



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.

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

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.

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 <small>(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</small>
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				

