



COLONIAL

IMPORTANT: You must inform Colonial 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.

SECTION 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 Colonial Insurance _____

SECTION 2 PERIOD OF INSURANCE

From (dd/mm/yy) _____ To (dd/mm/yy) _____

SECTION 3 DETAILS OF PROPERTY

Address of Property to be Insured: _____

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. built other than of brick, stone or concrete and roofed other than with slates, tiles or concrete? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. in an area subject to flooding or overflow of the sea? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. protected by sea walls? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. used for any business purposes? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. occupied by tenants or paying guests? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f. a weekend or holiday home and not your main residence? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| g. regularly left unattended as a result of all adult residents being in full- or part-time work? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| h. left unoccupied for any other reasons? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. a. Is the dwelling a condominium? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. Are you responsible for the fixtures and fittings (tub, toilet, hot water heater, kitchen cabinets, etc.)? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. a. Is the dwelling an apartment? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. Is there a separate locked entrance under your sole control? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4. Does the dwelling have any security or fire suppression features? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5. Have you or any member of your family permanently residing with you: | |
| a. suffered any losses during the past five years from any of the events against which you wish to insure? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. been refused insurance by any insurer for any of the events against which you wish to insure? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. had any policy cancelled for any reason? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. ever been convicted of any criminal offence in the last five years (excl. motor offences)? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

SECTION 4 DESCRIPTION OF THE PROPERTY INSURED

COVER ONE: BUILDINGS

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.

Buildings \$ _____

Pools/Hot Tubs \$ _____

Please specify "Other" items: _____

Sea Walls \$ _____

Docks, Piers & Jetties \$ _____

Name of Mortgagee _____

Other \$ _____

Total \$ _____

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.

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 \$ _____

Please 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 \$ _____ Other \$ _____

D. **Pedal Cycles** Yes No \$ _____

SPECIFIED ARTICLES (with a value of over \$2,000)

Item No.	Description of Specified Articles	Sum Insured
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

COVER FOUR: PUBLIC LIABILITY COVER - OWNER/OCCUPIER

The Indemnity Limit offered by **Colonial Insurance Company Limited** amounts to \$1,000,000 and the cover offered is only available with the covers under Cover One and/or Two in that it protects you for your liability to others as the owner and/or occupier of the insured Home.

Workmen’s Compensation for Domestic Employees.

Yes No

Number of Employees _____ Indoor _____ Outdoor _____

COVER FIVE: TRAVEL SURE - ANNUAL TRAVEL COVER

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 Bermuda during the period of cover:

Full Name	Date of Birth (dd/mm/yy)	No. of Days expected to be away from Bermuda
		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120
		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120
		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120
		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120
		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120
		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120
		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120
		<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120

SECTION 5 DECLARATION

I/We wish to effect an insurance with Colonial Insurance Company Limited. 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/our agent for that purpose and not the agent of Colonial. (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 Colonial Group with offers and/or information in respect of other Colonial Group products. We confirm that only your contact details will be available to Colonial Group personnel for such purposes and that your private information will not otherwise be transferred between Colonial Group 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 Colonial Group personnel, please check here . Note that unless you check this box, Colonial will consider and operate on the basis that you have provided your express consent to the exchange of your contact details only between Colonial 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:	\$	\$		



COLONIAL

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