



### Home Options

**IMPORTANT:** You must inform CG Atlantic General Insurance Ltd. of all facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared to be void. All questions must be answered.

**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

Current policies with CG Atlantic General (Check all that apply):  Home  Motor  Marine  Business

**PART 2** PERIOD OF INSURANCE From (DD/MM/YY): \_\_\_\_\_ To (DD/MM/YY): \_\_\_\_\_

**PART 3** DETAILS OF PROPERTY

- Risk Address (Property to be Insured): \_\_\_\_\_
- Directions to Property \_\_\_\_\_
- Type of Property (Check One):  A Single Family Stand Alone Dwelling  A Condominium  
 An Apartment Building  An Apartment  
If it's an Apartment, is there a separate locked entrance under your sole control?  Yes  No
- Year of Construction: \_\_\_\_\_
- Recent Renovations: Year: \_\_\_\_\_ Extent: \_\_\_\_\_
- Roof:  Metal Standing Seam  Shingles (of:  Asphalt  Clay  Wood  Slate)  Flat Concrete  
 Other: \_\_\_\_\_
- Exterior Walls:  Masonry  Wood Frame  Metal  Other: \_\_\_\_\_
- Hurricane Protection:  Storm Shutters  Impact Resistant Windows
- Are there any retaining walls (used to hold back earth or rubble) on the insured premises?  Yes  No
- Interior Walls (check all that apply):  Wood  Drywall  Masonry
- Interior Wood Floors:  Throughout  Some  None
- Burglar Alarm:  Yes  No
- Fire Extinguishers:  Yes  No
- Are any of the buildings, or parts of the buildings, or property (please tick Yes or No to the following)?
  - Within 200' of any body of Water:  Yes  No
  - Prone to flooding due to rain or sea water:  Yes  No
  - Protected by sea walls or a breakwater:  Yes  No
  - Regularly unoccupied for 30+ days:  Yes  No
  - Occupied by tenants:  Yes  No If Yes, how many separate tenants: \_\_\_\_\_
  - Rented occasionally for periods of less than one month:  Yes  No If Yes, give details: \_\_\_\_\_
  - Used for any business purpose:  Yes  No If Yes, give details: \_\_\_\_\_
  - A weekend or holiday home and not your main residence:  Yes  No
- Have you or any member of your household (please tick Yes or No to the following)?
  - Suffered any losses from an event for which you wish to be insured:  Yes  No
  - Been refused insurance by an insurer for any events for which you wish to be insured:  Yes  No  
If yes, please describe: \_\_\_\_\_



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- c. Had any policy of insurance cancelled by the insurer:  Yes  No
- d. Ever been convicted of a criminal offence:  Yes  No
- e. If yes, please describe: \_\_\_\_\_

16. Is the property to be insured the subject of a loan:  Yes  No If Yes, name of mortgagee: \_\_\_\_\_

**PART 4 COVER REQUIRED**

Full Perils Coverage with deductible of:  2%  5%  10% or  Coverage excluding Catastrophe Perils

**PART 5 SUMS INSURED**

Your Sum Insured should represent the Reinstatement Value of the property to be insured under Cover One. This is the total cost to rebuild or replace the property, including an allowance for professional fees, statutory costs and removal of debris.

You, the Insured are responsible for providing Us, the Insurer with the true Reinstatement Value of your insured property. We recommend that you hire a licensed surveyor to provide you with a valuation in order to ensure that Your Sum Insured is adequate.

If your property is damaged and it is determined that the Sum Insured is less than the true Reinstatement Value of your insured property at the time of the Damage, any claim for such Damage will be paid in the proportion that your Sum Insured bears to the true Reinstatement Value, per the Underinsurance definition in the Policy.

**COVER ONE: BUILDINGS**

Buildings	\$ _____
Masonry Walls in the garden 4' or higher	\$ _____
Fencing	\$ _____
Pools/ Hot Tubs including necessary equipment	\$ _____
Sea Walls	\$ _____
Docks, Piers and Jetties	\$ _____
Solar Panels including necessary equipment	\$ _____
Generators	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total	\$ _____

**COVER TWO: CONTENTS**

Your Sum Insured should represent the cost to replace all the contents less an allowance for wear and tear on clothing and household linens. If your property is Damaged and it is determined that the Sum Insured is less than the true replacement cost of all contents at the time of Damage, any claim for such Damage will be paid in the proportion that your Sum Insured bears to the true cost to replace all the contents less an allowance for wear and tear on clothing and household linens.

1. **Home Contents** (excluding items insured under Cover Three below):  Yes  No \$ \_\_\_\_\_

The Home Options Policy excludes coverage for items used for business purposes. If you rent a part of your property for short term stays, you can extend the policy to cover those amenities provided for the use of paying guests as long as your total guest capacity is less than ten persons. This extension also provides public liability for incidents involving your vacation rental which would normally be excluded under the Home Options Policy.

2. **Vacation Rental Contents** (Contents in the rental unit):  Yes  No \$ \_\_\_\_\_

3. **Specified Contents** Does the total value of jewellery, precious metals, furs, paintings, works of art, collections of coins, medals, and stamps exceed \$5,000?  Yes  No

If Yes, please specify in the Attached Form for Cover Two: Specified Contents. These specified valuables will require evidence of their value.



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**COVER THREE: PERSONAL POSSESSIONS (ALL RISKS COVER)**

Please complete this section in respect of all items as described below, which are regularly taken away from the Home and/or items in the Home (as described below) for which Accidental Damage cover is required.

- A. **Unspecified Articles, Personal Effects and Clothing** (value does not exceed \$2,000 per item). The minimum sum insured is \$2,000. This section also includes loss of money and credit cards.  Yes  No \$ \_\_\_\_\_
- B. **Specified Articles** (agreed value) whose value exceeds \$2,000 per item. If yes, please provide a full description of each item and its value in the Attached Form for Cover Three.  Yes  No \$ \_\_\_\_\_
- C. **Sports Equipment** (e.g. fishing gear, golf clubs, tennis racquets, etc.)  Yes  No \$ \_\_\_\_\_
- D. **Pedal Cycles**  Yes  No \$ \_\_\_\_\_

**COVER FOUR: LIABILITY**

- 1. **Owners and Occupiers Liability** for accidents happening in and on the premises of Your Home. The standard Limit of Indemnity under Home Options is \$1,000,000 and is only available in conjunction with Cover One and/or Cover Two. Please indicate the Limit of Indemnity required:  \$2,000,000  \$1,000,000  Other amount: \$ \_\_\_\_\_
- 2. **Personal Public Liability** for accidents happening within the Territorial Limits of the Policy but not connected with the ownership or occupation of Your Home:  Yes  No  
If you select this coverage the Limit of Indemnity will be the same as the Limit of Indemnity for Owners and Occupiers Liability.
- 3. **Workmen's Compensation for Domestic Employees:**  Yes  No  
If yes, please state the Number of Employees: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
If you select this coverage the Limit of Indemnity will be the same as the Limit of Indemnity for Owners and Occupiers Liability.

**COVER FIVE: TRAVEL INSURANCE**

Coverage required:  Yes  No If Yes, please print the full names and birth dates of the persons to be insured indicating the number of days each person expects to be away from The Territory during the Period of Insurance in the Attached Form for Cover Five.

**PART 6 DECLARATION**

I/We wish to effect an insurance policy with CG Atlantic General Insurance Ltd. (The Company). I/We declare that the above statements and particulars are complete, and no material fact has been misrepresented, misstated or withheld. I/We agree that this Proposal shall form the basis of the contract between me/us and The Company and I/we agree to accept The Company's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is my/our agent for that purpose and not the agent of The Company. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

**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.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Home Options**

To be completed by Agent	Policy No.	Period of Insurance		First Premium	Renewal Premium	Receipt No.	Agency
		From:	To:	\$	\$		

**PART 7** ATTACHED FORMS

COVER TWO: VALUABLES EXCEEDING \$5,000 IN TOTAL VALUE

Item No.	Description	Value

COVER THREE: SPECIFIED ARTICLES

Item No.	Description	Sum Insured

COVER FIVE: TRAVEL INSURANCE

Full Name	Date of Birth	Number of days expected to be away from Territory