



# QUESTIONNAIRE AND PROPOSAL FORM FOR CONTRACTORS "ALL RISKS"

(For Office Use Only)						
Account Code	Insured Code	U/W	Warranties	Endorsements	Other Instructions	Policy No

PLEASE COMPLETE THIS PROPOSAL WITH CLEAR CAPITAL LETTERS AND MARK WITH «✓» THE APPROPRIATE BOXES

1. NAME OF CONTRACTOR			
FULL POSTAL ADDRESS			
COMPANY REGISTRATION NO.			
TELEPHONE NO.		EMAIL:	
2. IS INSURED MAIN CONTRACTOR OR SUB-CONTRACTOR?			
3. NAME OF PRINCIPAL / OWNERS (INSURED)			
4. LOCATION OF CONTRACT WORK (ADDRESS OR PLOT NO)			
5. DESCRIPTION OF CONTRACT WORKS			
6. CONTRACT PERIOD			
7. MAINTENANCE PERIOD			
8. SUM INSURED			
A. CONTRACT PRICE	€		
B. CLEARANCE OF DEBRIS	€	%	
C. ARCHITECTS & SURVEYORS FEES	€	%	
D. EXISTING PROPERTY	€		
9. DESCRIPTION AND VALUE OF CONTRACTORS PLANT AND MACHINERY (LIST MUST BE PROVIDED)			
10. SUB-CONTRACTORS WORKS			
A. DESCRIPTION			
B. VALUE	€		
C. ARE THEY INCLUDED IN THE CONTRACT PRICE			
D. IF NO ARE SUB-CONTRACTORS INSURED UNDER THEIR OWN SEPARATE INSURANCE COVER?			
11. IF THIRD PARTY LIABILITY COVER IS REQUIRED PLEASE SPECIFY THE LIMIT OF LIABILITY	<input type="checkbox"/> YES / <input type="checkbox"/> NO	€	
12. DEPTH OF EXCAVATION IF ANY			
13. IS INSURED ENGAGED IN BLASTING? WHAT IS THE METHOD OF EXCAVATION?			
14. DISTANCE FROM AND VALUE OF THIRD PARTY PROPERTY?			
15. PREVIOUS LOSS HISTORY OF INSURED (PLEASE GIVE DETAILS)			
16. PRESENT INSURED			

## **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 1<sup>st</sup> 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 Eurosure Insurance Company Ltd (hereinafter referred to as Eurosure 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 Eurosure 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 Eurosure 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 Eurosure 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, Eurosure, 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. Eurosure 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 Eurosure 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 Eurosure 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 Eurosure 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@eurosure.com](mailto:dpo@eurosure.com).

### **Statement of Consent**

☐ I consent that Eurosure 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**

This Proposal does not bind the Company to issue any Insurance Coverage