



**St Helena Insurance  
Cell Captive**

**MATERIAL DAMAGE  
Accidental Loss or Damage  
Application**

Insured: .....

Postal Address: .....

Telephone: ..... e-mail: .....

Period of insurance from: ..... to midnight on: .....

**Please specify the items for which insurance is required, providing a full description together with any identifying marks or serial numbers where applicable.**

Item	Description of specified items	Value Insured

Is any of the property listed above used for business purposes?  Yes  No  
 Have you ever made a claim for a loss that would be covered under this insurance?  Yes  No  
 Have there been any incidences that could have resulted in claims in the past five years?  Yes  No  
 Have you ever been refused insurance or had special terms applied?  Yes  No  
**If the answer to any question above is "yes" then please provide full details overleaf.**

I agree that this application will be the basis of the contract of insurance between me and the insurers - St Helena Insurance Cell Captive. The answers given are all true and correct. I have not omitted or concealed any information which the insurers need to assess the risk. I agree to allow a representative of the insurer to inspect the property if they so wish.

Dated at St Helena: ..... Signature .....