

Condo Options

PART 1 DETAILS OF APPLICANT

Strata Name & Number _____

Name of Condo development _____

Full Description of all services/activities, including if any bar/restaurant, gym, shops, spas, pools etc _____

Number of Condominium Units at this site _____ Elevation above sea _____ feet

What is the overall square footage of the total accommodation of the units? _____

When was the development built? _____ Block & Parcel/GPS Coordinates _____

Business Address (the Premises) _____

Mailing Address _____

Contact Person _____ Email Address _____

Contact Nos. _____ Website _____







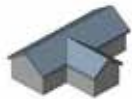
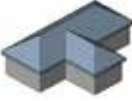
Period of Insurance From _____ To _____ Requested Policy Currency KYD USD

Please give details of any current policies you hold with BritCay _____

PART 2 GENERAL QUESTIONS **These are extremely important and all must be answered.**

1. Are your premises, including walls, gates and fences, in good repair? No Yes
2. Do you have elevators, boilers or other pressure vessels? No Yes
 If Yes, are they inspected to comply with all safety requirements? No Yes
 If Yes, please provide copies of the current inspection certificates. Attached
3. a) Are elevators, pressure plant, and electrical plant (such as pool pumps, etc.) the subject of a maintenance agreement, or are they covered under any warranty? No Yes
 b) Does the development have any evaporative condensers or cooling towers on site? No Yes
 If Yes, please give details: _____
4. In the past 5 years, have you suffered any loss/damage (insured or not) by any peril for which insurance is now proposed? No Yes
 If Yes, please give details: _____
5. Have you or any member of the Strata Board:
 - a) Had any previous insurer decline a proposal, refuse to renew a policy or impose special terms or conditions? No Yes
 - b) Ever been convicted of, or is any prosecution pending for, any offence involving dishonesty of any kind (e.g., involving fire, fraud, theft, or handling stolen goods)? No Yes
 If Yes, please provide details: _____
6. a) Are records of revenues kept? No Yes
 If No, how would the exact amount of any loss be ascertained? _____
- b) Are the accounts of the business professionally audited or certified? No Yes
- c) Do you produce monthly management accounts? No Yes

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7. Please provide the following property details:
- a) roof is built of: Shingles (of: Asphalt Clay Concrete Wood Slate) Metal/Galvanised
 Concrete Stone Other: _____
- b) roof design is most like:
- 







- Shed Gable Hip Gable with Domer Low Slope (flat) Gambrel Gable & Valley Hip & Valley
- c) roof Anchor used: Hurricane ties Integral with walls Bolted to walls None
 internal walls are built of: Masonry Wood Lathe/drywall If mixed, estimate proportion of each: _____
- d) floors are made of: Concrete Wood If mixed, estimate proportion of each: _____
- e) the ceilings are: Drop/false/suspended None/exposed rafters
- f) the air-conditioning equipment consists of: Window units Wall units
 Split system (Mounted on: roof wall ground) Mechanically secured to mount surface
- g) there are storm shutters on: Windows _____% Exterior doors with glass _____% None
8. Is the building multi-storied? If Yes, how many floors? _____ No Yes
9. Do the premises have:
- a) fire alarm(s) installed? No Yes
- b) sprinkler system(s) installed? No Yes
- c) gated security post, CCTV or patrols? No Yes
- If Yes to a) or b), is the fire alarm/sprinkler system monitored by a 24 hour security service? No Yes
10. Are any of the condominium units:
- a) rented? No Yes
- b) let as holiday accommodation? No Yes
- c) occupied on a time-share basis? No Yes
- d) likely to be left unoccupied for more than 60 days at any one time? No Yes
- e) used for business purposes? No Yes
- If Yes to any of the above, please provide details: _____
11. Are the premises at risk of inundation from the sea? If Yes, please provide details: _____ No Yes
12. Is there any history or indication of subsidence, landslip or heave at the development? No Yes
 If Yes, please provide details: _____
13. Are the premises equipped with any windstorm protections? If Yes, please provide details: _____ No Yes
14. Has the building been renovated? If Yes, please provide a description and date(s) of renovation(s): _____ No Yes
15. Are owners allowed pets? If Yes, what are the rules? _____ No Yes
16. Do you have a maintenance contract to keep pools, facilities and common areas clean, in good repair? No Yes

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PART 3 DETAILS OF COVER REQUIRED

Basis of Sum Insured. Your Sum Insured should represent the cost of rebuilding your property 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.

You, the Insured are responsible for providing Us, the Insurer with the true cost to rebuild your insured property. We recommend that you hire a licensed surveyor to provide you with a valuation in order to ensure that your Sum Insured is adequate.

If your property is damaged and it is determined that the Sum Insured is less than the true cost to rebuild Your insured property at the time of the damage, any claim for such damage will be paid in the proportion that your sum insured bears to the true cost to rebuild, per the Underinsurance definition in the Policy.

SECTION A: PROPERTY

Sum Insured

- | | |
|--|----------|
| 1. Buildings: the sum insured should represent the current rebuilding cost of the properties, including professional fees and debris removal(unless stated otherwise), fixtures and fittings, garages, patios, terraces, footpaths, swimming pools, tennis courts, drives, walls, fences and gates and including the cost of complying with statutory requirements, fees and associated costs. | \$ _____ |
| 2. Pools/Hot Tubs | \$ _____ |
| 3. Retaining Walls | \$ _____ |
| 4. Loss of Rental Income If in excess of the policy limit of 10% or \$25,000 (whichever is less) of the Buildings Sum Insured. | \$ _____ |
| 5. Contents of Common Areas including business equipment, furniture, fixtures and fittings and all other contents owned by, or the responsibility of, the Proposer. | \$ _____ |
| 6. Alternative Accommodation that exceeds the policy limit of 10% or \$25,000 (whichever is less) of the Buildings Sum Insured. | \$ _____ |
| 7. Any other property (please give full description). In particular do you have any piers, jetties or docks for which cover is required? If so, describe construction and rebuilding costs. | |
| _____ | |
| _____ | |
| _____ | \$ _____ |

Do these sums insured include Property of any description owned by/the responsibility of any individual Owner/Occupier?

No Yes If Yes, please provide details? _____

Optional Extensions

Please indicate which if any of the following Optional Extensions are required. If you tick Yes, please provide further details:

- | | |
|---|---|
| a) Subsidence _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b) Sprinkler Leakage _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c) Sea Walls, Canal Walls, Docks, Jetties or Piers, if the value exceeds \$50,000 _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ |
| d) Machinery Breakdown _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ |

SECTION B: PUBLIC LIABILITY

Is Public Liability Insurance required? No Yes

The standard Policy provides \$1,000,000 limit of indemnity per accident. Do you wish to arrange a higher limit? No Yes

\$ _____

If Yes, what limit of indemnity is required?

What is the estimated Annual Income of the Business? \$ _____

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Are there any other sources of income to the development (e.g., restaurants, swimming pools, tennis courts, gift shops) or other amenities which are open to non-residents? No Yes

If Yes, please provide details: _____

Do you wish to insure for Products Liability Insurance for food and drink supplied? No Yes

If Yes, what is the estimated annual sales of food and drink? \$ _____

Do you provide any form of spa or hairdressing treatments? No Yes

Do you accept liability under contract or agreement for which you would not otherwise be liable? No Yes

Are you represented in any form (e.g., branch office, sales office, agent or associated company) in another country? If Yes, please provide details: No Yes

SECTION C: EMPLOYER'S LIABILITY & WORKMEN'S COMPENSATION

Is Employer's Liability Insurance required? No Yes

The standard policy provides \$1,000,000 limit of indemnity per accident. Do you wish to arrange a higher limit? No Yes

If Yes, what limit of indemnity is required? \$ _____

Please provide an estimate of the annual salaries and wages paid to all employees. Employee means any person under a contract of service or apprenticeship with the Proposer including labour only sub-contractors. Salaries and Wages means the employees total remuneration including overtime and bonuses.

Description of Type of Work	No. of Employees	Annual Salaries and Wages
Clerical and Managerial		\$
Porters, Bar and Cleaning Staff		\$
Maintenance Staff including gardeners		\$
		\$
		\$
		\$
		\$

Do any of your employees use electrical or petrol driven machinery? No Yes

Do your employees work on the exterior of buildings at heights greater than one storey? No Yes

If Yes, please provide details: _____

Have you carried out all obligations imposed on you by any law or regulation? No Yes

SECTION D: MONEY

Money is defined as Cash, bank notes, cheques, bank drafts, money orders, bills of exchange, current postage stamps and credit card company sales vouchers owned by the Insured and used in the course of the Insured's Business.

Is cover required for Money Insurance? No Yes

Business Hours is defined as the period during which the Insured's premises are occupied by the Insured or those employees entrusted with Money.

Business Hours: _____ How far is your bank from the premises? _____

How often is Money banked/withdrawn? _____ How is the journey to the bank made? _____

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General Questions

1. Can the proposed Insured confirm the following:

- a) Board meetings are held at least quarterly? No Yes
- b) The strata committee commission an independent audit at least annually? No Yes
- c) The strata plan publishes reports and accounts annually? No Yes
- d) The strata plan is able to meet its financial obligations as they fall due? No Yes
- e) The strata plan carries property insurance in compliance with local laws? No Yes
- f) All properties that are part of the strata plan have been handed over from the original developer to the ultimate owner? No Yes
- g) No individual or entity own more than 20% of the properties within the strata plan? No Yes
- h) You have had no claims during the last 5 years and there are no circumstances that could give rise to a claim? No Yes

If No, please provide details: _____

2. Is the proposed Insured aware of any material circumstance which may materially impact their Directors and Officers Liability Insurance? No Yes

If Yes, please provide details: _____

3. Please provide details of your current insurance arrangements: _____ None in place

4. Please specify the limit of indemnity and deductible level required:

Please check one:	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4
Limit of Indemnity:	US\$250,000	US\$500,000	US\$1,000,000	US\$
Deductible:	Nil	Nil	Nil	

PART 4 DECLARATION

We wish to effect an insurance with British Caymanian Insurance Company Limited (BritCay). We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. We agree that this proposal shall form the basis of the contract between us and BritCay and we agree to accept BritCay's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is our agent for that purpose and not the agent of BritCay. We understand that the Liability of the Insurers does not commence until the Proposal has been accepted by the Insurers. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Print Name _____ Capacity _____

Signature _____ Date _____

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

You may on occasion be contacted by a company within the Coralisle Group Ltd. with offers and/or information in respect of other Coralisle Group Ltd. products. We confirm that only your contact details will be available to Coralisle Group Ltd. personnel for such purposes and that your private information will not otherwise be transferred between Coralisle Group Ltd. 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 Coralisle Group Ltd. personnel, please check here . Note that unless you check this box, Coralisle will consider and operate on the basis that you have provided your express consent to the exchange of your contact details only between Coralisle personnel for the limited and specific purposes described above.

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