



eurosure
INSURANCE COMPANY LTD

PROPOSAL "BUSINESSSURE" Comprehensive Business Insurance

(For Office Use Only)

Account Code	Insured Code	Underwriter	Warranties	Endorsements	Other Instructions	Policy No

PLEASE COMPLETE WITH CAPITAL LETTERS & CLEAR HANDWRITING & INDICATE WITH A "✓" WHERE APPLICABLE

PROPOSERS DETAILS

Company Name						
Full Name of Proposer						
Mailing Address				Floor No		Flat No
Post Code		City		P.O. Box No.		
Area / Village				P.O. Box Post Code		
Occupation / Profession				Mobile Telephone No.		
Registration Number as Employer (A.M.E.)				Home Telephone No.		
Date of Birth		Nationality		Office Telephone No.		
Identity No				Company Reg.No		
E-Mail				Office Telefax No.		
Full Address Of Property To Be Insured				City / Post Code		

PERIOD OF INSURANCE

From am/pm / / until midnight of / /

DAMAGE TO PROPERTY

USE OF THE PROPERTY TO BE INSURED:

OFFICE ☐

RETAIL SHOP ☐

RESTAURANT ☐

DESCRIPTION OF PROPERTY

Year of Construction

No. of floors incl. ground floor

Use of Floors

Basement	
Ground Floor	
Other Floors	

Construction of Walls		Construction of Roof		Construction of Foundations		Construction of Other Structures	
Reinforced Concrete & Bricks	<input type="checkbox"/>	Reinforced Concrete	<input type="checkbox"/>	Reinforced Concrete	<input type="checkbox"/>	Pergolas	Awnings
Stone	<input type="checkbox"/>	Tiled	<input type="checkbox"/>	Steel Frame	<input type="checkbox"/>	Wood	Fabric
Wooden	<input type="checkbox"/>	Wooden	<input type="checkbox"/>			Metal	Plastic
Other <input type="checkbox"/>		Other <input type="checkbox"/>		Other <input type="checkbox"/>		Other <input type="checkbox"/>	Other <input type="checkbox"/>

Exterior Buildings (if YES, please describe) YES ☐ or NO ☐

OCCUPATION AND USE OF PREMISES

- Are you the **Owner** of the premises?
- Are you the **Occupier** of the premises?
- Do you occupy the whole of the premises?

YES ☐ or NO ☐YES ☐ or NO ☐YES ☐ or NO ☐

If NO, give particulars

- Are the Premises subject to a Mortgage Agreement?

YES ☐ or NO ☐

If YES, give particulars

- Have you made any changes to the pipes and/or plumbing installations of the building?

YES ☐ or NO ☐

If YES, give particulars

Are the buildings in a good state of repair and will they be so maintained?

YES ☐ or NO ☐**AMOUNTS TO BE INSURED**

The Sums Insured of each item must represent the Full Value of the Property at Risk as New
(If the spaces provided below for declarations are not sufficient, please use separate form)

**SUM
INSURED**☐ **(A) Buildings & Other Structures**

- (i) Buildings & Outbuildings
- (ii) Auxiliary Buildings (garage, machinery buildings, fences etc)
- (iii) Fixtures and Fittings (including improvements, alternations and/or decorations)
- (iv) Other Structures, please specify

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€
€
€
€

TOTAL Buildings and Other Constructions☐ **(B) Contents**

- (i) Appliances, Equipment and Furniture
- (ii) Equipment and Machinery
- (iii) Other, please specify

€
€
€
€

TOTAL Contents☐ **(C) Stock**

- (i) Stock in Trade / Goods
- (ii) Other, please specify

€
€
€

TOTAL Stock**TOTAL SUM INSURED (A) + (B) + (C)**

€

☐ **(D) Business Interruption**

- Annual Turnover:
- (i) Last Year
 - (ii) Current Year

€
€

- ☐ Annual Gross Profit
- ☐ Annual Wages
- ☐ Auditors Fees

Indemnity Period months

€
€
€

TOTAL SUM INSURED (D)

€

EMPLOYERS LIABILITY AND FIDELITY GUARANTEE**Please, give details in relation to ALL employees, including their Estimated "Gross Earnings"**

The term "Gross Earnings" shall mean the total wages, salaries, overtime payments, commissions, bonuses, service charges, tips and other payments, without any deduction in respect of Social Insurance, Income Tax, Medical or Provident Fund or other amounts deducted by agreement with the employee(s) or otherwise.

Type and Category of Employees and description of the duties of the Employees	Cover for Fidelity Guarantee	Estimated Number of Employees	Estimated Amount of Annual "Gross Earnings"

GENERAL INFORMATION

1. Are hazardous materials kept on the premises? YES ☐ or NO ☐ If YES, please give details and quantities
2. Please specify to what extent (number of days) the premises are left unoccupied during the year
3. Have you taken Fire Safety measures? YES ☐ NO ☐ please give details
- 4a. Do you have Fire Alarm System? YES ☐ NO ☐ please give details
- 4b. Do you have Anti-Theft Alarm System? YES ☐ NO ☐ please give details
5. Have you Installed Security Locks? YES ☐ NO ☐ please give details
6. Are there any other insurances on the property for this Insurance? YES ☐ or NO ☐ If YES, please give details
7. Please specify the construction and occupation of adjoining and adjacent premises or land
8. Have you ever been refused insurance cover in respect of the interest proposed under this or any other insurance proposal?
YES ☐ or NO ☐ If YES, please give details
9. Have you ever suffered loss or claim by fire? YES ☐ or NO ☐ If Yes, please give details
10. Have you ever suffered any damage from leakage of water tanks or bursting pipes? YES ☐ NO ☐ if YES, please give details
11. Have you ever suffered and damage from burglary or theft? YES ☐ NO ☐ if YES, please give details
12. Give the following particulars of any accidents involving death of, bodily injury to or damage to the property of third parties in which you have been concerned during the last five years. If no accident has occurred, please state "None"
- | | No. Claims | Amount of compensation paid by you or on your behalf |
|---|----------------------|--|
| Death of or bodily injury to Third Parties | <input type="text"/> | <input type="text"/> |
| Destruction of or damage to property of Third Parties | <input type="text"/> | <input type="text"/> |
13. Have you ever suffered and damage from any other perils? YES ☐ NO ☐ if YES, please give details
14. Have you ever been convicted of a breach of any Statue or other Regulations, relating to the safety of your employees? if YES, please give details
15. Please give the following clarifications (to the extent you are aware or you should have been aware)
- i) Do any of your employees suffer from
- a) impaired sight or vision? YES ☐ NO ☐
- b) impaired use of limbs, spinal troubles and associated problems, hernia, etc? YES ☐ NO ☐
- c) epilepsy, heart disorders or other physical, mental or other disability? YES ☐ NO ☐
- ii) Have any of your employees suffered from an Accident or from an Occupational Disease in the last 5 years? YES ☐ NO ☐
- If YES, please give details
16. a) Have you complied with all your obligations emanating from the Laws and Regulations governing the operation or the maintenance of your premises, your machinery and, generally, the safety and health of your employees? YES ☐ NO ☐
- If NO, please give details
- b) i) Are there any Regulations regarding your method of work and the duties of your employees and are there special safety measures which must be followed at your place of work especially regarding Machinery and Equipment? YES ☐ NO ☐
-
- ii) Are all such Regulations and safety measures strictly complied with? YES ☐ NO ☐
-
- c) Are all employees adequately trained and well informed and fully aware for the type and nature of their work and duties? YES ☐ NO ☐
- If NOT, please clarify whether such persons will receive any specialised training.

17.	Are your premises in a good state of repair?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	α) Do you have any boilers, steam containers and other pressurized vessels, lifts, hoists and cranes?	NAI <input type="checkbox"/> OXI <input type="checkbox"/>
	β) If YES, are they regularly inspected and by whom? <input style="width: 400px;" type="text"/>	
18.	Have you, during the last five years, been accused or convicted, or has a reprimand or recommendation been made against you, in relation to any violation of any Law or Regulation in connection with the safety of your employees? If YES, please give full details	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input style="width: 760px;" type="text"/>	
19.	Have you complied with all your obligations emanating from the Laws and Regulations governing the operation or the maintenance of your premises and your machinery and, generally, the safety and health of your employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input style="width: 880px;" type="text"/>	
20.	Do you keep books of accounts with a complete record of all purchases and sales and are there regularly updated? If YES, please give details	
	<input style="width: 880px;" type="text"/>	
21.	Is there any other material or important fact within your knowledge, regarding this Proposal of Insurance which should be submitted to the Company for their consideration of the risk? YES <input type="checkbox"/> or NO <input type="checkbox"/> If Yes, please give details	
	<input style="width: 880px;" type="text"/>	

PREMIUM PAYMENT

I wish my annual premium to be paid as follows (please mark ✓ or X whichever option applies)

☐ **Settlement in ONE (1) Instalment**

☐ **Settlement in:**

☐ **TWO (2)**

☐ **THREE (3)**

☐ **FOUR (4)**

consecutive monthly instalments (one-off charge €1,00 for each instalment)

Note: *In all cases, the 1st Instalment is due for payment on or before the starting date of the period of the Insurance*

☐ **Direct Debit Banking Mandate**

I would like to pay my policy premium using a Direct Debit, and hereby enclose a signed Direct Debit Mandate form

Note: *Where the duration of the policy is less than one year, premium must be fully prepaid*

STATUTORY DECLARATION AND CONSENT FORM FOR THE PROCESSING OF PERSONAL DATA

Forming part of this Proposal Form which together shall constitute the basis of the Policy which may be issued.

(All references to the singular shall also mean to the plural unless the context otherwise requires)

I declare that the answers and information which have been given in this Insurance Proposal Form are absolutely correct and that I have not withheld, misstated or misrepresented any material information in connection with this Proposal. I agree that this Declaration as well as the answers and information which I have given in this as well as any other information, declaration or statement made by me or by anybody acting on my behalf will form the basis of the Insurance Policy which may be issued to me by Eurosire Insurance Company Ltd (hereinafter referred to as Eurosire or the Company). I further agree that I shall accept to be indemnified based on the Terms and Conditions which will appear in and/or which will be endorsed in the Insurance Policy which may be issued to me.

I declare that any Insurance Intermediary or other Representative or Employee of Eurosire who helps me in completing or who completes on my behalf the Proposal Form and/or assists me in the completion of any other document and/or provides any information to the Company for the purpose of obtaining a quotation and/or any subsequent Insurance coverage for me is acting on my behalf.

I declare that the cover which may be provided as well as my responsibilities and obligations under the Insurance Policy in respect of which this Proposal is completed has been fully explained to me by the Insurance Intermediary named below or by any representative or employee of Eurosire I declare that it fully satisfies my insurance requirements in relation to the subject matter of insurance under this Proposal.

I declare that I understand that Eurosire is not obliged to accept and offer any Insurance coverage based on this Proposal and only when confirmation of cover has been issued by the Company in writing will any cover apply.

I declare that under the provisions of the General Data Protection Regulation (GDPR) (EE) 2016/679 or any other Law or other regulation amending or replacing it, Eurosire, as processors of personal data within the meaning of the GDPR, may collect and process personal data for the sole purpose of providing the services I request from the Company. Eurosire may process/pass on my personal data to third parties to the extent that this is required as a contractual necessity, on the ground of legal obligations, and legitimate interest.

I also declare that I understand that such personal, sensitive and confidential information which has been given or will be given in the future to Eurosire by me or has been provided by Third Parties to the Company or has been abstracted from other Insurances, other Companies or other information for the purpose of providing their services to me, may be given to Third Parties, other Insurers, Insurance and Reinsurance Intermediaries, such as Surveyors/Adjusters, Repairers, Legal Advisors, Doctors, Insurance Consultants, Auditors, Reinsurers in order to provide me with the services and fulfilment of tasks deriving.

Consent - Sensitive Personal Data

In accordance with the provisions of articles 5, 6, 7 and 9 of the General Data Protection Regulations, I declare that I understand that Eurosire Insurance Company Ltd needs to collect, evaluate and process personal data that is relevant to health in order to proceed with the preparation of the appropriate insurance program. The assessment of my personal data of this nature will allow Eurosire either to accept or not the insurance claim and to calculate the premium corresponding to the risk assumed.

I declare that I understand, that for the smooth operation of the insurance contract both at the risk assessment stage and especially at the time of the insured event, my consent covers both the reception and transmission of sensitive data to and from third parties (such as Insurance Funds, Hospitals, Diagnostic Centers, etc.).

Personal data will be retained for the minimum amount of time required under the Company's contractual or legal obligations.

I understand that if I do not wish to consent to the processing of my sensitive personal data, the insurance company may reject the application for insurance.

I have the right to recall my consent at any time by informing the Data Protection Officer of the Company in writing, either by letter to the Company's mailing address or by email dpo@eurosire.com.

Statement of Consent

☐ I consent that Eurosire Insurance Company processes my Sensitive Personal Data for the purpose of providing insurance services

Signature of Proposer

Date

Signature of Proposer

Date

**Name of the
Insurance Intermediary**

**Signature of the
Insurance Intermediary**

(Signing this form does not bind you to complete this insurance)

The insurance will not come into force until the Proposal has been accepted in writing by the Company.