

4. Is the Property:
- a. In a good state of repair? Yes No
 - b. Undergoing major repairs or alterations? Yes No
 - c. A private dwelling house? Yes No
 - d. A condominium or self contained apartment? Yes No
 - e. Or any other part of the grounds, used for business trade or professional purposes? Yes No
 - f. Likely to be unoccupied for more than 40 consecutive days? Yes No
 - g. Solely occupied by you, your spouse/partner and members of your family? Yes No
 - h. Rented partially or fully? Yes No
5. Is the Building:
- a. In an area that has a history of flooding subsidence or landslip or ground heave? Yes No
 - b. Along the sea coast and within 200ft. of the high water mark? Yes No
 - c. Within 12 feet of any other building of a different construction or occupancy? Yes No
 - d. Fitted with hurricane shutters? Yes No
 - e. Secured to the foundation? Yes No
6. Does your Home have safety devices used to protect it as follows?
- a. Burglar alarm* Yes No
 - b. Fire extinguishers Yes No
 - c. Fire alarm* Yes No
 - d. Smoke alarm* Yes No
 - e. Sprinklers Yes No
 - f. Wrought iron bars or grills at doors and windows Yes No
 - g. Outside doors adequately secured Yes No
 - h. Any other security arrangements Yes No

If Yes to any of the above, provide further details (*If maintained and professionally installed, please include those details):

7. Details of your previous insurances - Have you or any member of your household ever:
- a. been convicted or charged with arson or any offence involving dishonesty of any kind, such as fraud, robbery or theft? Yes No
 - b. sustained loss or damage by any of the risks or liabilities you now wish to insure? Yes No
 - c. had any insurance refused or had any special terms and conditions imposed on you? Yes No

Ques. No.	Please give further details on any answered questions which may be useful in considering this application.

PART 3 COVERAGE REQUIRED AND SUMS TO BE INSURED

SECTION 1: BUILDINGS

Item	Description	Sums Insured
1	Buildings	\$
2	Outbuilding / Additional Buildings	\$
3	<input type="checkbox"/> Decking <input type="checkbox"/> Tennis Hard Courts <input type="checkbox"/> Paths & Driveways <input type="checkbox"/> Fences & Gates	\$
4	<input type="checkbox"/> Satellite Dish <input type="checkbox"/> Generating Plant	\$
5	Swimming Pool / Infinity Pool	\$
6	Waterside Structures	\$
7	Photovoltaic Systems (proof of certification must be provided)	\$
8	Solar Heating	\$
9	1% Claims Stamp Duty	\$
	Total Sum Insured - Buildings	\$

A. Optional Extensions (Buildings)

Do You Require Cover For Accidental Damage On Buildings? Yes No
 Increased Public Liability (state limit required) \$ _____

SECTION 2: CONTENTS

Item	Description	Sums Insured
1	Furniture, Fixtures & Fittings	\$
2	Personal Effects & Clothing	\$
3	Stereo, TV, Video, Home Computers Etc.	\$
4	Jewellery	\$
5	1% Claims Stamp Duty	\$
	Total Sum Insured - Contents	\$

B. Optional Extensions (Contents)

Items requiring "All Risks" type cover should be insured under the Personal Possessions.

Do you require cover for accidental damage on Contents? Yes No
 Do you require hurricane/windstorm cover for a satellite dish? Yes No
 If Yes, specify the sum insured - satellite dish \$ _____
 Increased Public Liability (state limit required) \$ _____

SECTION 3: PERSONAL POSSESSIONS

Description	Sums Insured
Unspecified items	\$
Specified items*	\$
Sports equipment*	\$
Pedal Cycles (Cover in Geographical Area only)	\$

*Attach a Schedule showing make, model, serial no. and individual value of each item greater than \$1,000

PART 4 DECLARATION

Note: The Insurance Application is the Proposal Form and Declaration

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete, that the Sums Insured will be maintained on a true and up-to-date basis and that this proposal shall form the basis of the contract between me/us and CG United Insurance Ltd.

Name of Proposer (Please print) _____

Signature _____ Date _____

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Rates Agreed: Buildings _____	Contents _____	All Risks _____
Total Premium _____	Stamp Duty/Tax _____	Total _____
Cover/Excess Explained To Proposer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All Required Supporting Documents Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Underwriter _____	Location _____	Date _____

PART 5 DETAILS OF JOINT INSURED

Full Name of Proposer: _____ Title: _____
If a Company, State Full Legal Name: _____
Permanent Address: _____
Employer's Name: _____
Employer's Address: _____
Mailing Address: _____
Occupation: _____ Nature of Business: _____
Place of Business: _____ Marital Status: _____
Annual Occupation Income (St. Vincent & The Grenadines Only): _____
Contact Nos./Fax No.: (H) _____ (W) _____ (M) _____ (F) _____
Email address: _____ Gender: _____
Proposer's I.D. No./Company's No.: _____ VAT No.: _____
Type of Photo Identification Provided: _____ Proof of Address Provided: _____
Date of Birth: _____ Country of Birth: _____ Nationality: _____
Period You Require Insurance From: _____ To: _____
Do you have any affiliation to government officials, military officials or any person who provides an important public function/s for the state? Yes No

PART 6 DECLARATION

Note: The Insurance Application is the Proposal Form and Declaration

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete, that the Sums Insured will be maintained on a true and up-to-date basis and that this proposal shall form the basis of the contract between me/us and CG United Insurance Ltd.

Name of Proposer (Please print) _____

Signature _____ Date _____

PART 7 ADDITIONAL DETAILS FOR COMMERCIAL ENTITY AS PROPOSER

1. Names of Shareholders/Beneficial Owners (i.e., those with more than 10% shareholding)

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

2. Directors and/or Officers With Effective Control

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

3. Authorised Signatories

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

4. Certificate of Registration Provided? Yes No
 Certificate and Articles of Incorporation Provided? Yes No
 Continuance Provided (where applicable)? Yes No

PART 8 TRANSACTION DETAILS

Method of Payment: Cash Cheque Debit Card Wire Transfer Amount: \$ _____

For Wire Transfers:

Account of Originator: _____ Company: _____

Name of Originator: _____ Address of Originator: _____

ID No. of Originator: _____ ID Country of Issue: _____

Declaration of Source of Funds

I Declare that the Source of Funds is: _____

Customer Name: _____ Signature/Stamp: _____ Date: _____

FOR OFFICIAL USE

Transaction Accepted Transaction Declined Transaction Incomplete Other _____

COMMENTS: