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 Private Vehicles Motor Insurance

 “Silver”, “Gold” and “Platinum”

 Insurance Packages

 Insurance Proposal

**Private Vehicles Motor Insurance Proposal**

**Proposer’s Particulars**

|  |  |
| --- | --- |
| Name       | Surname       |
| Address       | Town       | Postcode       |
| Business Tel. No.       | Home Tel. No.       | Mobile Tel. No.       |
| E-mail Address       |
| Specific Occupation/Profession       |
| Date of Birth       | Identity Card No. /Company’s Registration No.       |

**Period of Insurance**

 Day Month Year Day Month Year

 / /

 / /

 From: time       Date                To midnight of

**Proposed Cover**

«Third Party» [ ]  «Comprehensive» [ ]

Own Damage Excess (applicable to «Comprehensive» cover only)

Tick **🗸** the appropriate box:

Compulsory Own Damage Excess: €200 [ ]  €300 [ ]  €400 [ ]  €500 [ ]  Other amount €....... [ ]

Additional Optional Own Damage Excess (a premium discount of 5% and 10% is provided respectively): 50% [ ]  100% [ ]

Please choose your preferred Insurance Package from the Packages below and make sure this meets your demands and needs.

**“Silver”** [ ]  **“Gold”** [ ]  **“Platinum”** [ ]

**Insurance Packages**

The Insurance Cover and Benefits are listed below in a concise form. The Terms, Exceptions, Conditions and details of the cover are fully described in the Insurance Policy. For more details contact the offices of Commercial General Insurance or your Insurance Intermediary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Third Party Liability** | **INSURANCE COVER AND BENEFITS** | **Silver** | **Gold** | **Platinum** |
| Bodily Injury to or Death of any Third Party person | **** | **** | **** |
| Damage to Third Party Property | **** | **** | **** |
| Driving beyond the limits of a «Road»  | **** | **** | **** |
| Liability of the vehicle’s passengers to Third Parties | **** | **** | **** |
| Road Assistance Services | **** | **** | **** |
| Accident Care Services | **** | **** | **** |
| Extension of «Third Party» Cover for Driving Other Cars by the Insured**\*** **(see terms (\*) below)** | **х** | **** | **** |
| Third Party Liability for Trailers | **х**  | **** | **** |
| Breakage of Glass in Windscreen or Windows**\*\*** **(see terms** **(\*\*) below)** | **х**  | ****€500 | ****€1.000 |
| Personal Accident to Authorised Driver | **х** | ****€3.500 | ****€5.000 |
| Defence Costs | **х** | **х** | ****€3.000 |
| Claims Loading Waiver | **х** | **х** | **** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comprehensive Cover** | **Insurance Cover and Benefits** | **Silver** | **Gold** | **Platinum** |
| Bodily Injury to or Death of any Third Party person | **** | **** | **** |
| Damage to Third Party Property | **** | **** | **** |
| Driving beyond the limits of a «Road» | **** | **** | **** |
| Liability of the vehicle’s passengers to Third Parties | **** | **** | **** |
| Road Assistance Services | **** | **** | **** |
| Accident Care Services | **** | **** | **** |
| Loss or Damage to the Insured Vehicle | **** | **** | **** |
| Malicious Damage | **** | **** | **** |
| Fire | **** | **** | **** |
| Theft | **** | **** | **** |
| Extension of «Third Party» Cover for Driving Other Cars by the Insured**\*****(see terms (\*) below)** | **х** | **** | **** |
| Third Party Liability for Trailers | **х** | **** | **** |
| Breakage of Glass in Windscreen or Windows**\*\*** **(see terms** **(\*\*) below)** | **х** | ****€500 | ****€1.000 |
| Personal Accident to Authorised Driver | **х** | ****€3.500 | ****€5.000 |
| Loss of or Damage to the Insured’s Personal Effects | **х** | ****€500 | ****€500 |
| Claims Loading Waiver | **х** | **х** | **** |
| Loss of Use of Vehicle | **х** | **х** | **** |
| Natural Perils | **х** | **х** | **** |
| Strike, Lock-out, Riot and Civil Commotion | **х** | **х** | **** |
| Replacement of Motor Vehicle with New | **х** | **х** | **** |
| Defence Costs | **х** | **х** | ****€3.000 |
|  | **Notes:** |  |  |  |
|  | **** | Included |  |  |  |
|  | **х** | Not Included |  |  |  |
|  | (**\***) Available to Private Vehicles and applicable only in Cyprus, provided the Insured is between 23 and 75 years of age and holder of a full driving license for a period exceeding two years. Not offered to joint-policyholders and legal entities.(**\*\***) Increased amount of cover for Breakage of Glass in Windscreen or Windows is provided, by the payment of an additional premium. Please specify amount €      |

**Details concerning the Vehicle(s) to be Insured**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Registration Number | Make and Model | Type of Vehicle | Cubic Capacity | Year of Manufacture | Proposer’s Estimate of Value including Accessories and Spare Parts | Seating Capacity including Driver | Approved Carrying Capacity |
|       |       |       |       |      |       |     |       |
|       |       |       |       |      |       |     |       |
|       |       |       |       |      |       |     |       |
|       |       |       |       |      |       |     |       |

|  |  |
| --- | --- |
| Please state whether the vehicle(s) is/are: | **YES NO** |
| Duty Free | …………………………………………………………………………………………………………………………………………... | [ ]  [ ]  |
| Left Hand Drive | ………………………………………………………………………………………………………………………….………..……… | [ ]  [ ]  |
| Convertible | ………………………………………………………………………………………………………………………….………..……… | [ ]  [ ]  |

**Please provide a specific answer to the following questions**

 **YES NO**

1. Is/Are the vehicle(s) registered in your own name? If not, please state details of registered owner [ ]  [ ]

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is/Are the vehicle(s) in good/usable condition? [ ]  [ ]
2. Have you obtained a Road Worthiness (M.O.T.) Certificate for the vehicle(s)? If yes, attach relevant copy. If no, give details [ ]  [ ]

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is/Are the vehicle(s) classified by the manufacturer as a sports car or as having increased horsepower or capacity? [ ]  [ ]
2. Have any alterations been made to the original type of the vehicle(s)? If yes, give details [ ]  [ ]

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1. Do you intend to rent the vehicle(s)? If yes, give details [ ]  [ ]

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**Particulars concerning all Drivers of the Vehicle (including the Proposer)**

1. Tick **🗸** if you require cover for:

|  |  |  |
| --- | --- | --- |
| a) | any driver between 23 and 75 years of age and holder of a full driving license for more than 2 years  |  [ ]  |
| b) | any driver between 25 and 75 years of age and holder of a full driving license for more than 2 years  |  [ ]  |
| c) | any driver between 30 and 75 years of age and holder of a full driving license for more than 2 years  |  [ ]  |

1. In the case of named drivers or drivers under 23 or over 75 years of age or holders of a full driving license for less than two years, give details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Driver’s Name | Date of Birth | IdentityCard No. | Specific Occupation | Date of Issue of Driving License | Country of Issue of Driving License | Place of Permanent Residence |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

**Please provide a specific answer to the following questions**

 **YES NO**

1. Have you, or any other person who will be driving, during the last three years, been driving regularly and do you hold the appropriate [ ]  [ ]

 license for the specific type of the motor vehicle to be insured? If no, give details

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1. Do you suffer now or suffered during the last four years from diabetes, epilepsy, heart problems, reduced vision or hearing [ ]  [ ]

 or from any other disease or incapacity that might affect driving? If yes, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has any insurance company or any insurer at any time and in connection with motor insurance in relation to you or any

other person who will be driving the motor vehicle to be insured:

a. Rejected any Proposal for Insurance? If yes, give details [ ]  [ ]

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Demanded increased premium or imposed special terms? If yes, give details [ ]  [ ]

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c. Refused to renew or cancelled any policy? If yes, give details [ ]  [ ]

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1. Have you been convicted for negligent driving during the last three years? If yes, give details [ ]  [ ]

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 **YES NO**

1. Did you, or any other person who will be driving the motor vehicle to be insured, get involved in a road accident during the last [ ]  [ ]

three years? If yes, give details for each one of the drivers of the motor vehicle

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you, or any other person who will be driving the motor vehicle to be insured, submitted a claim during the last three years [ ]  [ ]

to any insurance company as a result of a road accident? If yes, give details such as number of claims and claims cost for each

one of the drivers of the motor vehicle

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1. Have you now or did you have in the past, an insurance policy in force covering any motor vehicle? If yes, state the name [ ]  [ ]

of the insurance company

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you, or any other person who will be driving the motor vehicle to be insured, use this vehicle for travelling abroad? [ ]  [ ]

If yes, give details such as countries of destination and frequency of such travelling

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have in force any other insurance policies with our Company? If yes, give details [ ]  [ ]

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please state any other material fact affecting or concerning the risk to be insured**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTICE – The Insured’s attention is particularly drawn to the following**

A. That in the case of transfer or agreement to transfer the ownership of the vehicle, the insurance cover is terminated.

B. That the carrying of unlawful passengers is prohibited and that if such passengers are being carried you shall be personally responsible for their injuries.

C. That if the vehicle is driven by an unauthorized driver or by a driver under the influence of intoxicating liquor or drugs, you shall be personally responsible for any claim that might arise as a result of such driving.

**Instructions for Premium Payment (Please mark 🗸** **accordingly)**

|  |
| --- |
| [ ]  (1) Settlement in ONE instalment[ ]  (4) Settlement in FOUR consecutive monthly instalments. This choice applies only for annual policies. [ ]  (7) Settlement in SEVEN consecutive monthly instalments. 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. |

**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>.

**Sensitive Data**

Commercial General Insurance Ltd (CGI) collects health data through this Proposal, which amount to sensitive personal data, hence your consent is required in order to be entitled to process it. Processing of such personal data will allow CGI to underwrite the risk. Please note that you are not obliged to provide CGI with your consent and you also have the right to recall your consent at any time, after providing it, by contacting the Data Protection Officer of CGI. However, in the event that the Proposer refuses to authorise or objects to the processing of the personal data relating to him, CGI reserves the right not to accept the Proposal for insurance or terminate the insurance contract or reject any claim for compensation. Personal data will be retained for the minimum amount of time required under CGI’s contractual or legal obligations.

**Statement of consent (Please mark** **🗸** **accordingly)**

[ ]  **I agree** to the processing of my sensitive personal data by CGI for the aforementioned purposes.

[ ]  **I do not agree** to the processing of my sensitive personal data by CGI for the aforementioned purpose.

**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.

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**Signature of Proposer Date**

***Note***

This Insurance will not be in force until the risk has been accepted by the Company and until a Certificate of Insurance has been issued and delivered to the Insured, with the exception of an official Cover Note which has been issued and delivered to the Insured. The Company reserves the right to reject any Proposal for Insurance.

Name of Insurance Intermediary: