

Home Options

IMPORTANT: You must inform British Caymanian Insurance Company Limited (BritCay) 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. All currency figures are in CI\$. Exchange Rate: 1 US\$ = 0.82 CI\$.

PART 1 DETAILS OF APPLICANT

Full Name _____
 Mailing Address _____
 Email Address _____ Home No. _____
 Occupation _____ Cellular No. _____
 Date of Birth _____ Work No. _____
 Status (check one) The Owner/Occupier The Landlord The Tenant
 Please give details of any current policies you hold with BritCay _____

PART 2 PERIOD OF INSURANCE

From (DD/MM/YY) _____ To (DD/MM/YY) _____

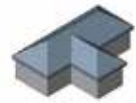
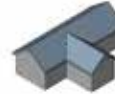
PART 3 DETAILS OF PROPERTY

Address of Property to be Insured: _____
 _____ Year Constructed _____

Is the Property the subject of a loan? No Yes If Yes, name of Mortgagee: _____

Roof Material: Metal/Galvanised Concrete Stone
 Shingles (of: Asphalt Clay Concrete Wood Slate) Other: _____

Roof Design: Check the example below that best describes your roof design



Shed Gable Hip Gable with Domer Low Slope (flat) Gambrel Gable & Valley Hip & Valley

Roof Anchor: Hurricane ties Integral with walls Bolted to walls None

Internal Walls: Masonry Wood Lathe/drywall If mixed, please estimate proportion of each: _____

Floors: Concrete Wood If mixed, please estimate proportion of each: _____

Ceilings: Drop/false/suspended None/exposed rafters

Air-conditioning equipment: Window units Wall units

Split system - Mounted on: roof wall ground mechanically secured to mount surface

Storm Shutters: Windows ____% Exterior doors with glass ____% None

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. in an area subject to flooding or inundation of the sea? No Yes

b. protected by sea walls? No Yes

c. used for any business purposes? No Yes

d. occupied by tenants or paying guests? No Yes

i. Tenants: In addition to that occupied by the owner, how many separate leasable units are there? No Yes

ii. Paying guests: What is the max number of paying guests accommodated at the insured address? No Yes

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e. a weekend or holiday home, not your main residence? <input type="checkbox"/> No <input type="checkbox"/> Yes	
f. regularly left unattended as a result of all adult residents being in full- or part-time work? <input type="checkbox"/> No <input type="checkbox"/> Yes	
g. left unoccupied for any other reasons? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. a. Is the dwelling a condominium? <input type="checkbox"/> No <input type="checkbox"/> Yes	
b. Are you responsible for the fixtures and fittings (tub, toilet, hot water heater, kitchen cabinets, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. a. Is the dwelling an apartment? <input type="checkbox"/> No <input type="checkbox"/> Yes	
b. Is there a separate locked entrance under your sole control? <input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Has the building been renovated? If Yes, please provide a description and date(s) of renovation(s). <input type="checkbox"/> No <input type="checkbox"/> Yes	
5. Is the building multi-storied? If Yes, how many floors? <input type="checkbox"/> No <input type="checkbox"/> Yes	
6. Does the dwelling have any security or fire suppression features? <input type="checkbox"/> No <input type="checkbox"/> Yes	
7. Have you or any member of your family permanently residing with you:	
a. suffered any losses during the past five years from any of the events against which you wish to insure? <input type="checkbox"/> No <input type="checkbox"/> Yes	
b. been refused insurance by any insurer for any of the events against which you wish to insure? <input type="checkbox"/> No <input type="checkbox"/> Yes	
c. had any policy cancelled for any reason? <input type="checkbox"/> No <input type="checkbox"/> Yes	
d. ever been convicted of any criminal offence in the last five years (excl. motor offences)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

PART 4 DESCRIPTION OF THE PROPERTY INSURED

Basis of Sum Insured. Your Sum Insured should represent the Reinstatement Value of the property to be insured under Cover One. This is the total cost to rebuild or replace the property, including an allowance for professional fees, statutory costs and removal of debris.

You, the Insured are responsible for providing Us, the Insurer with the true Reinstatement Value of 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 Reinstatement Value of 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.

COVER ONE: BUILDINGS

	Buildings	CI\$ _____
	Pools/Hot Tubs	CI\$ _____
Retaining Walls date of construction: _____	Retaining Walls	CI\$ _____
	Fencing	CI\$ _____
	Docks, Piers, Jetties	CI\$ _____
Please specify "Other*" items: _____	Sea Walls	CI\$ _____
_____	Solar Panels	CI\$ _____
_____	*Other	CI\$ _____
_____	Total	CI\$ _____

Additional Peril Coverage: Subsidence - Do you wish to be covered for Subsidence? Yes No

If Yes, we require an additional land survey prior to acceptance.

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COVER FOUR: PUBLIC LIABILITY COVER - OWNER/OCCUPIER

The Indemnity Limit offered by British Caymanian Insurance Company Limited is CI\$2,000,000. This cover is available only in conjunction with Cover One and/or Two.

Personal Public Liability - Covers you and members of your household for legal liability related to accidents within the territorial limits of the policy but not connected with ownership of occupation of your home. Yes No

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 Cayman Islands during the period of cover.

Full Name	Date of Birth (DD/MM/YY)	No. of Days expected to be away from Cayman			
		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> 120
		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> 120
		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> 120
		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> 120
		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> 120
		<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> 120

PART 5 DECLARATION

I/We wish to effect an insurance with British Caymanian 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. I/We agree that this proposal shall form the basis of the contract between British Caymanian and me/us, and I/we agree to accept British Caymanian's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is my/our agent for that purpose and not the agent of British Caymanian. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

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 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.