

Office Options

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

PART 1 DETAILS OF APPLICANT

Full Name of Business _____

Full Name of Interested Parties _____

Description of the Business _____

Location of the Premises _____

Mailing Address _____

Email Address _____ Tel. No. _____

Fax No. _____ Cellular No. _____

Lending Institution _____

Period of Insurance From: _____ To: _____

Please give details of any current policies you hold with Coralisle _____

PART 2 GENERAL QUESTIONS (must be fully completed in all cases)

YES NO If you answer YES to any question, please detail below:

- | | | | |
|--|--------------------------|--------------------------|--|
| 1. Do any of the buildings you occupy have walls other than brick, stone or concrete or roofs other than of slate, tile, concrete, metal or asbestos? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Does any other business occupy or operate from such buildings? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Have you or has any director or partner been convicted of arson or any offence involving dishonesty of any kind, e.g., fraud, robbery, theft or handling stolen goods? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. In respect of any of the risks against which you now wish to insure: | | | |
| a. Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last five years? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last five years? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Is your computer equipment subject to a maintenance contract? | <input type="checkbox"/> | <input type="checkbox"/> | |

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PART 3 SECTION 1A: CONTENTS (see Part 5 - How to Calculate Your Sums Insured)

- A. Business Equipment - fixtures, fittings, fixed glass and all other contents for which you are legally responsible. \$ _____
 Of this figure, what amount relates to computer equipment? \$ _____
- B. Leasehold Improvements \$ _____
- C. Reproduction of your Business Files \$ _____
- D. Electronic Equipment (Worldwide) \$ _____

PART 4 OPTIONAL ADDITIONAL COVERS (complete only those items required)

SECTION 2: INTERRUPTION OF THE BUSINESS (see Part 5 - How to Calculate Your Sums Insured)

- A. Indemnity Period required 12 months 18 months 24 months
- B. Sum Insured for Increased Office Expenses \$ _____

SECTION 3: BUSINESS TRAVEL (list the names of any person to be insured and the estimated number of annual business trips)

Name of Traveller	Trips	Name of Traveller	Trips

PART 5 HOW TO CALCULATE YOUR SUMS INSURED

It is important to select and maintain adequate Sums Insured which take into account revenue, growth and acquisitions of equipment, etc.

CONTENTS - "Business Equipment" represents the cost of replacing, as new, all the items which you own or are legally responsible for as a tenant, without any deduction for wear, tear and depreciation and including any delivery and installation charges. This includes Furniture, Equipment & Machinery (computers, copiers, telephones, etc.), Office Fronts (glass, fixed signs, etc.) and all Other Contents (stationery, stock, etc.) plus the cost of debris removal.

"Business Files" represents the value of materials including stamp tax, the cost of labour or computer time expended in reproduction and expenses likely to be incurred to retrieve or re-compile the information.

BUSINESS INTERRUPTION - "Increased Office Expenses" represents your assessment of the additional costs, e.g., renting alternative office space, removal costs and expenses, etc., that would be incurred during the selected Indemnity Period following damage at the premises. This more limited cover will not compensate you for actual loss of revenue. Any expenses must reduce the loss of revenue of the Business to be considered covered expenses for the purpose of this insurance.

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PART 6 DECLARATION

I/We wish to effect insurance with Coralisle Insurance Company Ltd. I/We declare that the above statements and particulars are complete and correct 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 Coralisle and I/we agree to accept Coralisle's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is my agent for that purpose and not the agent of Coralisle. (If you have not personally completed the answers to the 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 Coralisle Insurance Company Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Insurance Company Ltd. processing my personal data, in accordance with Coralisle Insurance Company 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 Coralisle Insurance Company Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Insurance Company 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.

Signature _____ Date _____

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