



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

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

A. PARTICULARS OF PROPOSING EMPLOYER

Full Name of Proposer			
Postal Address			
Area / Village		P.O. Box No.	
Post Code	City	P.O. Box Post Code	
Email		Mobile Telephone No.	
Office Telephone No.	Office Telefax No.	Home Telephone No.	
Registration Number as Employer (A.M.E.)		Year of Commencement of Business	
Type of Business		Identity Card No./ Company's Registration No.	
Full description of business transacted:			
Address of conducting Business:			
Business 1:	(A.M.E.)	Post Code	
Business 2:	(A.M.E.)	Post Code	

Do you employ or do you intend to employ persons

- a) for work abroad? YES ☐ NO ☐
- b) who will often be travelling abroad for business (excluding manual work)? YES ☐ NO ☐
- c) who will be travelling outside Cyprus and will be engaged with manual work? YES ☐ NO ☐

If «YES», to any of the above, please give in detail Professions and period of work

B. PERIOD OF INSURANCE

From am/pm/...../..... To midnight on the/...../.....

Do you have any other Insurance Policies with **Eurosurance Insurance Company Ltd**? YES ☐ NO ☐

If "YES", please indicate Policy Number/s

C. LIMITS OF INDEMNITY

The Limits of Indemnity as indicated under Column A herebelow are the Minimum Limits as stipulated by the relevant Legislation. The Limits under Column B hereunder are the Limits offered by the Company. If you wish to have higher Limits please indicate such under Column C otherwise it shall be interpreted that you wish to have cover for the limits indicated under column B below. It should be noted that any increase of the limits, that shall be indicated under column C below, if such are reasonable and are acceptable by the Company will result in Additional Premium and/or Terms.

		Column A Minimum Limits of Indemnity as stipulated by Legislation	Column B Limits of Indemnity offered by Eurosurance	Column C Required Limits of Indemnity
a)	Single Employee Limit of Indemnity (per Employee)	€ 160.000	€ 160.000	€
b)	Limit of Indemnity in respect of any one Claim or all Claims of a series consequent on or attributable to one source or original cause	€ 3.415.000	€ 3.500.000	€
c)	Aggregate Limit of Indemnity for any one Period of Insurance	€ 5.125.000	€ 5.200.000	€

D. PARTICULARS IN RELATION TO EMPLOYEES

1. 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.

Please complete the following Table. All Employees must be included.

Type and Category of Employees and description of the duties of the Employees	Estimated Number of Employees	Estimated amount of Annual "Gross Earnings"
a. • Managerial and Clerical Staff, e.g. Clerks, Accountants, Secretaries, etc		
• Other Professions NOT involving manual work Declare in detail relevant Professions		
b. Manual Workers (including Foremen / Supervisors) Declare in detail relevant Professions		
c. Other Category: Please declare in detail		

2. 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

E. PARTICULARS IN RELATION TO THE PROPOSER'S BUSINESS

1. a) 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 ☐ NO ☐

If "NO", please give full 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. YES ☐ NO ☐

2. Do you have any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? YES ☐ NO ☐

If "YES", please give full details:

Are all these machinery equipped with adequate security and protection systems to prevent any bodily injury and meet the minimum criteria prescribed by the Legislation? YES ☐ NO ☐

If "NO", please give full details:

3. Are your entrances and exits, works, machinery and plant installations, work areas and all business properly fenced off and guarded and generally in good and safe condition? YES ☐ NO ☐
4. Are your premises in a good state of repair? YES ☐ NO ☐
5. a) Do you have any boilers, steam containers and other pressurized vessels, lifts, hoists and cranes? YES ☐ NO ☐
- b) If "YES", are they regularly inspected and by whom?
6. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations? YES ☐ NO ☐

If «YES», please give full details

E. PARTICULARS IN RELATION TO THE PROPOSER'S BUSINESS - (Continues)

7. Do you use or keep stored in your business premises any acids, gases, lacquers, gums, oils, chemicals or explosives or any other dangerous substances? YES ☐ NO ☐

If "YES", please give full details including description and quantities of such substances.

8. Do you handle or use any fork-lifts YES ☐ NO ☐

If "YES", give details

Do they use - Battery ☐ - Fuel Oil ☐

If they use a battery is that charged in a separate Special place YES ☐ NO ☐

9. a) Do you manufacture, dress handle or use asbestos or silica or any material containing asbestos or silica? YES ☐ NO ☐

If «YES», please give full details

- b) Do you have a foundry? YES ☐ NO ☐

If «YES», please give full details

10. Have you, during the last five years, been accused on 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? YES ☐ NO ☐

If «YES», please give full details

F. INSURANCE AND CLAIMS RECORD**I) INSURANCES**

1. a) Are you at present insured in respect of your Liability to your Employees or have you ever been insured in respect of such liability?

If "YES", please state the Period of Insurance and the Name of the Insurance Company:

Period of Insurance	From	To

- b) Has any Insurance Company or any Insurer in relation to the Insurance of your Employees at any time?

- i) Declined your proposal? YES ☐ NO ☐

If «YES», please give full details

- ii) Required an increased premium or imposed special conditions? YES ☐ NO ☐

If «YES», please give full details

- iii) Cancelled or refused to renew your policy? YES ☐ NO ☐

If «YES», please give full details

II) CLAIMS

State the number of Accidents and Occupational Diseases suffered by your employees during the last five years:

Year	Amount paid in the form of Annual Total Gross Earnings to your Employees €	Number of Accidents and Occupational Diseases (whether involving Insurance Claims or otherwise)	CLAIMS			
			WHICH HAVE BEEN SETTLED		STILL OUTSTANDING	
			Number of Claims	Amount Paid €	Number of Claims	Estimated Cost €
20						
20						
20						
20						
20						

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 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.

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	

IMPORTANT NOTICE

In accordance with the Legislation, the Insurance cover comes into force upon delivery to you of the Certificate of Insurance (or the Covering Note), which you should exhibit at your place of business.

In case you carry on business in a number of business locations, sites of work / areas etc, you must by Law exhibit a true and certified by the Company copy of the Certificate at each of your business locations / work areas sites.

The Regulations provide for an additional charge to be made for each additional certified true copy of the Certificate.

IN CASE THE POLICY IS CANCELLED OR REPLACED YOU ARE REQUIRED BY LAW TO RETURN ALL CERTIFICATES INCLUDING ALL CERTIFIED TRUE COPIES TO THE COMPANY WITHIN 48 HOURS.

IN THE CASE WHERE A CERTIFICATE AND/OR CERTIFIED TRUE COPY OF SUCH IS LOST YOU ARE OBLIGED TO MAKE A SOLEMN DECLARATION TO THAT EFFECT AS REQUIRED BY THE RELEVANT LAW.

REQUEST FOR ADDITIONAL COPIES OF THE CERTIFICATE OF INSURANCE

Upon acceptance of the Insurance Proposal, please issue and deliver to me/us _____ copies of the Certificate, charging me accordingly.

Signature of Proposer		Date	
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This Proposal does not bind the Company to issue any Insurance Coverage.