

CARIBBEAN/HIGH VALUED PROPERTY PROGRAM SUMMARY

LIMIT	Up to \$10,000,000 readily available
MINIMUM PREMIUM	\$50,000
OCCUPATION	Not limited to but can include: Shopping Centers Hotels/Motels Condominium Associations Office Buildings Utilities
SPECIAL CONDITIONS	All Risks (including wind/flood/earthquake) Specified Perils DIC
SECURITY	Lloyd's &/or British Companies
SUBMISSIONS	LIG Application and Submission Worksheet.



LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

SUBMIT@LIGMarine.com
www.LIGMarine.com

SUBMISSION WORKSHEET

Name of Insured		Class of Business	
Anticipated eff date		Quote needed by	
Name of Agent		Name of Agency	
Agent's telephone number		Agent's facsimile number	
Are you Retailing <input type="checkbox"/> or Wholesaling <input type="checkbox"/> this risk		Do you currently write this risk? YES <input type="checkbox"/> NO <input type="checkbox"/>	

CURRENT COVERAGE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate
Are current companies offering renewal?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES what are terms offered, if NO why?					

TO WHAT OTHER MARKETS HAS THIS RISK BEEN SUBMITTED

WHAT OTHER QUOTES DO YOU/THE INSURED HAVE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate

WHAT TERMS DO YOU NEED TO SECURE THE ORDER

Section/Coverage	Limit	Deductible	Premium	Rate



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CARIBBEAN PROPERTY QUESTIONNAIRE

ALL QUESTIONS MUST BE ANSWERED - DASHES OR "N/A" ARE UNACCEPTABLE

Full Name of Insured	
Full Addresses of Locations to be Insured	
Occupancy	
Number of Years in Business	
Perils to be Covered	<p>If Flood and Earthquake required, please advise: A) Any flood/earthquake exposure: B) Deductible assured prepared to carry in respect of above:</p>
Values each location and total overall values	
Split of values between buildings/contents etc.	
Are values shown: 100% or 80%	
Replacement Cost or Actual Cash Value	
Requested	Deductible: Premium: Limits:
Building Details (For All Locations)	Construction: Age: Protection Class: Number of Stories: Have utilities been updated? If so, when?
Full Details of Fire protections:	
Any Cooking?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Ansul/C02 system in operation?
Full Details of Security Protections	
Previous Carrier & Premium	



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CARIBBEAN PROPERTY QUESTIONNAIRE CONTINUED

Loss Record Past 5 Years (From Ground Up)	
If Restaurant/Hotel	A) Type of Clientele: B) Ansul system in operation:
If Apartments	A) Type of Clientele: B) Percentage of Occupancy: C) Holiday/Annual Occupancy:
Type of Area in respect to Crime/Vandalism	
Is an Inspection Report Available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Stories:	
Roof Construction Details:	
Are Hurricane Clips/Straps in Operation? If Not , please advise how roof is anchored to the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has roof been updated? If so, when?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deductible applicant is prepared to carry in respect of Wind/Tornado .	
Financial Details	

I/we hereby declare that the above information and particulars are true and I/we have not suppressed or mis-stated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

Signature: _____	Title: _____
Print Name: _____	Date: _____



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