

Fire & Special Perils Insurance
Industrial and Commercial Businesses

Fire & Special Perils Insurance Proposal

The Insurance Proposal is the basis of and forms part of the Fire and Special Perils Insurance Policy. In the event of any fraud, misrepresentation, misdescription or non-disclosure of any material fact by the Proposer or anyone acting on his behalf, all benefits under this Policy shall be forfeited.

Please note the following:

- Tick (✓) where appropriate, provide full answers in all sections of the Insurance Proposal and sign the Declaration at the end of this form.
- Contact our Company or your Insurance Intermediary if you require any assistance in completing the Insurance Proposal.
- Forward the completed Insurance Proposal to our Company's offices or to your Insurance Intermediary.

Important: Incomplete or unsigned Insurance Proposals shall not be accepted by the Company.

A. Personal Information

Name	Surname	
Identity Card No.	Company's Registration No.	
Business Telephone No.	Mobile Telephone No.	Fax
E-mail Address	V.A.T. Registration No.	
Situation of property to be insured		
	Town	Postal Code
Address for Correspondence (if different from above)		
Specific Occupation or Business transacted at the Buildings		

B. Period of Insurance

	Day	Month	Year		Day	Month	Year		
From		/		/	To		/		/

C. Information on Buildings

Please provide the following particulars in connection with the Buildings to be insured or the Buildings in which the property to be insured is situated.

1. Year of Construction _____
2. Building Category
a) Shop b) Office c) Warehouse
d) Exhibition e) Factory f) Multi-Story Building g) Other
If "Other", give full details _____
3. Type of Building
a) Detached. If yes, state the total number of stories, including ground floor, and their use YES NO
b) Adjoined. If yes, give full details of the adjoining premises and their use. In case of an Apartment, state its floor number, the total number of stories, including ground floor, and their use YES NO

4. Type of Construction
Walls (external/internal): a) Bricks b) Stone c) Concrete d) Wood e) Other
Roof: a) Concrete b) Tiles c) Metal d) Wood e) Other
Ceiling: a) Concrete b) Wood c) Metal d) Other
If "Other" in any of the above, give full details _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 5. Are you the sole owner of the Buildings? If no, give full details of ownership | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 6. Are the Buildings rented? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do the Buildings include any outbuildings and/or external structures (such as tents, sheds, neon or other signs, gates and fences, garages, swimming pools)? If yes, specify each one of the above, provide full details of their use, if applicable, and the type of construction (refer to question 4) | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 8. Have the Buildings or any of the outbuildings been constructed on any artificial ground, landfill or illuviation of river side? If yes, give full details | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 9. Has any part of the Buildings ever been underpinned or provided with any means of structural support? If yes, give full details and state whether proper authorization has been granted | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 10. Is there a basement in the Buildings? If yes, state: | <input type="checkbox"/> | <input type="checkbox"/> |
| a) the use of such basement and the type of Stock stored therein | | |
| <hr/> | | |
| b) whether in the basement exists: | | |
| - a proper water pump in a good working condition | <input type="checkbox"/> | <input type="checkbox"/> |
| - an absorbing well | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 11. Do the Buildings have any of the following: | | |
| a) alarm system | <input type="checkbox"/> | <input type="checkbox"/> |
| b) fire extinguishers | <input type="checkbox"/> | <input type="checkbox"/> |
| c) dead-bolt locks | <input type="checkbox"/> | <input type="checkbox"/> |
| d) protective bars (on shop-front, windows, e.t.c.) | <input type="checkbox"/> | <input type="checkbox"/> |
| e) sprinkler installation system | <input type="checkbox"/> | <input type="checkbox"/> |
| f) closed circuit system (CCTV) | <input type="checkbox"/> | <input type="checkbox"/> |
| g) other security measures | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, to any of the above, give full details | | |
| <hr/> | | |
| 12. Have the Buildings been constructed according to the Seismic Code of Practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Please state the form of lighting and/or heating | | |

D. General Information

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is the property to be insured mortgaged or under any other interest? If yes, state mortgagee's name and whether a mortgage clause is required | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 2. Is any part of the Buildings being used for private residential purposes? If yes, give full details | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 3. Are any accounting books or Stock records kept within the Buildings and regularly audited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are any hazardous or flammable goods stored within the Buildings? If yes, indicate the type and quantity of such goods | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 5. In case of Manufacturing Premises, give details of: | | |
| a) the power used _____ | | |
| b) the processes followed _____ | | |

6. Do the Buildings remain unoccupied for more than 30 consecutive days? If yes, state the number of such days
(According to the conditions of the Policy, the insurance cover is suspended for any period in excess of 30 consecutive days during which the Buildings are left unoccupied, unless otherwise agreed with the Company) YES NO
7. Please state the total number of days (whether consecutive or not) during which the Buildings are likely to be left unoccupied in the Period of Insurance
-
8. Are the Buildings susceptible, due to their location, to Loss or Damage by Storm, Tempest or Flood or any other Perils for which insurance cover is required? If yes, give full details
-
9. Is the property to be insured in a good state of repair and will it be so maintained?
10. Please state whether you have ever had:
- a) any Proposal of Insurance rejected or subjected to special terms
- b) any Insurance Policy cancelled or refused to be renewed
- If yes to any of the above, give full details
-
11. Have you sustained Loss or Damage or submitted a claim during the last 5 years in connection with any of the Perils for which insurance cover is required? If yes, give full details
-
12. Have you now or did you have in the past an insurance policy in force covering any of the Perils to which this Proposal applies? If yes, state the name of the insurance company
-
13. Do you have in force any other insurance policies with our Company? If yes, give full details
-
14. Please state any other material fact concerning the property to be insured
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E. Policy Covers

The Fire and Special Perils Insurance Policy provides a detailed description of the covers appearing below, a copy of which can be obtained from our Company's offices or your Insurance Intermediary.

Section A' - Basic Cover

The standard cover of the Fire and Special Perils Insurance Policy provides cover for Loss or Damage to the Buildings and/or Contents occasioned by or resulting from or arising out of Fire, Lightning and Explosion which is caused by gas used for domestic purposes only.

1. Buildings

(The term "Buildings" means the premises, including fixtures and fittings, lighting, heating and ventilating installations, and also any outbuildings and/or external structures (such as tents, sheds, neon or other signs, gates and fences, garages and swimming pools), which are owned or occupied by the Insured and used in connection with the business transacted at the buildings)

- a) Do you require cover for Buildings? If yes, please complete the following table:

YES NO

TABLE OF BUILDINGS INSURANCE	
Buildings:	Value(€)
• Premises	
• Outbuildings and/or external structures	
a)	
b)	
c)	
d)	
Total Sum Insured for Buildings	

- b) Does the above Sum Insured represent the full replacement cost of the Buildings?

YES NO

2. Contents

(The term "Contents" shall mean the furniture and other equipment, computers, machinery and stock which are owned or occupied by the Insured and used in connection with the business transacted at the buildings)

a) Do you require cover for Contents? If yes, please complete the following table:

YES NO

TABLE OF CONTENTS INSURANCE	
Contents:	Value (€)
• Furniture and other Equipment (excluding Computers)	
• Computers	
• Machinery	
• Stock (complete if applicable):	
a) Raw materials	
b) Semi-finished goods	
c) Finished goods	
• Specified articles, as below:	
a)	
b)	
c)	
d)	
Total Sum Insured for Contents	
Note - The Policy does not provide cover for:	
a) Valuables	
b) Money	
c) Computer systems records, documents, manuscripts, business books, patterns, models, moulds, drawings or designs, plans	
d) Explosives	

b) Does the above Sum Insured represent the full replacement cost of the Contents?

YES NO

Section B' - Optional Covers

In addition to the standard cover, which is provided under Section A' - Basic Cover, our Company, in consideration of a payment of an additional premium, offers a series of Optional Covers.

Please tick (✓) the cover(s) you wish to be added to your Insurance Policy:

- 1) Earthquake or Volcanic Eruption
- 2) Storm, Tempest and Flood
- 3) Water Escaping or Overflowing of Water Tanks, Apparatus or Pipes
- 4) Impact of any Road Vehicle with the Buildings
- 5) Impact of any Aircraft or Flying Object with the Buildings
- 6) Riot and Strike
- 7) Malicious Damage
- 8) Bush Fire
- 9) Full Explosion
- 10) Debris Removal (state the required Sum Insured) €
- 11) Architects' and Surveyors' Fees (state the required Sum Insured) €
- 12) Rent Protection (state the monthly amount of rent receivable or rent payable, and the number of months for which you require cover) € X Months = €

F. 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 your Insurance Intermediary. For every Policy a separate Mandate must be completed.

G. 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 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

H. 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 1. _____
(if joint Proposers both must 2. _____
sign)

Date _____

Notice - The Proposer's attention is particularly drawn to the following:

- The insurance will not be in force until the Proposal has been accepted by the Company.
- In case of passing the interest of the Property Insured, the insurance cover is terminated, unless prior agreement with the Company exists.
- If the Property Insured, at the time of any Loss or Damage, be collectively of greater value than the Sum Insured thereon, the Insured shall bear a share of the Loss or Damage corresponding directly to the proportion of underinsurance.

Name of Insurance Intermediary:



COMMERCIAL GENERAL INSURANCE LTD

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