

Public Liability Insurance Proposal Form (Commercial)

1. Proposer's Particulars			
Name:	Surname:		Postcode:
Address:	Town:		
Business Tel. No.:	Mobile Tel. No.:		
E-mail Address:			
Identity Card No./Company's Registration No.:			
2. Period of Indemnity			
From:		To Midnight of:	
3. Business		How long established?	
(If Manufacturer, Wholesaler or Retailer, state which. If Contractor, state kind of work undertaken.)			
4. Schedule of Premises or outside contracts to which the insurance is to apply			
Situation of Premises or sites of contracts	Employees	Number of Buildings	Description of Premises (e.g. Office, Shop, Store, Factory or Showroom) or Contracts
5. If you do not occupy the whole of the premises state which part you occupy. If you have tenants or sub-tenants please give particulars.			
6. Do you or any of your employees undertake duties away from the premises for the purposes of your business? If so, give particulars.			
7. What are your estimated total annual wages and salaries including remuneration of working partners and directors?			(a) Own premises (b) Work elsewhere
8. What are your estimated total annual payments to sub-contractors?			
9. What is your estimated annual turnover?			
10. What lifts, elevators, escalators, cranes and hoists used in your business are to be included in the insurance? NOTE: If any passenger lifts, elevators or escalators are to be included in the insurance the latest inspection reports in respect of such lifts, elevators or escalators must be submitted with this proposal.			
11. State particulars of any machinery used (other than lifts, elevators, escalators, cranes and hoists).			
12. What vehicles (including pedal cycles), vessels or craft are to be included in the insurance? NOTE: A separate insurance is necessary for mechanically propelled vehicles or motor cycles or mechanically assisted pedal cycles if used on a public road			
13. Are all your premises, machinery, appliances and plant sound and in good repair?			
14. Do you handle or use (a) explosives or chemicals (b) radio isotopes, radioactive substances or other sources of ionising radiations			(a) (b)
15. What claims have been made on you during the last five years?			
16. Amount of Indemnity required			
17. (a) Have you ever proposed for insurance or been insured against the liability to which this proposal relates? If so state name of Insurer. (b) Has any Company or Insurer :- (i) declined to insure you? (ii) required special terms to insure you? (iii) cancelled or refused to renew your insurance?			(a) (b) (i) (ii) (iii)
18. What other insurances have you with the Company?			

Instructions for Premium Payment (Please mark ✓ accordingly)

- (1) Settlement in ONE instalment
- (4) Settlement in FOUR consecutive monthly instalments. (One-off charge €4.00)
- (7) Settlement in SEVEN consecutive monthly instalments. (One-off charge €10.00). This choice applies only for annual policies.

Note: In all cases the 1st instalment is due for payment on or before the starting date of the Period of the Insurance.

BANKING MANDATE

For settlement of the above instalments via Direct Debit please complete and sign the specific Mandate, available at the Company's Offices or on your Insurance Intermediary. For every Policy a separate Mandate must be completed.

Data Protection

In accordance with the provisions of the General Data Protection Regulation (GDPR) (EU) 2016/679, as well as any other relating legislation, Commercial General Insurance Ltd (CGI), in its capacity as Controller, collects and processes personal data and/or sensitive data, for the purpose of providing the services requested by the Proposer under the present Policy. CGI may transfer personal data to a third party to the extent that this is required as a contractual necessity, on the ground of legal obligations and/or protection of its legitimate interests. The personal data will be recorded in an electronic or any other form to the personal data filing system(s), within the meaning of the Law, maintained by CGI or by any other company or person with which co-operation exists and/or an agreement is in force.

The recipients of the personal data shall be the duly authorised personnel of CGI and of any other company or person with which co-operation exists and/or a relevant agreement is in force. The processing of such data is confidential and shall be carried out only by persons acting under the direct or indirect authority of CGI. CGI has taken all appropriate measures to ensure that these persons follow the guidelines of the GDPR regarding the safe processing of personal data.

In relation to the personal data that CGI processes, the Proposers have the right to request:

- Access to their personal data.
- Correction of their personal data.
- Erasure of their personal data.
- That CGI stops processing their personal data.
- The Restriction of Processing of their personal data.
- The Transfer of their personal data to another party.

Proposers who wish to exercise their rights in accordance with the provisions of the GDPR or any other relating legislation or require further information as to the way CGI processes personal data may contact CGI's Data Protection Officer at CGI's Head Office at Commercial Union House, 101 Arch. Makarios III Avenue, 1071, Nicosia or through email at DPO@cgi.com.cy.

Further information regarding data protection can be found in CGI's Privacy Notice which is available at <http://www.cgi.com.cy>.

Consent for Commercial Purposes (Please mark ✓ accordingly)

I would like to be informed of any other insurance services or products offered by Commercial General Insurance Ltd (CGI) from time to time and, towards that, I give my consent that CGI processes my personal data for the purposes of promoting other insurance related services or products to me. YES NO

Declaration

I hereby declare that the information provided in this Proposal is correct and that I have not concealed, distorted or misrepresented any fact. I also agree that this Proposal and Declaration shall be binding upon me, shall form the basis of this Policy between myself and Commercial General Insurance Ltd (CGI) and will be considered as forming part of the Policy to be issued.

I also declare that CGI and/or the Insurance Intermediary pursuing activities of insurance distribution on CGI's behalf, whose details appear below, has provided me with all the general, precontractual and other information required by the Law on Insurance and Reinsurance Services and Other Related Issues of 2016 and by the relevant Regulations, or any Law or Regulations substituting or amending the same.

I further declare that I have examined and fully understood all the information provided to me in accordance with the provisions of the above Law.

Signature of Proposer

Date

Note

This Insurance will not be in force until the risk has been accepted by the Company. The Company reserves the right to reject any Proposal for Insurance.

Name of Insurance Intermediary:



COMMERCIAL GENERAL INSURANCE LTD

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