Bahamas FIRST

Contractors All Risks 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:	

Contract Details

Principal Name	
Principal Address	
Telephone Contact	
Main Contractor Name	
Business Info (Street Address, Telephone Contact, Email Address and Company Websites)	
Business Type	
Mortgagee	

Contract Details

Will Sub-Contractors be used?
If yes, will they be covered on your policy?
If no, do you require that they carry their own insurance? Please specify.

Subcontractors			
Name	Nature of Work	Labour and materials	Labour only

Total Sum Insured for Sub-Contractors

Contract Site Details

Please provide the exact location of the contract site including street address

Distance from Water

Coverage Type

Project Type

Detailed description of project/contract

Contract Period: Start and End Date

Construction period in months

Maintenance period in months

Material Damage & Third Party Liability

Permanent Works including labour and materials	
Temporary Works	
Specify and indicate value of materials supplied by the Principal and NOT included in the Contract Works	
Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Principal or any Contractor to be insured against loss or damage arising out of or in connection with the contract works?	
Does the project involve any over water works such as Docks, Seawalls,etc.? If yes, please specify amount to be insured for works	
Do you require coverage for:	
Materials for auxiliary structures such as scaffolding, stages for bridges, supports, sheet piles, sewage installations, tools etc.?	
Camp, site offices, stores, stockrooms etc.?	

Do you require coverage for Machinery and Equipment?

Equipment Item	Serial No.	Value

Total Sum Insured Machinery & Equipment	
Do you wish to insure the following extensions?	
Transits (If yes, specify limit of indemnity required)	
Expediting Expenses (If yes, specify limit of indemnity required)	
Debris Removal (If yes, specify limit of indemnity required)	
Fees for architects, surveyors, and consulting engineers (If yes, specify limit of indemnity required)	

Total Sum Insured: Section 1 Material Damage	
Cat Deductible Options	
Minimum Cat deductible	
Deductible for All other Perils	
Section 2: Public Liability	
Is Third Party Liability to be included? If yes, specify the limit of indemnity required. Limit of Indemnity: Per Incident Limit of Indemnity: Any one period of insurance	
Total Limit of Indemnity: Third Party Liability	
Do you require liability cover for Docks, Seawalls, etc? If yes, specify the limit of indemnity required. Limit of Indemnity: Per Incident Limit of Indemnity: Any one period of insurance	
Total Limit of Indemnity: Docks Liability	
Deductible Options	

General Information

Contractor Experience	
Number of years in business	
Specify experience for this type of contract	
Give details of similar types of projects	
Risk Control Practices	
Give details of steps taken to secure property on Hurricane or Storm Warning	
Specify site preparation and maintenance to prevent Third Party Property Damage and Injury	

General Information

Specify steps taken to provide a safer working environment i.e. hard hats, steel toe shoes etc.	
Annual Policies	
Estimated number of contracts for the year	
Estimated value of all contracts for the year	
Estimated number of contacts at any one time	
Estimated maximum contract works exposure at any one time	
Estimated maximum exposure per contract site	

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 an Contractors All Risks 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.

ELECTRONIC COMMUNICATION AGREEMENT

BY SIGNING THIS PROPOSAL FORM, I AGREE TO ELECTRONIC COMMUNICATION WITH ABACO INSURANCE AGENCY LIMITED AND TO THE ELECTRONIC DELIVERY OF MY POLICY DOCUMENTS AND ANY NOTICES WITH REGARD TO THE RENEWAL OF MY POLICY. I WILL ADVISE ABACO INSURANCE AGENCY LIMITED OF ANY CHANGE IN MY EMAIL ADDRESS TO ENSURE SAFE DELIVERY OF POLICY DOCUMENTS.

IN THE EVENT I AM UNABLE TO RECEIVE ELECTRONIC COMMUNICATION, I AGREE TO COLLECT MY DOCUMENTS & NOTICES FROM THE OFFICE OF ABACO INSURANCE AGENCY LIMITED.

ORIGINAL POLICY DOCUMENTS, NOTICES & ANY COMMUNICATION WITH ABACO INSURANCE AGENCY LIMITED MAY BE COLLECTED AT ABACO INSURANCE AGENCY LIMITED'S OFFICE ON STRATTON DRIVE, MARSH HARBOUR, ABACO, BAHAMAS.

THIS AGREEMENT MAY BE RESCINDED AT ANY TIME BY NOTIFYING ABACO INSURANCE AGENCY LIMITED IN WRITING.