

## 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 (DD/MM/YY) \_\_\_\_\_ 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) \_\_\_\_\_

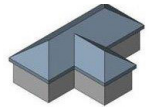
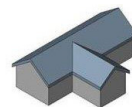
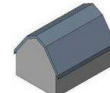
### PART 3 DETAILS OF PROPERTY

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 Domes  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


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<p>i. Tenants: In addition to that occupied by the owner, how many separate leasable units are there at the insured address?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<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.

## Home Options

### 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 \$ \_\_\_\_\_



## Home Options

**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.)

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan Coralisle Insurance (BVI) Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Insurance (BVI) Ltd. processing my personal data, in accordance with Coralisle Insurance (BVI) Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to Coralisle Insurance (BVI) Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Insurance (BVI) Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

LIABILITY OF THE INSURERS DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE INSURERS

Print Name \_\_\_\_\_

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

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