CG | UNITED

PROPOSAL FORM FOR INSURANCE
HOME INSURANCE APPLICATION (JOINT INSURED)

Please complete Parts 5 and 6 only if there is a Joint Insured.

PART 5 DETAILS OF JOINT INSURED

Full Name of Proposer:_____ Title: _____

If a Company, State Full Legal Name: _____

Permanent Address: _____

Date of Birth: _____Country of Birth:_____ Nationality: _____

Dual Nationality? ☐ Yes ☐ No If Yes, please specify: _____

Proposer's I.D. No./Company's No.: _____ VAT No.: _____

Type of Photo Identification Provided: _____ Proof of Address Provided: _____

Contact Nos./Fax No.: (H) _____ (W) _____ (M) _____ (F) _____

Email address: _____ Gender: _____

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): _____

Period You Require Insurance From: _____ To:_____

The term "Politically Exposed Person" applies to someone who currently has, or has had, a position of public trust (e.g., government official, senior executive of government corporations, politician, important political party official, etc.) or an individual who is closely related to/associated with such a person. Does this description apply to you? Yes No

How did you hear about us? ☐ Social Media ☐ Online Ads ☐ Website ☐ Radio ☐ TV

☐ Newspaper ☐ Other (please specify): _____

What is your preferred method for us to contact you in relation to your policy?

☐ WhatsApp ☐ Email ☐ SMS ☐ Mobile Phone ☐ Home Phone ☐ Work Phone

PART 6 JOINT INSURED DECLARATIONS

Note: The Insurance Application is the Proposal Form and Declarations

1. **Data Protection Declaration**: By signing this form, I confirm/understand that:

   - In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
   - I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United 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 United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United 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.

2. 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.

3. **Source of Funds Declaration**: Please explain the source of funds for payment of premium(s). The source of funds refers to the origin of the funds or other assets utilised for the payment of premiums or any other transaction between CG United Insurance Ltd. and the prospective customer. Examples of source of funds include salary/bonus, inheritance, maturity/surrender of a Life Insurance Policy, sale of property, pension, etc.

   Source of Funds: _____

   _____

Name of Proposer (Please print) _____

Signature _____ Date _____