

## Condo Options

### **PART 1** DETAILS OF APPLICANT

Strata Name & Number \_\_\_\_\_

Name of Condo development \_\_\_\_\_

Full Description of all services/activities, including if any bar/restaurant, gym, shops, spas, pools etc \_\_\_\_\_

Number of Condominium Units at this site \_\_\_\_\_ Elevation above sea \_\_\_\_\_ feet

What is the overall square footage of the total accommodation of the units? \_\_\_\_\_

When was the development built? \_\_\_\_\_ Block & Parcel/GPS Coordinates \_\_\_\_\_

Business Address (the Premises) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Contact Nos. \_\_\_\_\_ Website \_\_\_\_\_


Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_ Requested Policy Currency  KYD  USD


Please give details of any current policies you hold with BritCay \_\_\_\_\_


### **PART 2** GENERAL QUESTIONS **These are extremely important and all must be answered.**


1. Are your premises, including walls, gates and fences, in good repair?  No  Yes
2. Do you have elevators, boilers or other pressure vessels?  No  Yes  
 If Yes, are they inspected to comply with all safety requirements?  No  Yes  
 If Yes, please provide copies of the current inspection certificates.  Attached
3. a) Are elevators, pressure plant, and electrical plant (such as pool pumps, etc.) the subject of a maintenance agreement, or are they covered under any warranty?  No  Yes  
 b) Does the development have any evaporative condensers or cooling towers on site?  No  Yes  
 If Yes, please give details: \_\_\_\_\_
4. In the past 5 years, have you suffered any loss/damage (insured or not) by any peril for which insurance is now proposed?  No  Yes  
 If Yes, please give details: \_\_\_\_\_
5. Have you or any member of the Strata Board:
  - a) Had any previous insurer decline a proposal, refuse to renew a policy or impose special terms or conditions?  No  Yes
  - b) Ever been convicted of, or is any prosecution pending for, any offence involving dishonesty of any kind (e.g., involving fire, fraud, theft, or handling stolen goods)?  No  Yes
 If Yes, please provide details: \_\_\_\_\_
6. a) Are records of revenues kept?  No  Yes  
 If No, how would the exact amount of any loss be ascertained? \_\_\_\_\_  
 b) Are the accounts of the business professionally audited or certified?  No  Yes  
 c) Do you produce monthly management accounts?  No  Yes


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
7. Please provide the following property details:
- a) roof is built of:  Shingles (of:  Asphalt  Clay  Concrete  Wood  Slate)  Metal/Galvanised  
 Concrete  Stone  Other: \_\_\_\_\_
- b) roof design is most like:
-   
 Shed


  
 Gable


  
 Hip

  
 Gable with Domer

  
 Low Slope (flat)

  
 Gambrel

  
 Gable & Valley

  
 Hip & Valley
- c) roof Anchor used:  Hurricane ties  Integral with walls  Bolted to walls  None
- internal walls are built of:  Masonry  Wood  Lathe/drywall If mixed, estimate proportion of each: \_\_\_\_\_
- d) floors are made of:  Concrete  Wood If mixed, estimate proportion of each: \_\_\_\_\_
- e) the ceilings are:  Drop/false/suspended  None/exposed rafters
- f) the air-conditioning equipment consists of:  Window units  Wall units  
 Split system (Mounted on:  roof  wall  ground)  Mechanically secured to mount surface
- g) there are storm shutters on:  Windows \_\_\_\_\_%  Exterior doors with glass \_\_\_\_\_%  None
8. Is the building multi-storied? If Yes, how many floors? \_\_\_\_\_  No  Yes
9. Do the premises have:
- a) fire alarm(s) installed?  No  Yes
- b) sprinkler system(s) installed?  No  Yes
- c) gated security post, CCTV or patrols?  No  Yes
- If Yes to a) or b), is the fire alarm/sprinkler system monitored by a 24 hour security service?  No  Yes
10. Are any of the condominium units:
- a) rented?  No  Yes
- b) let as holiday accommodation?  No  Yes
- c) occupied on a time-share basis?  No  Yes
- d) likely to be left unoccupied for more than 60 days at any one time?  No  Yes
- e) used for business purposes?  No  Yes
- If Yes to any of the above, please provide details: \_\_\_\_\_
11. Are the premises at risk of inundation from the sea? If Yes, please provide details: \_\_\_\_\_  No  Yes
12. Is there any history or indication of subsidence, landslip or heave at the development?  No  Yes  
 If Yes, please provide details: \_\_\_\_\_
13. Are the premises equipped with any windstorm protections? If Yes, please provide details: \_\_\_\_\_  No  Yes
14. Has the building been renovated? If Yes, please provide a description and date(s) of renovation(s): \_\_\_\_\_  No  Yes
15. Are owners allowed pets? If Yes, what are the rules? \_\_\_\_\_  No  Yes
16. Do you have a maintenance contract to keep pools, facilities and common areas clean, in good repair?  No  Yes

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### PART 3 DETAILS OF COVER REQUIRED

**Basis of Sum Insured.** Your Sum Insured should represent the cost of rebuilding your property including garden walls, domestic outbuildings and swimming pools. An allowance should also be made for architects' and surveyors' fees and the cost of removal of debris following a loss.

You, the Insured are responsible for providing Us, the Insurer with the true cost to rebuild 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 cost to rebuild 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 cost to rebuild, per the Underinsurance definition in the Policy.

#### SECTION A: PROPERTY

**Sum Insured**

- |  |          |
|--|----------|
| 1. Buildings: the sum insured should represent the current rebuilding cost of the properties, including professional fees and debris removal(unless stated otherwise), fixtures and fittings, garages, patios, terraces, footpaths, swimming pools, tennis courts, drives, walls, fences and gates and including the cost of complying with statutory requirements, fees and associated costs. | \$ _____ |
| 2. Pools/Hot Tubs  | \$ _____ |
| 3. Retaining Walls   | \$ _____ |
| 4. Loss of Rental Income If in excess of the policy limit of 10% or \$25,000 (whichever is less) of the Buildings Sum Insured.   | \$ _____ |
| 5. Contents of Common Areas including business equipment, furniture, fixtures and fittings and all other contents owned by, or the responsibility of, the Proposer.  | \$ _____ |
| 6. Alternative Accommodation that exceeds the policy limit of 10% or \$25,000 (whichever is less) of the Buildings Sum Insured.  | \$ _____ |
| 7. Any other property (please give full description). In particular do you have any piers, jetties or docks for which cover is required? If so, describe construction and rebuilding costs.  |          |
| _____  |          |
| _____  |          |
| _____  | \$ _____ |

Do these sums insured include Property of any description owned by/the responsibility of any individual Owner/Occupier?  
 No  Yes If Yes, please provide details? \_\_\_\_\_

#### Optional Extensions

Please indicate which if any of the following Optional Extensions are required. If you tick Yes, please provide further details:

- |   |   |
|---|---|
| a) Subsidence _____   | <input type="checkbox"/> No <input type="checkbox"/> Yes          |
| b) Sprinkler Leakage _____  | <input type="checkbox"/> No <input type="checkbox"/> Yes          |
| c) Sea Walls, Canal Walls, Docks, Jetties or Piers, if the value exceeds \$50,000 _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ |
| d) Machinery Breakdown _____  | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ |

#### SECTION B: PUBLIC LIABILITY

Is Public Liability Insurance required?  No  Yes

The standard Policy provides \$1,000,000 limit of indemnity per accident. Do you wish to arrange a higher limit?  No  Yes

If Yes, what limit of indemnity is required? \$ \_\_\_\_\_

What is the estimated Annual Income of the Business? \$ \_\_\_\_\_

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Are there any other sources of income to the development (e.g., restaurants, swimming pools, tennis courts, gift shops) or other amenities which are open to non-residents?  No  Yes

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Do you wish to insure for Products Liability Insurance for food and drink supplied?  No  Yes

If Yes, what is the estimated annual sales of food and drink? \$ \_\_\_\_\_

Do you provide any form of spa or hairdressing treatments?  No  Yes

Do you accept liability under contract or agreement for which you would not otherwise be liable?  No  Yes

Are you represented in any form (e.g., branch office, sales office, agent or associated company) in another country? If Yes, please provide details:  No  Yes

\_\_\_\_\_  
\_\_\_\_\_

### SECTION C: EMPLOYER'S LIABILITY & WORKMEN'S COMPENSATION

Is Employer's Liability Insurance required?  No  Yes

The standard policy provides \$1,000,000 limit of indemnity per accident. Do you wish to arrange a higher limit?  No  Yes

If Yes, what limit of indemnity is required? \$ \_\_\_\_\_

Please provide an estimate of the annual salaries and wages paid to all employees. Employee means any person under a contract of service or apprenticeship with the Proposer including labour only sub-contractors. Salaries and Wages means the employees total remuneration including overtime and bonuses.

Description of Type of Work	No. of Employees	Annual Salaries and Wages
Clerical and Managerial		\$
Porters, Bar and Cleaning Staff		\$
Maintenance Staff including gardeners		\$
		\$
		\$
		\$
		\$

Do any of your employees use electrical or petrol driven machinery?  No  Yes

Do your employees work on the exterior of buildings at heights greater than one storey?  No  Yes

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you carried out all obligations imposed on you by any law or regulation?  No  Yes

### SECTION D: MONEY

**Money** is defined as Cash, bank notes, cheques, bank drafts, money orders, bills of exchange, current postage stamps and credit card company sales vouchers owned by the Insured and used in the course of the Insured's Business.

Is cover required for Money Insurance?  No  Yes

**Business Hours** is defined as the period during which the Insured's premises are occupied by the Insured or those employees entrusted with Money.

Business Hours: \_\_\_\_\_ How far is your bank from the premises? \_\_\_\_\_

How often is Money banked/withdrawn? \_\_\_\_\_ How is the journey to the bank made? \_\_\_\_\_



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### General Questions

1. Can the proposed Insured confirm the following:

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| a) Board meetings are held at least quarterly?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) The strata committee commission an independent audit at least annually?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c) The strata plan publishes reports and accounts annually?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d) The strata plan is able to meet its financial obligations as they fall due?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e) The strata plan carries property insurance in compliance with local laws?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f) All properties that are part of the strata plan have been handed over from the original developer to the ultimate owner? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| g) No individual or entity own more than 20% of the properties within the strata plan?                                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| h) You have had no claims during the last 5 years and there are no circumstances that could give rise to a claim?           | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If No, please provide details: \_\_\_\_\_  
\_\_\_\_\_

2. Is the proposed Insured aware of any material circumstance which may materially impact their Directors and Officers Liability Insurance?

No  Yes

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

3. Please provide details of your current insurance arrangements: \_\_\_\_\_  
\_\_\_\_\_

None in place

4. Please specify the limit of indemnity and deductible level required:

Please check one:	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4
Limit of Indemnity:	US\$250,000	US\$500,000	US\$1,000,000	US\$
Deductible:	Nil	Nil	Nil	

## PART 4 DECLARATION

We wish to effect an insurance with British Caymanian Insurance Company Limited (“CG BritCay”). We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. We agree that this proposal shall form the basis of the contract between us and CG BritCay and we agree to accept CG BritCay’s usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is our agent for that purpose and not the agent of CG BritCay. We understand that the Liability of the Insurers does not commence until the Proposal has been accepted by the Insurers. (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 BritCay may process any and all of the personal data provided.
- I consent to CG BritCay processing my personal data, in accordance with CG BritCay’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 BritCay in respect of any third party, is done with that third party’s consent and knowledge of CG BritCay processing of their personal data.

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- 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 \_\_\_\_\_ Capacity \_\_\_\_\_

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

For Office Use Only	Policy Number	First Premium	Renewal Premium	Receipt No.	Agency
		\$	\$		