

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement 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.

FIRE INSURANCE

The Fire Policy issued by CG United Insurance Ltd. provides indemnity at very reasonable cost for loss or damage by:

Fire, Lightning, Explosion of domestic boilers and Explosion of gas used for domestic purposes. Premium is related to the circumstances of each proposal.

Surveys are made, quotations given and expert advice offered regarding protection. Extensions of cover: The Policy can be extended at additional cost to include cover against various additional risks.

Please consult the Company representative.

SECTION 1 DETAILS OF PROPOSAL

1. a. Name of Proposer: _____
- b. Mailing Address: _____ Postal Code: _____
- c. Telephone No./Fax No.: _____
- d. VAT No./TRN (where applicable): _____
- e. Email address: _____
- f. National Registration (ID) No.: _____
- g. Occupation: _____
- h. Date of Birth: _____
- i. Magna No. (if applicable): _____
2. Situation of Premises: _____
3. Period of Insurance: From _____ To: _____

DESCRIPTION OF BUILDINGS

Indicate the construction of the Building(s) below by inserting in the spaces provided, the letters representing the materials used. In each case where the letter representing "Other" is chosen, please specify the material used.

External walls of:	Concrete blocks=A Stone & Timber=E	Coral Stone=B Metal=F	Precast Concrete=C Other=G	Timber=D
Roofs of:	Galvanised Iron=A Clay Tiles=E	Permaclad=B Wooden Shingles=F	Asphalt Shingles=C Asbestos=G	Concrete=D Metal=H Other=J
Partitions of:	Concrete blocks=A Plywood=E	Coral Stone=B Metal-F	Precast Concrete=C Composite Panels=G	Timber=D Other=H
Ceilings of:	Timber=A	Hardboard=B	Metal=C Suspended Ceiling	Tiles=D Other=E
Floors of:	Concrete=A	Timber=B	Concrete & Timber=C	Metal=D Other=E

Building	Number of Floors	External Walls of:	Roof of:	Partitions of:	Ceilings of:	Floors of:



PROPOSAL FORM FOR INSURANCE
FIRE & ASSOCIATED PERILS
(PRIVATE DWELLINGS ONLY)

Schedule Of Property To Be Insured	Sum Insured
On the building only	\$
On all Household Goods & Personal Effects	\$
Other:	\$
TOTAL	\$

Note: Money, Securities, Documents, Stamps, Manuscripts, Business Books and Computer Systems' Records are excluded from contents.

4. Is the building occupied solely for residential purposes? Yes No
If No, please state for what other purposes the building is used: _____
5. Is the building secured to the foundation? Yes No
If Yes, state how: _____
6. What is the age of the building? _____
7. Are you the owner of the land on which the dwelling is situated? Yes No
8. Please state which of the following you use for cooking: Natural Gas Bottled Gas Kerosene Oil
 Electricity Other: _____
9. Please state which of the following you use for lighting: Electricity Gas Kerosene Oil
 Other: _____
10. Will the building be left unoccupied for more than 30 consecutive days? Yes No
11. Is the building within 12 feet of any other building? Yes No
12. Is the property currently covered by insurance? Yes No
If Yes, please state:
 - a. Name of Insurance Company: _____
 - b. Sum Insured: _____
 - c. Type of Cover: _____
13. Has any Insurance Company in respect of the risks to which this proposal relates or any other risks in which you have or had an interest or that of any business partner at any time, declined your proposal, refused renewal, or cancelled your insurance? Yes No
If Yes, please state:
 - a. Name of Insurance Company: _____
 - b. Reason for declinature/refusal/cancellation: _____

14. Have you ever had a fire or any other loss at these or any other premises owned, in which you have or had an interest or occupied by you? Yes No
If Yes, please state the name(s) of the Insurance Company(ies) involved: _____

15. Please give details of any claims, such as cause and the amount paid out: _____

16. Is there any mortgage or lien on any of the property being insured? Yes No
If Yes, please state the name and address of the mortgagee: _____

SECTION 2 DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

The foregoing particulars are to be deemed as warranties furnished by me/us.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

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.

Proposer Name (Please print) _____

Signature _____ Date _____