

## KEY PROTECTOR HOME INSURANCE PROPOSAL FORM

Please answer ALL questions FULLY and place an X in the appropriate

This proposal form must be completed by the legal owner(s) of the property to be insured

Your Personal Details	Proposer	Joint Proposer
1. Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/> :	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/> :
2. Full name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. <b>MAILING</b> address	<input style="width: 100%;" type="text"/>	
4. Date of birth (DD/MM/YY)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5. Occupation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6. Employer name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7. Contact telephone number(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
8. Email address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Your Insurance History
1. For home insurance, have you had any insurance previously, either with us or any other insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state the company name, expiry date and/or policy number (if known) <input style="width: 100%;" type="text"/>
If no, please state the reason <input style="width: 100%;" type="text"/>
2. For home insurance, have you, or any member of your household permanently living with you:
a) ever been refused insurance or had special terms, restrictions or conditions imposed by any insurer? Yes <input type="checkbox"/> No <input type="checkbox"/>
b) made any claim, suffered any loss or damage or had any claims made against you or them during the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) ever been convicted of, or charged but not yet tried with, any criminal offence other than motoring offences? Yes <input type="checkbox"/> No <input type="checkbox"/>
d) ever been declared bankrupt or been the subject of bankruptcy proceedings? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details <input style="width: 100%;" type="text"/>
3. Do you have any current insurance policies with Cayman First? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise if Home <input type="checkbox"/> Health <input type="checkbox"/> Motor <input type="checkbox"/> Other <input type="checkbox"/>

About Your Property
1. Block <input style="width: 100px;" type="text"/> Parcel <input style="width: 100px;" type="text"/> Island <input style="width: 100px;" type="text"/>
2. Physical address <input style="width: 100%;" type="text"/>
3. Type of property Apartment/condo <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached/duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Other <input type="checkbox"/>
If other, please provide details <input style="width: 100%;" type="text"/>
4. If an apartment or condo, which floor is it on (G/1/2/3 etc)? <input style="width: 100px;" type="text"/>
5. Location Coastal <input type="checkbox"/> Inland <input type="checkbox"/> Canal <input type="checkbox"/> Other <input type="checkbox"/>
If other, please provide details <input style="width: 100%;" type="text"/>
6. Is this property your main residence? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please provide details <input style="width: 100%;" type="text"/>
7. Occupancy Owner occupied <input type="checkbox"/> Long term rental (6 months or more) <input type="checkbox"/> Short term rental <input type="checkbox"/>

**About Your Property (continued)**

8. Is the property currently unoccupied or likely to be unoccupied for more than 40 consecutive days? Yes  No   
 If yes, please provide details
9. Is the property used for any employment, business, trade or profession? Yes  No   
 If yes, please provide details
10. Year property built  Approximate covered floor area in square feet
11. Is the property currently in a good state of repair and will always be so maintained? Yes  No   
 If no, please provide details
12. Is the property:  
 a) showing any signs of damage such as cracks inside or outside? Yes  No   
 b) showing any signs of movement or had any structural repairs done at any time? Yes  No   
 c) subject of a valuation/survey report that mentions settlement/movement or recommends further investigations? Yes  No   
 If yes, please provide details
13. Construction Foundations  Walls  Roof
14. Security features Intruder alarm  Safe  Fire/smoke alarms  Other   
 If other, please provide details
15. Hurricane protection features Shutters  Impact glass  Straps/ties  Other   
 If other, please provide details

**Currency**

1. Please state currency to apply to the policy Cayman Dollars  US Dollars

**Buildings Insurance**

1. Is cover required? If no, go to Contents section Yes  No   
 The sums insured for numbers 2 & 3 should represent the full cost of reconstruction to the same specification PLUS an allowance (our standard maximum allowance is 10% of the sum insured) should also be made to take into account Professional Fees (architects', surveyors' and other professional and legal fees reasonably and necessarily incurred in reinstatement, repair or replacement) and Removal of Debris (the costs of removing building debris, demolition, shoring-up or propping of the buildings necessarily incurred in reinstatement, repair or replacement) following a covered loss.
2. Buildings sum insured \$   
 Covers the structure of your private residence including:  
 a. fixtures, fittings and decorative finishes  
 b. outbuildings (not attached to the main building) but excluding structures for housing birds or animals unless we agree  
 c. fixed: solar heating systems, air conditioning units, generators, oil and propane gas tanks, water tanks, sewerage and drains, patios, terraces, paths, driveways, garden and boundary walls, fences, gates, decking, railings, gazebos, pergolas, satellite dishes/external antennae  
 d. permanent swimming pools, hard courts, fixed hot tubs or jacuzzis, ornamental ponds or fountains
3. Sea walls, docks, piers, jetties or similar waterside structures sum insured (if cover required) \$
4. Total sum insured (2 + 3) \$
5. Is there a Mortgage provider or any other interested party to be noted on the policy? Yes  No   
 If yes, please provide name and address

**Contents Insurance**

1. Is cover required? If no, go to Options section Yes  No   
 The sums insured for numbers 2 & 3 should represent the full cost of replacement as new less an allowance for wear, tear and depreciation on clothing.

Covers household items and personal items likely to be worn, used or carried **within** the home subject to the following limitations:

Money - cash, bank or currency notes, bankers' drafts, cheques, postal and money orders, securities and share certificates, premium bonds, current unused postage stamps, trading stamps and travel tickets, gift and luncheon vouchers belonging to you for personal use. **Excludes** credit/debit/store cards and any liability arising from them.  
 Limited up to \$1,000 in any one period of insurance.

Personal items - bicycles, clothing, home entertainment equipment (televisions, home theatre and surround sound systems, stereo equipment, satellite/cable/digital receivers, game consoles, DVD and VCR players), home office equipment (office furniture, computers and electronic office equipment including cell phones **but excluding** property held as trade stock) used for clerical or computer based business purposes, luggage, money, musical instruments, personal computers, sports equipment and valuables.

Valuables - jewellery and other articles of gold, silver or other precious metal, clocks, watches, cameras, furs, pictures and other works of art, curios, collections of stamps, coins or metals.  
 Limited up to \$2,500 any one item with the total not to exceed \$10,000 unless a higher amount is agreed.

**Do not include any items you wish to be covered under All Risks (Personal Possessions) Insurance.**

2. Contents sum insured \$
3. Interior decorations/improvements owned by you or for which you are responsible as a tenant sum insured (if cover required) \$
4. Total sum insured (2 + 3) \$

**All Risks (Personal Possessions) Insurance – only available if Contents insured**

1. Is cover required? If no, go to Options section Yes  No   
 The sums insured for numbers 2 & 3 should represent the full cost of replacement as new less an allowance for wear, tear and depreciation on clothing.

Covers personal items likely to be worn, used or carried **inside and outside** the home subject to the following limitations:

Money - cash, bank or currency notes, bankers' drafts, cheques, postal and money orders, securities and share certificates, premium bonds, current unused postage stamps, trading stamps and travel tickets, gift and luncheon vouchers belonging to you for personal use. **Excludes** credit/debit/store cards and any liability arising from them.  
 Limited up to \$500 in any one period of insurance.

Personal items - bicycles, clothing, luggage, money, musical instruments, personal computers, sports equipment and valuables.

Valuables - jewellery and other articles of gold, silver or other precious metal, clocks, watches, cameras, furs, pictures and other works of art, curios, collections of stamps, coins or metals.  
 Limited up to \$2,500 any one item.

Individual items valued at over \$500, musical instruments and sports equipment must be **specified** below otherwise there is **no cover** for these items.

2. **Unspecified** items sum insured (maximum \$10,000) \$
3. **Specified** items sum insured (list each item below or on the Additional Information section on next page) \$

<u>Description</u>	<u>Serial No.</u>	<u>Value (\$)</u>
a) <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
b) <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
c) <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

For specified items, we will require proof of an items value and ownership prior to providing cover for it.

4. Total sum insured (2 + 3) \$

**Options**

- 1. Liability Insurance – The standard limit is \$1,000,000. If you require a higher limit then please state \$
- 2. Catastrophe Events – Earthquake or volcanic eruption including flood or overflow of the sea caused by these events. Tsunami, Hurricane, Cyclone, Tornado or Windstorm including tidal wave, flood or overflow of the sea caused by these events.  
The standard policy includes these but they can be deleted in return for a lower premium. Do you wish to delete them? Yes  No
- 3. Catastrophe Events Excess – The standard excess is 3%, minimum \$500 under Buildings and Contents but this can be increased in return for a lower premium. If required please indicate higher excess 5%  10%

**Start Date**

- 1. Please state date (DD/MM/YY) you wish cover to start

**Additional Information**

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**Declaration**

**Please read this very carefully and if acceptable then sign and date below.**

**You should show this declaration to anyone who has an interest in property insured under this policy.**

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Cayman First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Cayman First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Cayman First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Cayman First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Cayman First Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Cayman First Insurance Company Limited.

Signature of proposer:	<input style="width: 95%;" type="text"/>	Date (DD/MM/YY):	<input style="width: 95%;" type="text"/>
Signature of joint proposer:	<input style="width: 95%;" type="text"/>	Date (DD/MM/YY):	<input style="width: 95%;" type="text"/>

**A COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST**

**IMPORTANT NOTE – PLEASE NOTE THAT COVER CAN ONLY START IF A) CAYMAN FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM CAYMAN FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.**