



COLONIAL

SECTION 1 DETAILS OF APPLICANT

Full Name of Business _____

Full Names of Interested Parties _____

Description of the Business _____

Location of the Premises _____

Mailing Address _____

Email Address _____ Telephone No. _____

Fax No. _____ Cellular No. _____

Lending Institution _____

Period of Insurance From _____ To _____

Please give details of any current policies you hold with Colonial _____

SECTION 2 GENERAL QUESTIONS (must be fully completed in all cases)

YES NO If you answer YES to any question, please detail below:

- 1. Do any of the buildings you occupy have walls other than brick, stone or concrete or roofs other than of slate, tile, concrete, metal or asbestos? YES NO
- 2. Does any other business occupy or operate from such buildings? YES NO
- 3. Have you or has any director or partner been convicted of arson or any offence involving dishonesty of any kind, e.g., fraud, robbery, theft or handling stolen goods? YES NO
- 4. In respect of any of the risks against which you now wish to insure:
 - a. Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last five years? YES NO
 - b. Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions? YES NO
 - c. Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last five years? YES NO
- 5. Is your computer equipment subject to a maintenance contract? YES NO

SECTION 3 CONTENTS (see Section 5 - How to Calculate Your Sums Insured)

- A. Business Equipment - fixtures, fittings, fixed glass and all other contents for which you are legally responsible. \$ _____
Of this figure, what amount relates to computer equipment? \$ _____
- B. Leasehold Improvements \$ _____
- C. Reproduction of your Business Files \$ _____
- D. Electronic Equipment (Worldwide) \$ _____

SECTION 4 OPTIONAL ADDITIONAL COVERS (complete only those items required)

INTERRUPTION OF THE BUSINESS (see Section 5 - How to Calculate Your Sums Insured)

A. Indemnity Period required 12 months 18 months 24 months

B. Sum Insured for Increased Office Expenses \$ _____

BUSINESS TRAVEL (please list the names of any person to be insured and the estimated number of annual business trips)

Name of Traveller	Trips	Name of Traveller	Trips

SECTION 5 HOW TO CALCULATE YOUR SUMS INSURED

It is important to select and maintain adequate Sums Insured which take into account revenue, growth and acquisitions of equipment, etc.

CONTENTS

“Business Equipment” represents the cost of replacing, as new, all the items which you own or are legally responsible for as a tenant, without any deduction for wear, tear and depreciation and including any delivery and installation charges. This includes Furniture, Equipment & Machinery (computers, copiers, telephones, etc.), Office Fronts (glass, fixed signs, etc.) and all Other Contents (stationery, stock, etc.) plus the cost of debris removal.

“Business Files” represents the value of materials including stamp tax, the cost of labour or computer time expended in reproduction and expenses likely to be incurred to retrieve or re-compile the information.

BUSINESS INTERRUPTION

“Increased Office Expenses” represents your assessment of the additional costs, e.g., renting alternative office space, removal costs and expenses, etc., that would be incurred during the selected Indemnity Period following damage at the premises. This more limited cover will not compensate you for actual loss of revenue. Any expenses must reduce the loss of revenue of the Business to be considered covered expenses for the purpose of this insurance.

SECTION 6 DECLARATION

I/We wish to effect insurance with Colonial Insurance Co. 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 Colonial and I/we agree to accept Colonial'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 Colonial. (If you have not personally completed the answers to the questions, you should check them carefully before signing this declaration).

Signature _____ Date _____

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

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