



Commercial Insurance Proposal Form

COMPLETE IN BLOCK CAPITALS. If you require additional space use space provided on page 9.

Non Disclosure Warning – Please note that you are under duty to disclose all facts likely to influence the acceptance of your proposal. Failure to do so may prejudice the settlement of any claim or invalidate your policy. Please mention such facts or if in doubt refer to the Company.

It is recommended that you retain a copy of this proposal and any information supplied in connection with it for future reference. A photocopy will be supplied upon request.

Proposer's Details

1. Proposer's full name
(if a company state company name)

2. Postal Address (including postcode)

Telephone/Mobile/Fax Numbers

E-mail

Company Registration or Identity Card Number

3. Full description of the business

4. Number of years in business

- iii. Are your premises entirely self contained with their own means of access?

☐ Yes ☐ No

- iv. Are the premises and the outbuildings constructed of brick, stone or concrete and roofed with stone, tiles, metal beams, concrete or asphalt and in good repair?

☐ Yes ☐ No

If NO, to any of the previous questions, please give details:

3. i. Is any manufacturing carried out on the premises?

☐ Yes ☐ No

- ii. Do you keep or use any flammable or hazardous materials on or near the premises (such as fuels, acids, solvents, gases or similar substances)?

☐ Yes ☐ No

If YES, to any of the above please give details:

Description of the Premises to be Insured

1. Please complete Section (I) of the Specification on page 7, which requires details of the premises to which this proposal relates.

2. i. Are you the sole occupants of the above building/s in which your premises is situated?

☐ Yes ☐ No

- ii. Are all parts of the building/s at present occupied?

☐ Yes ☐ No

4. Is this policy to be pledged to a bank / individual / financial institution?

☐ Yes ☐ No

If YES, please give name and details

5. What are the business hours?

Description of the Surrounding Property

1. Are the adjacent buildings of stone and concrete construction?

☐ Yes ☐ No

If NO, please give details

2. How are the adjacent buildings occupied?

3. What is the distance between the adjacent buildings and the premises insured?

Fire and Special Perils Cover

Cover is provided for fire, riot, strikers, locked out workers, earthquake and volcanic eruption, bursting and overflowing of water pipes, storm and flood, explosion, lightning, storm damage, malicious damage, impact, aircraft.

Is Fire and Special Perils Insurance required?

☐ Yes ☐ No

If YES,

1. What fire extinguishing facilities exist in the premises?

- i. Are existing appliances stored in easily accessible positions?

☐ Yes ☐ No

- ii. Do you have an annual service agreement?

☐ Yes ☐ No

2. Is there a fire alarm installed on the premises to be insured?

☐ Yes ☐ No

If YES,

- i. is the alarm telephone linked?

☐ Yes ☐ No

- ii. does a maintenance agreement exist?

☐ Yes ☐ No

If YES state name of contractor

3. i. How old is the electrical system?

- ii. When was it last overhauled?

4. Do you have Photovoltaic (PV) panels and/or Solar Water Heaters installed on the premises?

☐ Yes ☐ No

If YES please indicate the Sum Insured below:

5. Kindly complete Section (III) of the Specification on page 7.

Theft Cover

Cover is provided for theft following forcible and violent entry to or exit from the premises.

Is Theft insurance required?

☐ Yes ☐ No

If YES,

1. Is there

- i. a Burglar alarm installed on the premises?

☐ Yes ☐ No

If YES, is the alarm telephone linked?

☐ Yes ☐ No

- ii. closed circuit TV (CCTV) installed on the premises?

☐ Yes ☐ No

Does a maintenance agreement exist

- a. on your burglar alarm system?

☐ Yes ☐ No

- b. on your CCTV system?

☐ Yes ☐ No

If YES to a. or b., please give names of contractors:

- i. burglar alarm

- ii. CCTV

2. Are the external doors, windows and other openings secured by one of the following when your premises are closed for business or left unoccupied?

Steel rollers / concertina type shutters ☐ Yes ☐ No

Solid wooden shutters or doors ☐ Yes ☐ No

Fixed metal grilles or bars ☐ Yes ☐ No

Laminated glass ☐ Yes ☐ No

3. Kindly complete Section (II) of the Specification on page 7 (if not already completed for the Fire and Special Perils section)

Public Liability Cover

Provides cover for legal liability of the Insured to Third Parties (both property damage and bodily injury).

Is Public Liability Insurance required?

☐ Yes ☐ No

If YES,

1. i. What is the maximum number of persons likely to be present on the Premises at any one time?

- ii. What is the approximate area of the premises?

- iii. If the premises is a hotel, please specify the number of beds

2. Do you require cover for works carried out away from your premises?

☐ Yes ☐ No

If YES, give a full description of these works in the space provided on page 8.

3. What is the annual turnover of the business?

€

4. What is the limit of the indemnity required?

€250,000

€500,000

☐ Other

€

5. Give details of any

- i. power operated lifting tackle – if passenger lift state carrying capacity:

- ii. boilers or any other apparatus operating under internal pressure

6. Do you require liability cover for products manufactured or sold?

☐ Yes ☐ No

If YES, please attach our completed products liability questionnaire to this application.

Employers' Liability Cover

Provides cover for the legal liability of the Insured as employer towards his employees in case of industrial accidents or illness

Is Employer's Liability Insurance required?

☐ Yes ☐ No

If YES,

1. Are your passages, works, machinery and plant properly fenced and guarded and otherwise in good condition?

☐ Yes ☐ No

If NO, please give details

2. Give the number of persons engaged in the business including working principals

	Number	Wageroll (€)
Clerical Staff		
All others working at the premises		
All others working outside the premises to be insured		

Loss of Profits Cover

Provides cover for the loss of profits (including wages and salaries) incurred following loss or damage insured under Fire and Special Perils policy.

Is Loss of Profits Insurance required?

☐ Yes ☐ No

If YES,

1. Please indicate sums insured required

Item	Sum Insured (€)
Gross Profit - Working Expenses to be excluded are: a. Purchases b. Wages c.	
Wages	
Accountants charges	
Other	

2. Please indicate maximum indemnity period required.

☐ 12 months

☐ 18 months

☐ 24 months

☐ other

months

3. Please state the name and address of your professional accountants

4. May we approach them each year for information regarding your gross profit figures?

☐ Yes ☐ No

5. When does your financial year end?

Money Cover

Provides cover for loss of money including loss following theft and hold-up

The term money shall mean coin, bank notes, currency notes, cheques, bankers' drafts, bills of exchange, postal orders, money orders, current unused postage stamps and revenue stamps all belonging to the Insured or for which he is responsible.

Is Money Insurance required?

☐ Yes ☐ No

If YES,

1. Do you require cover for loss of cheques?

☐ Yes ☐ No

2. Is Assault insurance required in respect of death or bodily injury sustained as a result of theft or attempted theft or money?

☐ Yes ☐ No

If YES, please specify benefits required for

Death €

Permanent Total Disablement €

Temporary Total Disablement (weekly benefit) €

3. Kindly complete section (III) of the Specification on page 7.

Glass Cover

Provides cover for accidental breakage of the glass insured in the policy - the glass should also be insured for Fire and Special Perils under a Fire policy.

Is Glass Insurance required?

☐ Yes ☐ No

If YES, please state sums insured/limits of liability for the following:

Description	Type and Dimensions	Sums Insured / Limits of Liability (€)
Fixes glass in windows doors fanlights and skylights		
Sanitaryware		
Mirrors tabletops and other fixed glass on furniture etc.		
Cost of lettering and decoration		
Illuminated signs /neon signs		

Personal Accident Cover

Compensates the Insured with a fixed sum of money for death and permanent disablement, and with a weekly benefit for up to 2 years for temporary total disablement following an accident.

Is Personal Accident Insurance required?

☐ Yes ☐ No

If YES,

1. Do you wish this cover to apply to (tick one option)

- ☐ occupational accidents only?
- ☐ occupational accidents and commuting to and from work?
- ☐ accidents occurring at any time (24 hour cover)?

2. Will any of the insured persons travel together by air?

☐ Yes ☐ No

If YES, state the maximum number of persons likely to travel together

3. Please complete the following:
(Please use extra space on page 8 if necessary)

Names ¹	I.D. No.	Age ²	Occupation	Benefits Required ³

¹ or categories of employees plus numbers in each category

² if applicable

³ Weekly benefit or Capital Sum

4. Has any person to be insured any physical defect, infirmity or ill health of any sort?

☐ Yes ☐ No

If YES, please give details

Frozen Foods Cover

Provides cover for deterioration of frozen foods following breakdown of freezers

Is Frozen Foods Insurance required?

☐ Yes ☐ No

If YES, please complete the following

Type of Cabinet	Sum Insured in Cabinet (€)

Goods in Transit Cover

Provides cover for accidental damage to or theft of goods in transit.

Is Goods in Transit Insurance required?

☐ Yes ☐ No

If YES,

1. Please complete the following

Type of vehicle	Reg. Mark	Open/ Closed	Max. value of goods carried (€)

2. Is cover required at night?

☐ Yes ☐ No

3. Are loaded vehicles left at night other than in a locked building or locked compound?

☐ Yes ☐ No

4. Are all vehicles fitted with steering column locks, alarms or other immobilisers or protective devices?

☐ Yes ☐ No

5. What is the total estimated amount of goods carried over a one year period?

€

6. Do you require insurance of "own goods by carrier"?

☐ Yes ☐ No

If YES,

- a. What is the total estimated value which will be sent by road carriers over the next twelve months?

€

- b. State the maximum value of goods in transit any one situation at any one time (this will be the limit any one occurrence)

€

- c. State the maximum value of goods in any one packet or parcel?

€

- d. Do carriers accept responsibility for goods?

☐ Yes ☐ No

Electronic Equipment

Provides accidental damage cover.

Is Electronic Equipment Insurance required?

☐ Yes ☐ No

If YES, please complete the following

(please use extra space on page 8 if necessary)

Schedule of Electronic Equipment to be insured

Description (type manufacturer serial nos., year of manufacture etc)	Sum Insured (new replacement values)

1. Is all the equipment to be insured new?

☐ Yes ☐ No

If NO, which items of the schedule above are second hand?

2. Is the equipment maintained in accordance with the manufacturers instructions?

☐ Yes ☐ No

3. Does a maintenance agreement exist for the insured equipment?

☐ Yes ☐ No

4. Do the manufacturers or suppliers guarantee availability of spare and replacement parts?

☐ Yes ☐ No

If YES, please specify

5. Do you wish the cover to be extended to cover

- a. Strike riot and civil commotion?

☐ Yes ☐ No

- b. Extra charges for overtime, night work, work on public holidays, express freight?

☐ Yes ☐ No

- c. Extra charges for airfreight?
(a minimum deductible of 20% applies)

☐ Yes ☐ No

- d. Theft?
(a minimum of deductible of 25% applies)

☐ Yes ☐ No

6. Do the items in the schedule of equipment include all the installed equipment?

☐ Yes ☐ No

If NO, which items are not included?

7. Is cover for External Data Media required?

☐ Yes ☐ No

If YES, please ask for a separate proposal form.

8. Is cover for Increased Cost for Working required?

☐ Yes ☐ No

If Yes, please ask for a separate proposal form.

Other Insurances

Is Marine Insurance required? ☐ Yes ☐ No

Is Motor Insurance required? ☐ Yes ☐ No

Is Machinery Breakdown Insurance required? ☐ Yes ☐ No

Is Health Insurance required? ☐ Yes ☐ No

If YES to any of the above, please fill in separate proposal forms.

General

1. From which date do you wish this insurance to commence?

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N.B. This insurance does not come into force until your proposal has been accepted by the Company and premium paid. You must inform us of any alteration in the risk in the meantime

2. a. Are stock records and purchases/sales books/computer records and other accounting records kept and maintained according to proper accounting practices?

☐ Yes ☐ No

- b. Are these properly backed up and are copies/backups kept away from the premises?

☐ Yes ☐ No

If NO, please give details

3. Are you currently insured against any of the risks proposed?

☐ Yes ☐ No

4. Has any insurer declined to insure you or required special terms to insure you or any director or partner (in this or any other name under which you or they may have been trading) cancelled or refused to renew any insurance of a type you are now applying for?

☐ Yes ☐ No

5. Have you or any director, partner or other official of the company or firm been declared bankrupt, been a director of any company in liquidation, been found guilty of arson, illegal gambling, criminal deception, fraud, forgery, theft or any crime of violence associated with these or any other crime against property?

☐ Yes ☐ No

6. In the last 5 years have you or any director, partner or official (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers you are now applying for?

☐ Yes ☐ No

7. Is there any other fact that has/has not been asked for in this proposal which you think the Company should be aware of?

☐ Yes ☐ No

If YES to any of questions 3-7 please give details below

8. How did you get to know about Atlas?

Please specify your preferred form of contact with Atlas?

Specification of the Property to be Insured

(I) Description of Premises to be insured

To be completed by each proposer.

Premises Reference	Address of Premises	Description (including number of storeys, age, details of ownership and use e.g. ground floor of single storey building used as retail toy outlet owned by X Ltd.) NB Indicate whether basement exists
A		
B		
C		

(II) The Property to be Insured

To be completed if Fire and/or Theft cover is required

	Is Theft Cover required?	Sum Insured			Total Sum Insured (€)
		Premises A (€)	Premises B (€)	Premises C (€)	
1. Buildings*	Not Applicable				
2. Machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Stock	<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Annual Rent	Not Applicable				
6. Other Property	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Sum Insured					

*Including cover for debris removal and professional fees

"D" Subject to stock declaration conditions

"R" Subject to reinstatement (on a "new for old basis")

NB if the Sums Insured do not represent the full value of the property, any claims settlement will be proportionately reduced

(III) Money Specification

To be completed if Money Insurance is required

	Premises A (€)	Premises B (€)	Premises C (€)	Total (€)
1. Please state your requirements for				
a. Maximum amount of money contained in a locked safe or strongroom when closed for business (N.B. if more than €1,175 please state make and model of safe)				
b. Maximum amount of money on the premises NOT contained in a locked safe or strongroom when closed for business.				
c. Maximum amount of money at any one time either in the premises whilst open for business, in transit or in a bank night safe				
d. Other requirements				
2. Value of safe(s) to be insured				
3. Estimated amount of money in transit over the annual period of insurance				

