

Proposer's Particulars		
Name: Address: Business Tel. No.: E-mail Address: Identity Card No./Company's Registration No.:	Surname: Town: Mobile Tel. No.:	Postcode:
Period of Insurance		
From:	To Midnight of:	(including Maintenance Period)

Section A. Please complete fully

1. Nature of business			
2. Name of Principal for whom work is to be carried out			
3. If Proposer is a sub-contractor for the work, give name and address of principal contractor			
4. (a) Describe the general nature of the work to be undertaken (b) Situation of the Contract (c) Period of Contract: (i) Construction Period (ii) Maintenance Period	(a) (b) (c) (i) months from (ii) months thereafter		
5. If the Contract is on a form approved by a professional organisation, e.g., The Institution of Civil Engineers, state name of organisation and edition of form. If not, attach a copy of the Contract conditions.			
6. If Construction Period is more than 12 months give brief details of works programme. If a plan of the works is available please submit a copy with this proposal.			
7. Give details, including dates, of any similar work undertaken by you:			
DATE	FOR WHOM UNDERTAKEN	NATURE OF WORK	AMOUNT (€)

Section B. Please Complete fully

<p>8. (a) Contract Price</p> <p>(b) Temporary Works, if any, not included in (a) above</p> <p>(c) Value of Contractors' Plant, Machinery and Equipment to be used on site</p> <p>(d) Architects', Surveyors' and Consulting Engineers' Fees (In connection with reinstatement of Property Insured in the event of loss)</p> <p>(e) Removal of Debris Costs (if required)</p> <p>(f) Give value and nature of any items under (c) above exceeding €2.000 or currency equivalent</p>	<p style="text-align: right;">SUMS TO BE INSURED (€)</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p style="text-align: center;">TOTAL SUM INSURED</p> <p>(f)</p> <p style="text-align: right;">=====</p>						
<p>9. (a) Nature of subsoil at situation of the Contract</p> <p>(b) Distance from sea</p> <p>(c) Height above sea level</p> <p>(d) Give details of any rivers, streams, canals or other water in the area and state distance therefrom</p> <p>(e) Has the area been subject to flooding in the past? If so, give details</p> <p>(f) State whether region is subject to weather conditions such as monsoons, typhoons, hurricanes and the like and months when to be expected</p> <p>(g) Are there any mines or disused workings in the vicinity?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p> <p>(g)</p>						
<p>10. (a) State depth of excavations:</p> <p>(i) Average depth</p> <p>(ii) Maximum depth</p> <p>(b) Are there at present any underground main services on or about the situation of the contract? If so, give details.</p> <p>(c) Will any blasting be carried out at or near the situation of the contract?</p> <p>(d) If so, give details</p> <p>(e) Describe any special features of the work to be undertaken at the situation of the contract</p>	<p>(a)</p> <p>(i)</p> <p>(ii)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p>						
<p>11. Give particulars of all loss or damage sustained on contracts on which you have been working during the past three years.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">DATE</th> <th style="width: 30%;">CAUSE OF LOSS OR DAMAGE</th> <th style="width: 45%;">AMOUNT (€)</th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DATE	CAUSE OF LOSS OR DAMAGE	AMOUNT (€)			
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Section C. To be completed only if Public Liability cover is required.

12. Amount of indemnity required for any one accident	€		
13. Is the Principal's liability to be included in the cover?			
14. Give particulars of all claims made on you during the past three years for personal injury to or damage to property of Third Parties	DATE	NATURE OF CLAIM	AMOUNT (€)

Section D. Please answer all questions fully.

<p>15. (a) Has any Insurer at any time declined to insure you for Contract Works or Public Liability Insurance?</p> <p>(b) If so, please give details including name of Insurer.</p>	<p>(a)</p> <p>(b)</p>
16. 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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