



Security & General  
INSURANCE

# BUSINESS OPTIONS

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OFFICE USE ONLY

## PROPOSAL FORM

**YOU/THE INSURED/THE PROPOSER:**

Trading Name of Proposer: \_\_\_\_\_  
\_\_\_\_\_

Directors / Partners: \_\_\_\_\_  
\_\_\_\_\_

Full Description of Business or Profession: \_\_\_\_\_  
\_\_\_\_\_

Business Address (The Premises): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from above):  
\_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Fax: No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Mortgage/Other Interests (if any):  
\_\_\_\_\_  
\_\_\_\_\_

Construction: \_\_\_\_\_  
(Walls) (Roof)

Claims Experience: In the past five(5) years have you suffered ANY loss/damage or been  
Involved in any claim against you (whether insured or not) in respect of  
any of the Contingencies covered by this insurance now being

proposed

for?

If "Yes" please give FULL details below:-

\_\_\_\_\_

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Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

**COVER:**

**SUMMARY OF COVERAGES SELECTED:**

(Please tick the following covers required and complete the relevant sections in their entirety together with the ADDENDUM)

SECTION A PROPERTY

- 1  Fire & Perils (including Catastrophe Perils)
- 2  Fire & Perils (excluding Catastrophe Perils)  
(select one)

Additional Coverages:

- 3  Plate Glass
- 4  Office Contents

SECTION B BUSINESS INTERRUPTION

SECTION C THEFT

SECTION D  (a) PUBLIC LIABILITY

(b) PRODUCTS LIABILITY

1  Full Cover .....

2  Goods/Services Sold/Supplied Only ....

SECTION E EMPLOYERS LIABILITY

SECTION F MONEY (Including Personal Accident Assault)

 SECTION G ENDORSEMENTS/ADDITIONAL COVER

Please complete Section G of this Proposal Form.

**SECTION A – PROPERTY TO BE INSURED: (See Questions 1/10 of ADDENDUM).**

PROPERTY TO BE INSURED:	SECTION	A1 Perils Inc. Cat	A2 Perils Exc. Cat	A3 Plate Glass	A4 Contents (Office)	C Burglary/ Theft
(1) Buildings (including Landlords Fixtures, Fittings and Equipment), Walls, Gates, Fences and Outbuildings		\$	\$	N/A	N/A	N/A
(2) Tenants Improvements, Alterations and Decorations		\$	\$	N/A	N/A	\$
(3) Rent Payable ( Months) or Rent Receivable ( Months) - if not insured under Section 2.		\$	\$	N/A	N/A	N/A
(4) Stock & Materials in Trade, including Goods held in trust and/or for which the Proposer is legally responsible.		\$	\$	N/A	N/A	\$
(5) Business equipment, Furniture, Furnishings, Fixtures, Fittings and all other contents owned by or the legal responsibility of the Proposer but excluding any items already specified above or below.		\$	\$	N/A	N/A	\$
(6) Fixed Plate Glass in doors, windows, furniture or fittings. (Cover extended to include loss or damage from any accidental cause not otherwise excluded).		N/A	N/A	\$	N/A	N/A
(7) Office Furnishings, Fittings and Contents (including Computer Systems). (Cover extended to include Theft and Accidental Damage).		N/A	N/A	N/A	\$	N/A
(8) Any other property not shown above (full description required).		\$	\$	N/A	N/A	\$
<b>TOTAL SUM INSURED/FULL VALUE</b>		\$	\$	\$	\$	\$
<b>FIRST LOSS LIMIT – Burglary/Theft Only</b>		N/A	N/A	N/A	N/A	\$

**SECTION B – BUSINESS INTERRUPTION: (See Question 11 of ADDENDUM)**

- Gross Profit (including Payroll) \$
- Specified Working Expenses \$
- Rent Receivable ( Months) \$

(INDEMNITY PERIOD\* -.....MONTHS) TOTAL SUM INSURED \$

**\*REPRESENTING TIME NECESSARY FOR BUSINESS TO RETURN TO FULL CAPACITY FOLLOWING AN INSURED INTERRUPTION.**

**SECTION C – THEFT: (See Questions 1/10 of ADDENDUM)**

If selected under Summary of Coverages please complete Section A (PROPERTY TO BE INSURED – Column 5).

**SECTION D – PUBLIC/PRODUCTS LIABILITY: (See Questions 12/22 of ADDENDUM)**

(a)PUBLIC LIABILITY:

(b)PRODUCTS LIABILITY:

- Limits -  (i) in respect of any one accident or series of accidents arising out of any one event \$
- (ii) in the aggregate in respect of all accidents occurring during any one period of insurance and in addition the costs and expenses in connection herewith as provided by this policy \$

Estimated Annual Turnover \$

**SECTION E – EMPLOYERS LIABILITY: (See Questions 12/22 of ADDENDUM)**

- Limit -  in respect of any one accident or series of accidents arising out of any one event \$
- any one event or period of insurance in the aggregate \$

Estimated Annual Payroll:- (# of staff.....) \$

- (a) Clerical / Managerial / Administration.....\$
- (b) Manual (no machinery use).....\$
- (c) Manual (using machinery).....\$

(d) Other(specify):- \_\_\_\_\_ \$

**SECTION F – MONEY: (See Questions 23/26 of ADDENDUM)**

- Limits
- (i) any one loss in transit or own premises during business hours \$
  - (ii) any one loss from locked safe/strongroom on own premises outside business hours (including Bank night safe) \$
  - (iii) any one loss from own premises outside business hours not contained in a locked safe or strongroom \$
  - (iv) any one loss from the private dwelling of any employee or any other person to whom money is entrusted by the Insured \$
  - (v) any other loss \$

Estimated Annual Money carried to or from your premises, to or from your bank or other premises. \$

**SECTION G – ENDORSEMENTS/ADDITIONAL COVER:**

- Debris Removal (as separate item)
- Professional Fees (as separate item)
- Suppliers/Customers Premises
- Public Utilities
- Denial/Prevention of Access
- Public Health Closure
- Work Away (from own premises)
- Tools of Trade
- Contracted Liabilities
- Car Parks
- Private Work for Directors/Executives
- Goods in Care, Custody and Control
- Temporary Visits (Directors/Executives)
- Accidental Damage to Office Contents

**DECLARATION:**

Please read the following declaration very carefully and read again the questions and answers, especially if not completed by you, before signing the form.

I/We declare to the best of my/our knowledge and belief that

- (a) the answers given are true
- (b) all material particulars affecting the assessment of risk have been disclosed

I/We agree that this Proposal, Supplementary Questionnaire and Declaration shall be the basis of the contract between me/us and the Insurers and shall be incorporated in such contract, subject to the terms and conditions of the policy issued by the Insurer.

If any answer has been written by any other person, such person shall, for that purpose, be deemed to be my/our agent and not the agent of the insurers unless that person be employed by or contracted to the Insurers.

Proposer's Signature \_\_\_\_\_  
Dated \_\_\_\_\_

**ADDENDUM FORMING PART OF BUSINESS OPTIONS PROPOSAL FORM:**

(To be completed by the Proposer and to form part of and read in conjunction with the Proposal Form its Declaration and signature).

- | <u>PROPERTY:</u>  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Are the premises to be insured (including Walls, Gates, Fences, Outbuildings) in good repair and will they be so maintained?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the Proposer the sole Occupier of the premises?   |                          |                          |
| 3. Is the Plant, Machinery and Equipment properly secured, fenced guarded and well maintained?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Describe type of Stock held and how stored to prevent loss/damage from any of the Contingencies insured under this insurance? _____<br>_____<br>_____  |                          |                          |
| 5. Are all lifts, hoists, boilers, steam containers, pressure vessels Inspected and compliant with Statutory requirements?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are/will any explosives, hazardous chemicals, waste, gasses, Acids, carcinogens, asbestos, silica (or materials containing Silica) or other dangerous substances used or stored on the Premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is petroleum or other mineral oil or liquid product kept on the Premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do the premises have intruder/fire/smoke alarms or sprinklers Installed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are the premises monitored with a 24 hour alarm system Connected to a Central Station?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. What other security measures are employed? _____<br>( e. g. Burglar bars/grills, Guard Dogs, Watchmen etc. )  |                          |                          |

BUSINESS INTERRUPTION:

11. Do you require your cover to include premises of Suppliers or Customers?

If so please provide details (Names/Locations/ % applicable to each)

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**LIABILITIES:**

12. Does the Proposer manufacture, repair, service, test or process goods of any kind?
13. Are any legal rights against Manufacturers or Suppliers waived by the Proposer or their Agents in respect of goods sold or supplied by them?
14. Does the Proposer export goods directly or indirectly to USA/Canada?
15. Does the Proposer give or offer any "Professional" advice or service or provide any form of treatment?
16. Does any process carried out by your business :-
- (a) involve heat or welding at others premises?
  - (b) result in the escape or discharge of any toxic or dangerous substances?
17. Do the Proprietors or the business have Assets, Representation or Subsidiaries in any country outside the Bahamas?
18. Do any of the employees in the business use or operate woodworking or other dangerous machinery?
19. Are any employees engaged in any process which gives rise to dust or fumes?
20. Does any employee work on the exterior of any building at heights greater than one storey?
21. Does the business create a situation where noise may impair the hearing ability of any employee?



22. Has the Proposer carried out all known obligations imposed by any Law or Regulation in the Bahamas/Elsewhere?

**MONEY:**

23. Do employees accompany transits of money to/from the bank or other premises?

24. If "Yes" .....how many employees are involved in this activity? \_\_\_\_\_

25. Provide details of any Safe or Strongroom on the premises  
\_\_\_\_\_  
e.g. Manufacturers Name, Model #, Type (key/combo)

\_\_\_\_\_  
how many keys issued and to whom and where kept?  
\_\_\_\_\_

26. How are such Safes secured to the premises?  
\_\_\_\_\_

**GENERAL:**

27. Fully describe all types of work carried out by the business?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Does the business or do any of the Proprietors/Shareholders have Assets or interests in other businesses located in the U.S.A. or Canada? (If Yes please provide details).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Copies of any Agreements or Contract Wordings affecting the business should be listed below and attached to this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

