Bahamas FIRST

Commercial Combined Proposal Form
This proposal form must be completed by a duly authorized Company Representative.

Contact Details

Company Name:	
Mailing Address:	
Contact Name:	
Tel No	
Email Address:	
Company Website:	

Fire and Perils

About Your Property

Location	
Coverage Type	
Main type of business	
Type of property	
Building ownership type	
Is there a basement?	
Number of years in business at the premises	
Company Type	
Position relative to body of water	
Other Businesses on the Premises? If yes, state the nature of business and percentage occupied.	
Is the property currently unoccupied or likely to be unoccupied for more than 40 consecutive days?	
Main building currently being renovated?	

Good state of repair?	
Approximate Floor Area (Square feet)	
Year Built	
Good state of repair	
Existing Damage?	
Previous structural repairs or movement?	
Subject to report recommending further investigation?	
Hazardous Material at Premises or Surrounding Vicinity (30 ft)?	

Construction

Walls	
Roof	
Number of Stories	
Exclude Foundation?	

Building Insurance

Main Building	
Removal of Debris	
Total Buildings sum insured	
Mortgagee	

Contents & Equipment

Computer Equipment Miscellaneous	
Total Contents & Equipment sum insured	
Removal of Debris	

Security features

Please indicate if your property is equipped with any of the following:	
Alarm	
Deadbolts	
Security Window Bars	
Fenced Premises	
Carbon Monoxide detector	
Safe	
Guard dogs	
Cameras	
Fire Sprinkler System	
Fire/smoke alarms	
Water protection	
Extinguishers	
Hurricane protection features	
Shutters	
Impact glass	
Straps/ties	

Business Interruption

Your Business Details

Business Type

Location

Address Line 1	Island	Subdivision

Property Info

Type of Property

Is there a basement?

Main Type of business

Company Type

Building ownership type

No. years in business at premise

Location (Inland, Coastal or Canal)

Is property less than 50ft from ocean?

Catastrophe Cover

Standard Catastrophe Excess

Updated Catastrophe excess

Any other business on the premises?

Business Types	Description	Percentage

Your Business Details

Construction

Wall type	
Roof Type	
Exclude Foundation	
Foundation Value	
Construction Class	

Additional Details

Hazardous materials on premises?	
Risk Type	
Cover Type	
Please specify the indemnity period	
Initial Period	
Remainder Period	

Items to be insured (Please provide amounts for the following items)

On Gross Profit	
Wages (if Insured on Gross Profit)	
On Total Wages for the first (weeks)	
On Percentage for the initial indemnity period	
On Percentage for the remainder of the indemnity period	
Professional Accountant Fees	
Loss of Rent	
Rent Receivable	
Gross Revenue	

Standing Charges	
Total Sum Insured	
Please state Specified Working Expenses (i.e., variable charges)	
Discounts Allowed	
Purchase Less Discounts	
Packing Materials	
Bad Debts	
Carriage	
Total Specified Working Expenses	
How long has the business been established?	
When does your financial year end?	
Name and address of your Accountants	
Have you at present any Insurance covering Business Interruption? If yes, please provide the expiration date of the policy and the insurance company where it is held.	
Deductible	

Money

Cover Details

Do you engage in any of the following? (Door to Door Salesman, Rent Collectors, Licensed Collectors, Licensed Social Clubs, Premises where money is staked on horse-racing/lottery, Taxi Proprietors, Professional Cash Handling, None)

If none, what is the nature of your business?

Address of premises containing the money to be insured?

Address	Island	Subdivision

Estimated Maximum Amount of Money:

In Transit

During Business Hours

Out of Business Hours (Locked)

Out of Business Hours (Open)

In a Bank Night Safe

What amount is to be insured if damage is caused by thieves to any safe or strong room belonging to you on premises?

Estimated annual amount of money

Paid into Bank

Drawn from the bank

Please fill in the following fields if money in transit is to be covered:

How will the money be conveyed?

Number of Employees Involved?

Number of Employees Involved?	
Approximate distance involved?	
How is the money is protected?	
Frequency of Transits?	
Limit for this location	
Do you require Personal Accident cover? If yes, please provide amount to be insured.	
Deductible	

Security Details

Do you employ a security company? If yes, state the name.	
Does the security company accept responsibility under its contract with you? If yes, please state the total annual carry of security company for you.	
Do you wish transits by security company to be excluded under the insurance?	
Do you have a local or monitored alarm system? If yes, enter the alarm type and monitoring service (If applicable).	
Do you have a safe or strong room?	
Safe Serial No	
Manufacturer & Model	
Resistance	
Weight (if known)	
How is the safe built?	
Maximum amount kept in safe during working hours	
Will all the keys to the safe/strong room be removed from premises when closed? If no, please provide details.	

Burglary

Premises Details

Address of Premises containing the property to be Insured:

Street Address	
Island	
Subdivision	
Telephone Contact	
Email	
Business Type	
How long have you carried on business at these premises?	
What portion of the premises is occupied by you?	
(If any answer other than 100%): What other businesses are located on the premises (retail shops, restaurants, salons, warehouses, private dwelling etc.)	
Do you have a local or monitored alarm system? If yes provide details (Type of Alarm and Monitoring Service (if any).	
How are outer doors, windows, trap doors & skylights secured or protected?	
Do you have a safe or strongroom on premises? If yes, provide the safe serial no., manufacturer and model, resistance, weight and where the safe is built to.	
Are the keys of the safe/strongroom removed from the premises when closed for business?	

Is there a Security Guard on the premises:

During opening hours?	

When closed for business?

Name of security firm

Sums Insured Details

State the maximum value of the stock kept on your premises at any one time

For what sum is your stock insured against Fire & Allied Perils?

Stock-in-Trade

Description of Property	Declared Full Value	First Loss Sum Insured

Goods held in trust or on commission

Description of Property	Declared Full Value	First Loss Sum Insured

Trade furniture, fixtures, fittings and equipment

Item	Description	Declared Full (100%) Value	First Loss Sum Insured

Plant and Machinery (excluding any article otherwise specified)

Item	Description, Make, Model, Serial No.	Declared Full (100%) Value	First Loss Sum Insured

Sums Insured Details

Articles specifically insured:

Item Name	Description, Make, Model, Serial No.	Declared Full (100%) Value	First Loss Sum Insured

Other

Description of Property	Declared Full Value	First Loss Sum Insured

Total Sum Insured	
Deductible	

Employers Liability

Your Business Details

Nature of Work	
Occupation Type	
Limit of Indemnity: Per Incident	
Limit of Indemnity: Per Policy Period	

Business Info:

Street Address	Island	Telephone Contact	Email

No. of Employees on Premises and Total Wages	
No. of Employees off Premises and Total Wages	
Jurisdiction	
Description of work	
Total Annual Wages	
Total Employees	

Employee Breakdown/Profile or Worker Type:

	No. of Employees	Estimated Annual Wages
Clerical/Office Workers		
Skilled Labour		
Unskilled Labour		

Do you perform work in other Countries?	

Do you manufacture, dress handle or use: radio isotopes, radio-active substances or other sources of ionising radiations. If yes, provide details.	
Acids, gases, chemicals, or explosives. If yes, provide details.	
Asbestos or silicia or material containing silica. If yes, provide details.	
Any other materials giving rise to dust or fumes. If yes, provide details.	
Do you work on or near the airport. If yes, provide details.	
Are you or any workers involved in manual works in connection with installation, erection, repair, maintenance, cleaning, testing, demolition or construction outside the listed premises? If yes, provide details.	
Are any workers involved in works at a height of more than 30 feet above floor or ground? If yes, state the maximum and average height involved.	
Are any workers involved in:	
Working on scaffolding If yes, please give details.	
Erection of scaffolding. If yes, please provide details.	
Any other height related access If yes, please provide details.	
Are any workers involved in excavation works, work in manholes or tunnels etc? If yes, please provide details.	

Your Business Details

Are any workers involved in using heavy industrial machinery that involves cutting, pressing, grinding, welding, flame-cutting, soldering, brazing or any other hot-work? If yes, please provide details.	
Are any workers involved in lifting or hoisting operations or operations of cranes?	
Are any workers required to work onboard ships, vessels, oil rigs, airports or seaports? If yes, please provide details.	
Are any workers involved in diving or related underwater activities pertaining to your business? If yes, please provide details.	
Do you wish to ensure subcontractors?	

Subcontractors			
Name	Nature of Work	Labour and materials	Labour only

Deductible	

Public Liability

Your Business Details

Business Type	
Nature of Work	
Project Type	
What is the annual turnover?	
Project Value	
Limit of Indemnity: Per Incident	
Limit of Indemnity: Per Policy Period	

Business Info:

Street Address	Island	Telephone Contact	Email

Description of work at this location	
Jurisdiction?	
Occupation Type	
Do you sub-let any portion of the premises?	
Sub-Lessee Name	
Nature of Business	
Employee Info	
Total No of employees at this location	
Total Wages	
Do any of your employees work away from the premises noted above?	
No. of Employees off Premises	
Total Wages	

Your Cover Details

Do you need liability cover for:

Pedal Cycles? (If yes, enter quantity, type and a brief description)	
Hoists & Cranes? (If yes, enter quantity, type and a brief description)	
Goods Lifts? (If yes, enter quantity, type and a brief description)	
Passenger Lifts or Escalators? (If yes, enter quantity, type and a brief description)	

Do you need cover for liability arising from:

Your employee kitchen? (If yes, enter a description/class of goods, and the manufacturer/supplier)	
Food prepared/supplied by you? (If yes, enter a description/class of goods, and the manufacturer/supplier)	
Non-food goods sold or supplied by you? (If yes, enter a description/class of goods, and the manufacturer/supplier)	

Do you:

Use machinery or motive power? (If yes, please give details)	
Work on ships? (If yes, please give details)	
Work at Airports? (If yes, please give details)	
Carry out chemical works? (If yes, please give details)	
Use explosives? (If yes, please give details)	
Store chemicals of any kind? (If yes, please give details)	

Your Cover Details

Are you or any workers involved in manual works in connection with installation, erection, repair, maintenance, cleaning, testing, demolition or construction outside the listed premises? (If yes, please give details)	
Are any workers involved in works at a height of more than 30 feet above floor or ground?	
If yes, state the maximum and average height involved.	
Are any workers involved in: Working on scaffolding (If yes, please give details)	
Erection of scaffolding (If yes, please give details)	
Any other height related access (If yes, please give details)	
Are any workers involved in excavation works, work in manholes or tunnels etc? (If yes, please give details)	
Are any workers involved in using heavy industrial machinery that involves cutting, pressing, grinding, welding, flame-cutting, soldering, brazing or any other hot-work? (If yes, please give details)	
Are any workers involved in lifting or hoisting operations or operations of cranes? (If yes, please give details)	
Are any workers required to work onboard ships, vessels, oil rigs, airports or seaports? (If yes, please give details)	
Are any workers involved in diving or related underwater activities pertaining to your business? (If yes, please give details)	
Is any of your work subcontracted? (If yes, please give details).	
Do you need liability cover for your subcontracts/subcontractors?	

Your Cover Details

Name of Subcontractor	Nature of Work Subcontracted	Estimated value of contracts

Deductible

Plate Glass

Your Business Details

Business Type

How many years have you been in this business?

Have you ever submitted a proposal for a Plate Glass policy to any Insurer?

If yes, state the insurer.

What was the result?

Your Cover Details

What is the address of the premises where the glass to be insured is affixed?

Island	Subdivision

Are the premises located at any of the following?

Have the premises where glass is fixed been erected or altered during the last 12 months? If yes, state the start and completion date, and details of the alteration.

Have you had any breakage of glass during the last 12 months? If yes, list all incidents and details (Date, Cause and Value of loss).

Please provide details of glass to be insured:

Type/Position of Glass?

Your Cover Details

Description of Glass?	
Size of each piece of glass?	
Value	
Is the glass double glazed? If yes, provide details and the value of the glass.	
Does any of the glass have any cracks or any other defects? If yes, please describe.	
Does the proposal include all insurable glass at the premises?	
Do you wish to insure lettering/painting? If yes, provide the value.	
Do you wish to insure woodwork of showcases? If yes, provide value.	
Do you wish to insure window frames? If yes, provide value.	
Do you wish to insure door frames? If yes, provide value.	
Are there any special terms, conditions, exclusions or limitations? If yes, please describe them.	
Total Value of Glass	
Deductibles	

Your Insurance History

Reason for Policy?	
Any other Policies with Cayman First/Bahamas First? If yes, provide details.	
Have you, Directors or Partners:	
Ever been refused insurance or had special terms applied? If yes, please provide details.	
Any claims during the last 5 years? If yes, please provide details.	
Any non-motor convictions? If yes, please provide details.	
Ever been declared bankrupt? If yes, please provide details.	
Ever had a loss under a Commercial Combined policy? If yes, total number of claims made.	

Currency

Please state currency to apply to the policy	

Associated Clients

Name	Association

Cover Start Date

Please state date you wish cover to start	

Declaration

Please read this very carefully and if acceptable then sign and date below.
You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First Insurance Company Limited.

Signature of proposer:..... Date DD/MM/YY):.....

Signature of proposer:..... Date(DD/MM/YY):.....

COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST

IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.