



I 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 Residential 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 \_\_\_\_\_

Please give details of any current policies you hold with BritCay \_\_\_\_\_

II GENERAL QUESTIONS

These are extremely important and all must be answered.

- 1. Are your premises, including walls, gates and fences, in good repair?
2. Do you have elevators, boilers or other pressure vessels?
3. a) Are elevators, pressure plant, and electrical plant... b) Does the development have any evaporative condensers...
4. In the past 5 years, have you suffered any loss or damage...
5. Have you or any member of the Strata Board:
6. a) Are records of revenues kept? b) Are the accounts of the business professionally audited...
7. Do the premises have:
8. Do the premises have:



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9. Are any of the residential 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: \_\_\_\_\_

10. Are the premises at risk of inundation from the sea?  No  Yes

If Yes, please provide details: \_\_\_\_\_

11. Is there any history or indication of subsidence, landslip or heave at the development?  No  Yes

If Yes, please provide details: \_\_\_\_\_

12. Are the premises equipped with any windstorm protections?  No  Yes

If Yes, please provide details: \_\_\_\_\_

III DETAILS OF COVER REQUIRED

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. Loss of Rental Income that exceeds the policy limit of 10% of the Buildings Sum Insured in respect of any one Residential Unit.	\$ _____
3. Contents of Common Areas including business equipment, furniture, fixtures and fittings and all other contents owned by, or the responsibility of, the Proposer.	\$ _____
4. Any other property (please give full description). In particular do you have any piers, jetties or docks for which cover is required? If yes, then describe construction and rebuilding costs. _____	\$ _____

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? \$ \_\_\_\_\_

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?  No  Yes

If Yes, please provide details: \_\_\_\_\_

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 such law or regulation?  No  Yes

### SECTION D: MONEY

**Money** is defined as Cash, bank or currency notes, cheques, personal bank cash guarantee, credit cards, postal orders and postage stamps, luncheon vouchers and similar tokens owned by the Insured for which he is responsible.

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? \_\_\_\_\_

How many employees accompany the maximum amount in transit? \_\_\_\_\_ Is Money conveyed to or from places other than the bank? \_\_\_\_\_

Do you have a safe in which Money is kept? If Yes, please provide the following details:  No  Yes

a) The make and model of the safe: \_\_\_\_\_

b) The number of keys and whom held by: \_\_\_\_\_

c) Are all keys removed from the premise out of Business Hours?  No  Yes

What is the estimated annual amount of money in transit to and from the premises and the bank/financial institution? \$ \_\_\_\_\_

What limits of liability are required for any single loss arising from:

a) Money contained in a locked safe within the premises outside of business hours: \$ \_\_\_\_\_

b) Money whilst in transit or within the premises during business hours: \$ \_\_\_\_\_

c) Money at the private dwelling houses of authorized directors/employers: \$ \_\_\_\_\_

### SECTION E: FIDELITY GUARANTEE

Is cover required for Fidelity Guarantee Insurance?  No  Yes

a) How frequently do you reconcile your cash and do your banking? \_\_\_\_\_

b) How frequently do you undertake stock control and inventory checks? \_\_\_\_\_

c) Which employees are to be insured? \_\_\_\_\_

d) What limit per employee is required? \$ \_\_\_\_\_

### SECTION F: DIRECTORS AND OFFICERS LIABILITY

Is Liability Insurance to protect Directors and Officers required? If Yes, please complete page 4.  No  Yes

### III DECLARATION

I/We wish to effect an insurance with British Caymanian Insurance Company Limited (BritCay). 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 BritCay and I/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 my agent for that purpose and not the agent of BritCay. I/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 \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note the liability of the Insurers does not commence until this Proposal Form has been accepted by the Insurers.

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



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SECTION F: DIRECTORS' AND OFFICERS' LIABILITY

Note: It is important that the person signing the Declaration below is fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt please contact British Caymanian Insurance Company since non-disclosure may affect an Insured's right of recovery under the Policy or lead to avoidance.

V DETAILS OF DIRECTORS/OFFICERS

Table with 2 columns: Full Name of Directors, Partners, Owners, Officers; Business/Profession

VI GENERAL QUESTIONS

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

3. Please provide details of your current insurance arrangements. If you currently have no cover in place, please move on to question 4.

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

Table with 5 columns: Please check one, Option 1, Option 2, Option 3, Option 4. Rows: Limit of Indemnity, Deductible.

VII DECLARATION

I/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 the undersigned on behalf of the proposer, agrees that this form and the said statements shall be the basis of the contract should a policy be issued and will be incorporated in the Policy. We agree to accept BritCay's usual form of policy for insurances of this nature. If this proposal has been completed by anyone else, that person is my 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. I undertake to inform Insurers of any material alteration to these facts occurring at any time. (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 \_\_\_\_\_