

Home Options

IMPORTANT: You must inform Coralisle Insurance (BVI) Ltd. 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.

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 Coralisle _____

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 _____

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 overflow 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: No Yes

In addition to that occupied by the owner, how many separate leasable units are there at the insured address?

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

PART 4 PROPERTY SUMS INSURED

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

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COVER ONE: BUILDINGS

Is the Property subject to a loan? No Yes

If Yes, provide the name of the Mortgagee:

Retaining Walls date of construction: _____

Please specify "Other" items: _____

Buildings \$ _____

Pools/Hot Tubs \$ _____

Retaining Walls \$ _____

Fencing \$ _____

Docks, Piers, Jetties \$ _____

Sea Walls \$ _____

Solar Panels \$ _____

Other \$ _____

Total \$ _____

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

COVER TWO: CONTENTS (excluding items insured under Cover Three below)

Basis of Sum Insured. Your Sum Insured should represent the full replacement value of all Contents less an allowance for wear and tear on clothing and household linen.

Contents \$ _____

Does the Sum Insured represent the full value of the Contents calculated on the same basis as that described above? Yes No

If No, please give full details: _____

Does the value of articles of jewelry, precious metal, furs, paintings, works of art, collections of coins, medals or stamps exceed \$5,000? Yes No

If Yes, they should be specified below (NB: Evidence of value is required for Specified Contents) _____

COVER THREE: PERSONAL POSSESSIONS (ALL RISKS COVER)

Basis of Sum Insured (Indemnity).

Do you require Cover?

A. Unspecified Articles, Personal Effects and Clothing where the value does not exceed \$2,000 per item.

Yes No \$ _____

The minimum sum insured for this section is \$2,000, the maximum is \$5,000.

This section also provides cover for loss of money and credit cards.

B. Specified Articles (Agreed Value) whose value exceeds \$2,000 per item.

Yes No \$ _____

List in the Specified Articles box a full description of each item and its value.

NB: Evidence of value is required for these items.

C. Sports Equipment. Please state which type of equipment is to be insured.

Yes No \$ _____

Fishing \$ _____ Golf \$ _____ Tennis \$ _____

Cricket \$ _____ Other \$ _____

D. Pedal Cycles

Yes No \$ _____

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PART 5 DECLARATION

I/We wish to effect an insurance with Coralisle Insurance (BVI) Ltd. 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 Coralisle and I/we agree to accept Coralisle'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 Coralisle. (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.

To be completed by the Agent	Policy No.	Period of Insurance		First Premium	Renewal Premium	Receipt No.	Agency
		From:	To:	\$	\$		