

Employer's Liability Insurance Proposal Form

Please give **complete** answers and in **capital** letters

A. Particulars of Proposing Employer		
Name:-		
Identity Card No. / Company's Registration Number:-		Date of Birth / Establishment:-
Telephone:-	Mobile:-	Fax:-
E-mail Address:-		
Full Postal Address:-		
		Town:-
		Postal Code:-
Employer's Registration Number:-		
Type of Business:-		
Full description of business transacted:-		
Usual place of business:-		
Date of commencement of business by the Employer:-		

B. Period of Insurance							
From:-	<table style="margin: auto;"> <tr> <td style="padding: 2px 5px;">Day</td> <td style="padding: 2px 5px;">Month</td> <td style="padding: 2px 5px;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">/</td> <td style="border: 1px solid black; width: 30px; text-align: center;">/</td> <td style="border: 1px solid black; width: 30px; text-align: center;">/</td> </tr> </table>	Day	Month	Year	/	/	/
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Day	Month	Year					
/	/	/					

C. Limits of Indemnity	
Specify below the Limits of Indemnity for which you wish to be covered:-	
(a) Limit of Indemnity for every Employee	€ (Minimum amount €160.000)
(b) Limit of Indemnity for every Event or series of Events	€3.415.000
(c) Aggregate Limit of Indemnity for any Period of Insurance	€5.125.000

D. Insurance and Claims Record

I. Insurances

1. Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your employees?	If yes, state the name of the Insurance Company:-
2. In relation to the insurance of your employees, has any Insurance Company at any time – (a) declined your proposal? (b) refused to renew your Policy? (c) cancelled your Policy? (d) required increased premium or imposed special conditions?	If yes, give details:- (a) (b) (c) (d)
3. Do you have in force any other Policies with our Company?	If yes, give details:-

II. Claims

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

Year	Amount Paid in the Form of Gross Earnings €	Number of Accidents and Occupational Diseases	Claims			
			Which Have Been Settled		Still Outstanding	
			Number of Claims	Amount Paid €	Number of Claims	Estimated Cost €

**E. Particulars in Relation to Employees -
Please, give details in relation to ALL employees, including their estimated gross earnings for the next 12 MONTHS**

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.

Category of Duties (Description of work carried out by employees)	Estimated Number of Employees	Estimated Amount of Annual Gross Earnings €	FOR USE BY THE COMPANY ONLY	
			Rate of Premium %	Premium €
Clerical and Managerial employees who do not engage in manual work				
All other employees				
TOTAL				

F. Particulars in Relation to the Proposer's Business	
<p>1. Give full particulars of machinery driven by mechanical power –</p> <p>(a) Woodworking machinery</p> <p>(b) Other machinery</p>	<p>(a)</p> <p>(b)</p>
<p>2. Are the passages, place of work, machinery, plant and business premises properly fenced and guarded and generally in good order and condition?</p>	
<p>3. Are the business premises in a good state of repair?</p>	
<p>4. (a) Do you use any boilers, steam containers and other pressurised vessels, lifts, hoists and cranes?</p> <p>(b) If yes, are they regularly inspected and by whom?</p>	<p>(a)</p> <p>(b)</p>
<p>5. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations?</p>	<p>If yes, give details:-</p>
<p>6. Do you use or keep stored in your business premises any acids, gases, chemicals or explosives or any other dangerous substances?</p>	<p>If yes, give details:-</p>
<p>7. (a) Do you manufacture, handle or use asbestos or silica or any material containing asbestos or silica?</p> <p>(b) Do you keep a foundry?</p>	<p>(a)</p> <p>(b)</p>
<p>8. Have you, during the last three years, been accused or convicted, or has a reprimand or recommendation been made to you, in relation to any violation of any law or regulation in connection with the safety of your employees?</p>	<p>If yes, give details:-</p>
<p>9. 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?</p>	
<p>10. Do you carry on any business abroad?</p>	<p>If yes, give details:-</p>

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

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 usual place of business.

In case you carry on business outside your usual place, you should exhibit a copy of the Certificate at these places as well.

The Regulations provide for an additional charge of €3. - per copy of Certificate issued.

Request for additional copies of the Certificate of Insurance

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

Signature:-

Date:-

Name of Insurance Intermediary:



COMMERCIAL GENERAL INSURANCE LTD

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