



Home Options

IMPORTANT: You must inform CG Atlantic General Insurance 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 _____

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

Current policies with CG Atlantic General (Check all that apply): Home Motor Marine Business

PART 2 PERIOD OF INSURANCE From (DD/MM/YY): _____ To (DD/MM/YY): _____

PART 3 DETAILS OF PROPERTY

- Risk Address (Property to be Insured): _____
- Directions to Property _____
- Type of Property (Check One): A Single Family Stand Alone Dwelling A Condominium
 An Apartment Building An Apartment
If it's an Apartment, is there a separate locked entrance under your sole control? Yes No
- Year of Construction: _____
- Recent Renovations: Year: _____ Extent: _____
- Roof: Metal Standing Seam Shingles (of: Asphalt Clay Wood Slate) Flat Concrete
 Other: _____
- Exterior Walls: Masonry Wood Frame Metal Other: _____
- Hurricane Protection: Storm Shutters Impact Resistant Windows
- Are there any retaining walls (used to hold back earth or rubble) on the insured premises? Yes No
- Interior Walls (check all that apply): Wood Drywall Masonry
- Interior Wood Floors: Throughout Some None
- Burglar Alarm: Yes No
- Fire Extinguishers: Yes No
- Are any of the buildings, or parts of the buildings, or property (please tick Yes or No to the following)?
 - Within 200' of any body of Water: Yes No
 - Prone to flooding due to rain or sea water: Yes No
 - Protected by sea walls or a breakwater: Yes No
 - Regularly unoccupied for 30+ days: Yes No
 - Occupied by tenants: Yes No If Yes, how many separate tenants: _____
 - Rented occasionally for periods of less than one month: Yes No If Yes, give details: _____
 - Used for any business purpose: Yes No If Yes, give details: _____
 - A weekend or holiday home and not your main residence: Yes No
- Have you or any member of your household (please tick Yes or No to the following)?
 - Suffered any losses from an event for which you wish to be insured: Yes No
 - Been refused insurance by an insurer for any events for which you wish to be insured: Yes No
If yes, please describe: _____



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- c. Had any policy of insurance cancelled by the insurer: Yes No
- d. Ever been convicted of a criminal offence: Yes No
- e. If yes, please describe: _____

16. Is the property to be insured the subject of a loan: Yes No If Yes, name of mortgagee: _____

PART 4 COVER REQUIRED

Full Perils Coverage with deductible of: 2% 5% 10% or Coverage excluding Catastrophe Perils

PART 5 SUMS INSURED

Your Sum Insured should represent the Reinstatement Value of the property to be insured under Cover One. This is the total cost to rebuild or replace the property, including an allowance for professional fees, statutory costs and removal of debris.

You, the Insured are responsible for providing Us, the Insurer with the true Reinstatement Value of 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 Reinstatement Value of 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 Reinstatement Value, per the Underinsurance definition in the Policy.

COVER ONE: BUILDINGS

Buildings	\$ _____
Masonry Walls in the garden 4' or higher	\$ _____
Fencing	\$ _____
Pools/ Hot Tubs including necessary equipment	\$ _____
Sea Walls	\$ _____
Docks, Piers and Jetties	\$ _____
Solar Panels including necessary equipment	\$ _____
Generators	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total	\$ _____

COVER TWO: CONTENTS

Your Sum Insured should represent the cost to replace all the contents less an allowance for wear and tear on clothing and household linens. If your property is Damaged and it is determined that the Sum Insured is less than the true replacement cost of all contents at the time of Damage, any claim for such Damage will be paid in the proportion that your Sum Insured bears to the true cost to replace all the contents less an allowance for wear and tear on clothing and household linens.

1. **Home Contents** (excluding items insured under Cover Three below): Yes No \$ _____

The Home Options Policy excludes coverage for items used for business purposes. If you rent a part of your property for short term stays, you can extend the policy to cover those amenities provided for the use of paying guests as long as your total guest capacity is less than ten persons. This extension also provides public liability for incidents involving your vacation rental which would normally be excluded under the Home Options Policy.

2. **Vacation Rental Contents** (Contents in the rental unit): Yes No \$ _____

3. **Specified Contents** Does the total value of jewellery, precious metals, furs, paintings, works of art, collections of coins, medals, and stamps exceed \$5,000? Yes No

If Yes, please specify in the Attached Form for Cover Two: Specified Contents. These specified valuables will require evidence of their value.



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COVER THREE: PERSONAL POSSESSIONS (ALL RISKS COVER)

Please complete this section in respect of all items as described below, which are regularly taken away from the Home and/or items in the Home (as described below) for which Accidental Damage cover is required.

- A. **Unspecified Articles, Personal Effects and Clothing** (value does not exceed \$2,000 per item). The minimum sum insured is \$2,000. This section also includes loss of money and credit cards. Yes No \$ _____
- B. **Specified Articles** (agreed value) whose value exceeds \$2,000 per item. Yes No \$ _____
If yes, please provide a full description of each item and its value in the Attached Form for Cover Three.
- C. **Sports Equipment** (e.g. fishing gear, golf clubs, tennis racquets, etc.) Yes No \$ _____
- D. **Pedal Cycles** Yes No \$ _____

COVER FOUR: LIABILITY

- 1. **Owners and Occupiers Liability** for accidents happening in and on the premises of Your Home. The standard Limit of Indemnity under Home Options is \$1,000,000 and is only available in conjunction with Cover One and/or Cover Two.
Please indicate the Limit of Indemnity required: \$2,000,000 \$1,000,000 Other amount: \$ _____
- 2. **Personal Public Liability** for accidents happening within the Territorial Limits of the Policy but not connected with the ownership or occupation of Your Home: Yes No
If you select this coverage the Limit of Indemnity will be the same as the Limit of Indemnity for Owners and Occupiers Liability.
- 3. **Workmen’s Compensation for Domestic Employees:** Yes No
If yes, please state the Number of Employees: Indoor _____ Outdoor _____
If you select this coverage the Limit of Indemnity will be the same as the Limit of Indemnity for Owners and Occupiers Liability.

COVER FIVE: TRAVEL INSURANCE

Coverage required: Yes No If Yes, please print the full names and birth dates of the persons to be insured indicating the number of days each person expects to be away from The Territory during the Period of Insurance in the Attached Form for Cover Five.

PART 6

DECLARATION

I/We wish to effect an insurance policy with CG Atlantic General Insurance Ltd. (The Company). I/We declare that the above statements and particulars are complete, 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 The Company and I/we agree to accept The Company’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 The Company. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

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 Group Ltd. will consider and operate on the basis that you have provided your express consent to the exchange of your contact details only between Coralisle Group Ltd. personnel for the limited and specific purposes described above.

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

