

CAYMAN FIRST INSURANCE COMPANY LIMITED

COMMERCIAL COMBINED PROPOSAL

BROKER: _____

UNDERWRITER: _____

PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION FOR ANY OPERATIVE SECTION ON THE PROPOSAL FORM

No Insurance is in force until the proposal has been accepted by Cayman First Insurance Company Limited.

1. Name of Proposer/Company Name: _____
2. **MAILING** Address: _____ Email address: _____ Website: _____
3. Telephone Nos. Work: _____ Home: _____ Cell: _____
4. Business: _____
5. Situation of Premises to be insured: _____
6. Period of Insurance: _____ From: _____ To: _____
7. Territory: _____

SECTION 1 - FIRE & ALLIED PERILS

1. Please specify type of coverage required.
 - a. Fire including catastrophe perils
 - b. Fire excluding catastrophe perils
 - c. Fire only
2. Mortgagee/Loss Payee: _____ Branch: _____

AMOUNT TO BE INSURED	Sum Insured	Rate	Premium
3. On Building, including electrical installations and lifts, if any _____			
„ Machinery, Plant and all other Contents therein and thereon, the property of the Insured or held by them in trust for which they are responsible excluding Stock in Trade _____			
„ Stock and Materials in Trade, the property of the Insured or held by them in trust or on commission for which they are responsible _____			
„ Fixtures and Fittings _____			
„ Months' Rent of each of the Buildings insured by this Policy in proportion to the sum insured there on _____			
„ Other Items (<i>please specify</i>) _____			
Total			

N.B – Buildings standing apart from one another, or not communicating internally, must have separate sum insured upon each and if contents are in two or more distinct buildings, the sum to be insured thereon in each building must be specified.

4. (a) Construction of walls

(b) Construction of roof

5. Occupation of premises

(a) Describe your own use of the premises (e.g. retailing, storage, etc.)

(b) Do you occupy the whole of the premises?

If not, state how the remainder are occupied

(c) Are hazardous materials kept on the premises?

If so, please give details and quantities

(d) Will the premises be unoccupied for more than 30 days in any one year?

6. Does the premises adjoin communicate with (delete as applicable) any other premises? If so, please state

(a) How the neighbouring premises are occupied

(b) Of what materials are the walls and roof constructed

7. Is there any hazardous trade carried on near the premises or any other circumstances increasing the risk of Fire?

If so Please give full particulars

8. Are there any other insurances on the property proposed for this insurance?

If so, please state names of insurers and sums insured

9. (a) How long have you conducted business in these premises?

(b) Have you alone, or in partnership, conducted business elsewhere?

SECTION 2 - BUSINESS INTERRUPTION

If cover is required please answer the following questions in this section:

1. Please specify type of coverage required.

- a. Fire including catastrophe perils b. Fire excluding catastrophe perils c. Fire only

ITEMS TO BE INSURED	SUM INSURED	INDEMNITY PERIOD	PREMIUM
1. On GROSS PROFIT.....	\$	months	
2. On TOTAL WAGES for the first.....weeks followed by.....% for the remainder of the Indemnity period/Alternative Period..... weeks	\$		
3. On ACCOUNTANTS' CHARGES	\$		
Total Sum Insured			

2. Please state Specified Working Expenses (i.e. variable charges)
Wages (if insured by Item 2) Discounts allowed, Purchases less discounts, Power, Bad Debts, Packing Materials, Carriage

3. (a) How Long has the business been established?..... _____
- (b) When does your financial year end?..... _____
- (c) Name and address of your Accountants
- (d) Have you at present any Insurance covering Business Interruption
If so, give details

SECTION 3 - THEFT

If cover is required please answer the questions in this section:

- | | |
|--|---|
| <p>1. (a) State all addresses at which property is contained</p> <p>(b) Description of premises, e.g. Shop, Office, Warehouse, Factory, etc.</p> <p>(c) State how long occupied by you</p> | <p>(a)</p> <p>(b)</p> <p>(c)</p> |
| <p>2. (a) (i) Do the premises form part of a building otherwise tenanted?
(ii) If so, how is the building otherwise tenanted?</p> <p>(b) (i) Are the premises occupied or kept under surveillance outside normal business hours.
(ii) If "yes", please give details.</p> | <p>(a) (i)</p> <p>(ii)</p> <p>(b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(ii)</p> |

9. PARTICULARS OF PROPERTY TO BE INSURED		
	Sum Insured being Full Value	First Loss Sum Insured If you wish to insure the property on a first loss basis please indicate amounts in respect of each item
(1) Stock in Trade belonging to you consisting of:-		
(2) Goods in Trust or on Commission for which you are responsible consisting of:-		
(3) Fixtures, Fittings and Utensils in Trade		
	Total:	Total:
		Premium:

SECTION 4 – MONEY

If cover is required please answer the questions in this section:

The expression "MONEY" means Coin, Bank Notes, Currency Notes, Cheques, Banker's Drafts, Bills of Exchange, Postal Orders, Money Orders, Current Unused Postage Stamps and Revenue Stamps all belonging to you or for which you are responsible

DETAILS OF MONEY TO BE INSURED

NOTE: If more than one premises, please show the amount to be insured separately for each premises.

1. What is to be the normal maximum amount of Money - (does not include Crossed Cheques, Crossed Banker's drafts, Crossed Postal Orders or Crossed Money Orders) to be insured for any one loss? (increases for occasional larger amounts can be considered on request)

Limit Any One Loss

- (a) in transit.
- (b) in your premises during your business hours
- (c) in your premises out of your business hours:
 - (i) in a locked safe or strongroom
 - (ii) out of a locked safe or strongroom
- (d) in a bank night safe

2. What amount is to be insured in respect of loss or damage caused by thieves to any safe or strongroom belonging to you within the premises?

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RISK AND SECURITY DETAILS

3. State the estimated annual amounts of Money (other than crossed cheques, crossed bankers drafts, crossed postal orders and crossed money orders);

- (a) paid into the bank
- (b) drawn from the bank
- (c) in transit otherwise than under (a) and (b)

4. State estimated annual amount of crossed cheques, crossed bankers drafts, crossed postal orders and crossed money orders.

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5. For transit of Money, please state

- (a) the frequency of transits
- (b) number of employees involved
- (c) approximate distances involved
- (d) how the money will be conveyed i.e. on foot or by private or public conveyance
- (e) how the money is protected

6. Do you employ a Security Company for some or all of the transits?
If "Yes", please provide details Yes No

(a) name of the Security Company

(b) the criteria for use of the Security Company (e.g. transits in excess of 'x' amount, all transits.)

(c) does the Security Company accept responsibility for the Money under its contract conditions with you? Yes No

(d) estimate of the total annual carry by the Security Company for you

(e) do you wish transits by the Security Company to be included under the insurance?
If "Yes", the policy can be extended for an additional premium Yes No

7. If Wages/Money is distributed to Branch Offices before being paid away please give the following information:-

(a) address(es) of branch(es) and amount(s) involved

(b) How is money conveyed?

(c) How is money protected?

(d) What is approximate distance traveled?

(e) Is money retained overnight at Branch(es)? If so how is it protected?

8. Give details of safes and strongrooms on your premises

Manufacturer & Model	Fire or theft Resistant	Dimensions	Weight, if known	Is it built into the wall or fixed to the floor of the Premises?	Maximum amount kept in safe/strongroom outside of working hours

9. Will all keys to the safe(s) and strongroom(s) be removed from the premises when closed? Yes No

Premium:

SECTION 5 – PUBLIC LIABILITY

<p>If cover is required please answer the questions in this section:</p> <p>1. (a) State situation and description of all premises in respect of which this cover is to operate and indicate the extent to which access to your premises is available to members of the general public and third parties</p> <p style="text-align: right;">(b) Do you engage in business at any other premises? - If so, please state address</p> <p style="text-align: right;">(c) If any of your employees work away from your premises, state where and the nature of their work</p> <p style="text-align: right;">(d) Is any portion of your premises sub-let? Is so, give particulars</p>	<p>Situation</p> <p>.....</p> <p>Description</p> <p>.....</p> <p>Access</p> <p>.....</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>
<p>2. Do you desire to insure your liability for claims arising out of the possession or use of any of the following? If so, please give details of the number and type in each case:-</p> <p>(a) Hoists or Cranes</p> <p>(b) Goods Lifts</p> <p>(c) Passenger Lifts or Escalators</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>3. Do you desire to insure your liability for claims arising out of:-</p> <p style="padding-left: 20px;">(i) goods supplied at a canteen primarily provided for the use of your employees?</p> <p style="padding-left: 20px;">(ii) other goods sold or supplied? If so, please state</p> <p>(a) class of goods</p> <p>(a) estimated annual turnover (gross)</p> <p>(b) whether you are the manufacturer, wholesaler or retailer of such goods</p> <p>NOTE: In respect of claims arising from goods sold or supplied the limit of liability chosen for any one accident will also be the limit per year.</p>	<p>.....</p> <p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>4. Give particulars of:-</p> <p>(a) machinery used and motive power (N.B. – Items described in answer to question 2 not to be mentioned again.)</p> <p>(b) any work on ships, at airports, chemical works</p> <p>(c) explosives or chemicals used or stored</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>5. (a) If any of your contract work is subcontracted, do you desire to insure your liability for claims arising from the operations of sub-contractors?</p> <p style="padding-left: 20px;">(b) If so, state (i) nature of work sub-contracted (ii) estimated amount of contracts</p>	<p>(a)</p> <p>(b) (i)</p> <p style="padding-left: 40px;">(ii)</p>
<p>6. State limit of liability required in respect of any accident</p>	<p>(a)</p>

Premium:

SECTION 6 – WORKER’S COMPENSATION & EMPLOYERS LIABILITY

If cover is required please answer the questions in this section:

All Employees must be included

Employees	No.	Payments	Rate per cent.	Premium
Description				
a) Clerical and Managerial Staff who do not engage in manual Labour				
b) Machinists and their Labourers engaged with woodworking machinery driven by mechanical power other than (c) below				
c) Workers whose work with Wood-working machinery is restricted to the use of Lathes, Fretsaws, Boring Machines, Sanding Machines and Mechanically driven Portable Tools applied to the work by hand other than Pendulum and Swing Saws				
d) Shop Assistants, including Delivery hands				
e) Cleaners				
f) Other Employees (give description)				
Total			Total Premium	

*The term “payments” mean the total remuneration including overtime, value of board and lodging, housing accommodations, bonuses and other prerequisites in kind or money received by all persons working on behalf of the proposer.

If you wish to insure your liability to the workmen of sub-contractors please complete the following section:-

Name of Contractor	Nature of Work	If contract for labour and materials state estimated amount of contract	In cases for which the contract is for labour only state amount of contract	Rate per cent.	Premium

<p>1. Does the above Schedule of this proposal include</p> <p>(a) all persons in your employ?</p> <p>(b) all your sub-contractors’ employees?</p>	<p>a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Have you complied with all statutory requirements and other regulations applicable to the business?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Do any of your employees work with circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? If “YES”, please give particulars</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

4. Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Do any of your employees work near any boilers? If YES", please give detail	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Will any of your employees work with or near any acids, gases, chemicals or explosives? If "YES", please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Do any of your employees work with a) loading & unloading ships? b) power presses, power rollers or injection moulding machines? c) aircraft or at the airport	a) Yes <input type="checkbox"/> No <input type="checkbox"/> b) Yes <input type="checkbox"/> No <input type="checkbox"/> c) Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. State limit of Liability required for any one accident.		
Insurance History 1. Please state the identity of your previous Insurers of any of the operative sections		
2. Has any Insurer declined, refused to renew, cancelled any insurance under any of the operative Sections for you the proposer or any other person to whom the insurance would apply? If "Yes" please give full details		
3. Please state date, details and amount of any claims or incidents that could have given rise to a claim under any of the operative sections in the last 3 years		
Date of loss	Details	Amount

Important Note: All material facts must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence an Insurer in the assessment and acceptance of the proposal. If there is any doubt as to whether or not a fact is material it should be disclosed to the Insurer.

Declaration:

I/We agree that a) to the best of my/our knowledge and belief all statements and particulars contained in this proposal are true, and b) this proposal and declaration shall form the basis of the contract between me/us and the Insurers.

Date Proposer's Signature: