



Home Options

PART 1 DETAILS OF APPLICANT

Full Name _____
 Residential Address _____
 Mailing Address _____
 Email Address _____ Home No. _____
 Date of Birth _____ Cellular No. _____
 Occupation _____ Work No. _____
 Status (check one): The Owner/Occupier The Landlord The Tenant

PART 2 DETAILS OF PROPERTY

Risk Address _____ Distance from Sea/Canal _____
 Construction - Walls: _____ Roof: _____ Height _____

PART 3 INSURANCE REQUIREMENTS

Full: Excluding Catastrophe Perils Including Catastrophe Perils Accidental Damage/All Risks
 Buildings: \$ _____ Contents: \$ _____ Specified Contents: \$ _____
 Personal Possessions: \$ _____ Pool: \$ _____ Sea Walls: \$ _____
 Jetties/Docks: \$ _____ Other (Specify) _____

PART 4 GENERAL QUESTIONS (If you answer Yes to any question below, please provide details on reverse.)

Have you ever:
 a. been refused insurance by any other insurer or had your policy cancelled? No Yes
 b. declared bankruptcy? No Yes
 c. been convicted for any criminal offence? No Yes
 Have or will the premises be:
 a. left unattended for a period exceeding 30 days or used by anyone (other than you or your family) for any purpose? No Yes
 b. used for any business purposes including being rented to others? No Yes
 c. regularly maintained and kept in good repair? No Yes
 d. secured in any way against storm, hurricane, etc. and the entry of thieves? No Yes
 e. occupied as a multi-family dwelling? No Yes

Give details of any losses or Damage sustained over the past three years to the property to be insured (including any Damage or injury involving Third Parties or Employees):

PART 5 FINANCIAL DETAILS

Mortgagee (if applicable) _____ Premium Amount: \$ _____
 Is Financing Required? No Yes If Yes, Terms (Deposit/Period): _____
 Policy Period: Effective From _____ To _____

PART 6 DECLARATION

I/We wish to effect an Insurance with CG Atlantic General Insurance Ltd. I/We declare that the above statements are complete and correct and that no material fact has been mis-represented, mis-stated or withheld. I/We agree to CG Atlantic General'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 CG Atlantic General.

Data Protection Act: By my signature below I hereby accept and authorize the dissemination of any of the information contained in this form subject only to such information being released/used for the purposes of any legal action (for which an indemnity is granted under the policy to which this form relates) and/or to any Professional or other body/Association having a right or need to know such information, e.g., Police/Road Traffic/Insurer (in respect to NCD enquiry)/Bahamas Insurance Association (Claims Bank).

Signature of Applicant: _____ Date: _____ Time: _____

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Personal and Business Insurance

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