing this declaration)

Si	ar	nat	ur	е

Date _____

For Office	Policy No.	First Premium	Renewal Premium	Agency
Use Only		\$	\$	

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Personal and Business Insurance INSURANCE | HEALTH | PENSIONS | LIFE A member of Coralisle Group Ltd.