



Home Options

PART 1 DETAILS OF APPLICANT

Full Name _____

Residential Address _____

Mailing Address _____

Email Address _____ Home No. _____

Date of Birth _____ Cellular No. _____

Occupation _____ Work No. _____

Status (check one): The Owner/Occupier The Landlord The Tenant

PART 2 DETAILS OF PROPERTY

Risk Address _____ Distance from Sea/Canal _____

Construction - Walls: _____ Roof: _____ Height _____

PART 3 INSURANCE REQUIREMENTS

Full: Excluding Catastrophe Perils Including Catastrophe Perils Accidental Damage/All Risks

Buildings: \$ _____ Contents: \$ _____ Specified Contents: \$ _____

Personal Possessions: \$ _____ Pool: \$ _____ Sea Walls: \$ _____

Jetties/Docks: \$ _____ Other (Specify) _____

PART 4 GENERAL QUESTIONS (If you answer Yes to any question below, please provide details on reverse.)

Have you ever:

- a. been refused insurance by any other insurer or had your policy cancelled? No Yes
- b. declared bankruptcy? No Yes
- c. been convicted for any criminal offence? No Yes

Have or will the premises be:

- a. left unattended for a period exceeding 30 days or used by anyone (other than you or your family) for any purpose? No Yes
- b. used for any business purposes including being rented to others? No Yes
- c. regularly maintained and kept in good repair? No Yes
- d. secured in any way against storm, hurricane, etc. and the entry of thieves? No Yes
- e. occupied as a multi-family dwelling? No Yes

Give details of any losses or Damage sustained over the past three years to the property to be insured (including any Damage or injury involving Third Parties or Employees):

PART 5 FINANCIAL DETAILS

Mortgagee (if applicable) _____ Premium Amount: \$ _____

Is Financing Required? No Yes If Yes, Terms (Deposit/Period): _____

Policy Period: Effective From _____ To _____



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PART 6 DECLARATION

I/We wish to effect an Insurance with CG Atlantic General Insurance Ltd. I/We declare that the above statements are complete and correct and that no material fact has been mis-represented, mis-stated or withheld. I/We agree to CG Atlantic General's usual form of policy for insurances of this nature. If this proposal has been written by anyone else that person is my agent for that purpose and not the agent of CG Atlantic General.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG Atlantic General Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG Atlantic General Insurance Ltd. processing my personal data, in accordance with CG Atlantic General Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG Atlantic General Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG Atlantic General Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Signature of Applicant: _____ Date: _____ Time: _____