CG | UNITED

PROPOSAL FORM FOR INSURANCE
HOME INSURANCE APPLICATION

Please check this Insurance Application form carefully as it forms the basis of the contract between you and CG United Insurance Ltd. If you agree that this is a true representation of the facts provided by you, please sign the Declaration in the space provided on the final page and return the document to CG United Insurance Ltd.

If, however, you disagree with any of the data or information presented, please contact CG United Insurance Ltd. or your representative immediately.

We require one form of government issued photo identification and proof of address no more than 3 months old (e.g., utility bill, bank statement) to complete your application.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to the Company. A material fact is one that is likely to influence the underwriter's judgment and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

PART 1 DETAILS OF PROPOSER

Full Name of Proposer/Company: _____ Title:_____

If a Company, State Full Legal Name: _____

If a Corporate Entity/Limited Liability Company, Part 7 must be completed for Commercial Clients/Insureds.

Permanent Address: _____

Date of Birth: _____ Country of Birth:_____ Nationality: _____

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

Contact Nos.: (H) _____ (W) _____ (M) _____

Email address:_____ Gender:_____ Marital Status: _____

Proposer's ID No./Company's No.:_____ VAT No.: _____

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

Employer's Name:_____

Employer's Address:_____

Mailing Address: _____

Occupation: _____ Nature of Business: _____

Place of Business:_____

Annual Occupation Income (for St. Vincent and 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

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PART 2 DETAILS OF YOUR PROPERTY

1. Location of Property to be insured: Building/House Name/Number _____

   Street _____ City/Town _____ Country _____

2. Is there a financial interest in the Property? ☐ Yes ☐ No If Yes, name of financial institution: _____

3. How Is The Property Constructed?

	Main Building	Additional Buildings
a. Walls	_____	_____
b. Roof Construction	_____	_____
c. Roof Type	☐ Hip ☐ Parapet ☐ Gable ☐ Flat	☐ Hip ☐ Parapet ☐ Gable ☐ Flat
d. Height in Stories	_____	_____
e. Number of Bedrooms	_____	_____
f. Number of Bathrooms	_____	_____
g. Date of Original Construction	_____	_____

4. Is the Property:
   - a. In a good state of repair? ☐ Yes ☐ No
   - b. Undergoing major repairs or alterations? ☐ Yes ☐ No
   - c. A private dwelling house? ☐ Yes ☐ No
   - d. A condominium or self contained apartment? ☐ Yes ☐ No
   - e. Or any other part of the grounds, used for business trade or professional purposes? ☐ Yes ☐ No
   - f. Likely to be unoccupied for more than 40 consecutive days? ☐ Yes ☐ No
   - g. Solely occupied by you, your spouse/partner and members of your family? ☐ Yes ☐ No
   - h. Vacation Rental or Long-term Rental? ☐ Yes ☐ No
   - i. With an infinity or other pool? ☐ Yes ☐ No

5. Is the Building:
   - a. In an area that has a history of flooding subsidence or landslip or ground heave? ☐ Yes ☐ No
   - b. Along the sea coast and within 200ft. of the high water mark? ☐ Yes ☐ No
   - c. Within 12 feet of any other building of a different construction or occupancy? ☐ Yes ☐ No
   - d. Fitted with hurricane shutters? ☐ Yes ☐ No
   - e. Secured to the foundation? ☐ Yes ☐ No

6. Does your Home have safety devices used to protect it as follows?
   - a. Burglar alarm* ☐ Yes ☐ No
   - b. Fire extinguishers ☐ Yes ☐ No
   - c. Fire alarm* ☐ Yes ☐ No
   - d. Smoke alarm* ☐ Yes ☐ No
   - e. Sprinklers ☐ Yes ☐ No
   - f. Wrought iron bars or grills at doors and windows ☐ Yes ☐ No
   - g. Outside doors adequately secured ☐ Yes ☐ No
   - h. Any other security arrangements ☐ Yes ☐ No

7. Details of your previous insurances - Have you or any member of your household ever:
   - a. been convicted or charged with arson or any offence involving dishonesty of any kind, such as fraud, robbery or theft? ☐ Yes ☐ No
   - b. sustained loss or damage by any of the risks or liabilities you now wish to insure? ☐ Yes ☐ No
   - c. had any insurance refused or had any special terms and conditions imposed on you? ☐ Yes ☐ No

Ques. No.	Please give further details on any answered questions which may be useful in considering this application.

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PART 3 COVERAGE REQUIRED AND SUMS TO BE INSURED

SECTION 1: BUILDINGS

Item	Description	Sums Insured
1	Buildings	$
2	Outbuilding / Additional Buildings	$
3	☐ Decking ☐ Tennis Hard Courts ☐ Paths & Driveways ☐ Fences & Gates	$
4	☐ Satellite Dish (insured where a value is provided and stated on the Schedule) ☐ Generating Plant	$
5	Swimming Pool / Infinity Pool	$
6	Sea Wall, Sea Defenses, Piers, Jetties, Docks and Waterside Structures (Insured where a value is provided and stated on the Schedule)	$
7	Photovoltaic Systems (proof of certification must be provided) (insured where a value is provided and stated on the Schedule)	$
8	Solar Heating	$
9	1% Claims Stamp Duty	$
	Total Sum Insured - Buildings	**$**

A. Optional Extensions (Buildings)

Do You Require Cover For Accidental Damage On Buildings? ..... ☐ Yes ☐ No

SECTION 2: CONTENTS

Item	Description	Sums Insured
1	Furniture, Fixtures & Fittings	$
2	Personal Effects & Clothing	$
3	Stereo, TV, Video, Home Computers Etc.	$
4	Jewellery	$
5	1% Claims Stamp Duty	$
	Total Sum Insured - Contents	**$**

B. Optional Extensions (Contents)

Items requiring "All Risks" type cover should be insured under the Personal Possessions.

Do you require Cover for Accidental Damage on Contents? ..... ☐ Yes ☐ No

SECTION 3: PERSONAL POSSESSIONS

Description	Sums Insured
Unspecified items	$
Specified items*	$
Sports equipment*	$
Pedal Cycles (Cover in Geographical Area only)	$

*Attach a Schedule showing make, model, serial no. and individual value of each item greater than $1,000

SECTION 4: THIRD PARTY LIABILITY

Your policy will include Third Party Liability cover. If you require additional coverage please state below.

Increased Public Liability (state Limit of Indemnity required): $_____

PART 4 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 _____

INTERNAL USE ONLY

Rates Agreed: Buildings _____ Contents _____ All Risks _____

Total Premium _____ Stamp Duty/Tax _____ Total _____

Cover/Excess Explained To Proposer? ☐ Yes ☐ No

All Required Supporting Documents Provided? ☐ Yes ☐ No

Underwriter _____ Location _____ Date _____