

BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

OFFICE INSURANCE PROPOSAL

AGENCY:

UNDERWRITER:

PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM

No Insurance is in force until the proposal has been accepted by Bahamas First General Insurance Company Ltd.

1. Name: _____	
Postal Address: _____	E-mail Address: _____
Telephone Nos. Work: _____	Home: _____ Cell: _____
Trade or Business: _____	
Period of Insurance: From: _____ To: _____	
Mortgagee(s) or Loss Payee(s) Branch: _____	
2. (a) On Computer and peripheral equipment, tapes or disc or cards the property of the insured or for which he is responsible (Limit \$25,000 – see Note 1)	
(b) On all other Office or surgery CONTENTS (including outdoor signs belonging to the insured or for which he is responsible)	
(c) On LANDLORD'S FIXTURES AND FITTINGS and all fixed glass for which the insured is responsible, tenants improvement and decorations including Principal's and Employees' effects (other than money)	
3. On ADDITIONAL EXPENDITURE Legal Costs and other expenses	
4. PERSONAL ACCIDENT Lives Assured	No. of Units (Max 10)
Do you wish to delete the exclusion of the first four weeks of temporary total disability? (See Note 4)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. a) Is the building in which the property is contained constructed of bricks, stone or concrete and roofed with concrete, asphalt, metal asbestos or tiles? If not, give full details	
b) Are the floors and staircases of the building constructed of concrete?	
6. Do you occupy the premises otherwise than as an office or consulting rooms? If so, give details	
7. Do you maintain proper books of account?	

8. Are your accounts audited annually? If so, please give names of auditors	
9. How long have you conducted business (i) in these premises? (ii) elsewhere?	
10. If there are any other tenants in the building, what are their occupations?	
11. Have you or any of your partners or directors ever: (i) been refused insurance, or (ii) suffered any loss or had any claim made against you arising from the perils or liabilities covered by this proposal?	
12. ONLY COMPLETE THIS SECTION IF YOU WISH TO INSURE AGAINST PERSONAL ACCIDENT Are the lives to be assured to the best of your knowledge in good health and free from any ailment, If No, please explain	
<p><u>DECLARATION</u></p> <p>Please read the following declaration and read again the questions and answers, especially if not completed in your own hand, before signing the form.</p> <p>I declare to the best of my knowledge and belief that</p> <p>(a) the above answers are true</p> <p>(b) all material particulars affecting the assessment of the risk have been disclosed</p> <p>I agree that this proposal and declaration shall be the basis of the contract between me and the Insurers and shall be deemed to be incorporated in such contract.</p> <p>Date Signature of Proposer</p>	

NOTES

- Note 1 - If you have computer equipment worth more than \$25,000 your needs would best be met by taking out a Computer policy. Please contact your Agents for details.
- Note 2 - Our Office Policy is designed with small to medium sums insured in mind. If you require higher sums insured, your Agent will be happy to discuss the issue of separate policies to suit your needs.
- Note 3 - The sum insured under this item should be sufficient to cater to the additional expenditure you will incur following an insured loss such as:
 - removal expenses
 - increase in rent and taxes, overtime payments
 - legal costs
 - cost of reinstatement of deeds, documents and books of account
 - professional accountants' charges
- Note 4 - Additional charge \$2 per person for the deletion of the exclusion of the first four weeks of temporary total disability.
- Note 5 - Cover for Money, Personal Accident – Assault and Legal Liabilities is automatically included within the rating structure for Contents.