



### 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 Security and General Insurance Company Limited. 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 Security and 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 Security and 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: \_\_\_\_\_

**Security and General Insurance Company Limited** Atlantic House, 2nd Terrace & Collins Avenue, Nassau, Bahamas  
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Personal and Business Insurance

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