



Commercial Insurance Proposal Form

Non Disclosure Warning – Please note that you are under duty to disclose all facts likely to influence the acceptance of your proposal. Failure to do so may prejudice the settlement of any claim or invalidate your policy. Please mention such facts or if in doubt refer to the Company.

It is recommended that you retain a copy of this proposal and any information supplied in connection with it for future reference. A photocopy will be supplied upon request.

Proposer's Details

1. Proposer's full name
(if a company state company name)

2. Postal Address (including postcode)

Telephone/Mobile/Fax Numbers

E-mail

Company Registration or Identity Card Number

3. Full description of the business

4. Number of years in business

Description of the Premises to be Insured

1. Kindly complete the Premises to be Insured Specification below:

Premises Reference	Address of Premises to be Insured	Description (including number of storeys, age, details of ownership and use e.g. ground floor of single storey building used as retail toy outlet owned by X Ltd.) NB Indicate whether basement exists
A		
B		
C		
D		

2. i. Are you the sole occupants of the above building/s in which your premises is/are situated?

Yes No

ii. Are all parts of the building/s at present occupied?

Yes No

iii. Are your premises entirely self contained with their own means of access?

Yes No

iv. Are the premises and the outbuildings constructed of brick, stone or concrete and roofed with stone, tiles, metal beams, concrete or asphalt and in good repair?

Yes No

If NO, to any of the previous questions, please give details:

3. i. Is any manufacturing carried out on the premises?

Yes No

ii. Do you keep or use any flammable or hazardous materials on or near the premises (such as fuels, acids, solvents, gases or similar substances)?

Yes No

If YES, to any of the above please give details:

4. Is this policy to be pledged to a bank / individual / financial institution?

Yes No

If YES, please give name and details

5. What are the business hours?

Description of the Surrounding Property

1. Are the adjacent buildings of stone and concrete construction?

Yes No

If NO, please give details

2. How are the adjacent buildings occupied?

3. What is the distance between the adjacent buildings and the premises insured?

Fire and Special Perils Cover

Cover is provided for fire, riot, strikers, locked out workers, earthquake and volcanic eruption, bursting and overflowing of water pipes, storm and flood, explosion, lightning, storm damage, malicious damage, impact, aircraft.

Is Fire and Special Perils Insurance required?

Yes No

If YES,

1. What fire extinguishing facilities exist in the premises to be insured?

i. Are existing appliances stored in easily accessible positions?

Yes No

ii. Do you have an annual service agreement?

Yes No

2. Is there a fire alarm installed on the premises to be insured?

Yes No

If YES,

i. is the alarm telephone linked?

Yes No

ii. does a maintenance agreement exist?

Yes No

If YES state name of contractor

3. i. How old is the electrical system?

ii. When was it last overhauled?

4. Do you have Photovoltaic (PV) panels and/or Solar Water Heaters installed on the premises?

Yes No

If YES please indicate the Sum Insured below:

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5. Kindly complete the Property to be Insured Specification below:

	Is Theft Cover required?	Sum Insured				Total Sum Insured (€)
		Premises A (€)	Premises B (€)	Premises C (€)	Premises D (€)	
1. Buildings*	Not Applicable					
2. Machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Stock	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Annual Rent	Not Applicable					
6. Other Property	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Total Sum Insured						

*Including cover for debris removal and professional fees

"D" Subject to stock declaration conditions

"R" Subject to reinstatement (on a "new for old basis")

NB if the Sums Insured do not represent the full value of the property, any claims settlement will be proportionately reduced

Theft Cover

Cover is provided for theft following forcible and violent entry to or exit from the premises.

Is Theft insurance required?

Yes No

If YES,

1. Is there

i. a Burglar alarm installed on the premises?

Yes No

If YES, is the alarm telephone linked?

Yes No

ii. closed circuit TV (CCTV) installed on the premises?

Yes No

Does a maintenance agreement exist

a. on your burglar alarm system?

Yes No

b. on your CCTV system?

Yes No

If YES to a. or b., please give names of contractors:

i. burglar alarm

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ii. CCTV

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2. Are the external doors, windows and other openings secured by one of the following when your premises are closed for business or left unoccupied?
- Steel rollers / concertina type shutters Yes No
- Solid wooden shutters or doors Yes No
- Fixed metal grilles or bars Yes No
- Laminated glass Yes No
3. Kindly complete the Property to be Insured Specification found on the previous page (if not already completed for the Fire and Special Perils section)

Public Liability Cover

Provides cover for legal liability of the Insured to Third Parties (both property damage and bodily injury).

Is Public Liability Insurance required?

Yes No

If YES,

1. i. What is the maximum number of persons likely to be present on the Premises at any one time?
- ii. What is the approximate area of the premises?
- iii. If the premises is a hotel, please specify the number of beds
2. Do you require cover for works carried out away from your premises?
 Yes No
 If YES, please give a full description of these works.
3. What is the annual turnover of the business?
4. What is the limit of the indemnity required?
 €250,000 €500,000 Other
5. Give details of any
 i. power operated lifting tackle – if passenger lift state carrying capacity:
- ii. boilers or any other apparatus operating under internal pressure
6. Do you require liability cover for products manufactured or sold?
 Yes No
 If YES, please attach our completed products liability questionnaire to this application.

Employers' Liability Cover

Provides cover for the legal liability of the Insured as employer towards his employees in case of industrial accidents or illness

Is Employer's Liability Insurance required?

Yes No

If YES,

1. Are your passages, works, machinery and plant properly fenced and guarded and otherwise in good condition?

Yes No

If NO, please give details

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2. Give the number of persons engaged in the business including working principals

	Number	Wageroll (€)
Clerical Staff		
All others working at the premises		
All others working outside the premises to be insured		

Loss of Profits Cover

Provides cover for the loss of profits (including wages and salaries) incurred following loss or damage insured under Fire and Special Perils policy.

Is Loss of Profits Insurance required?

Yes No

If YES,

1. Please indicate sums insured required

Item	Sum Insured (€)
Gross Profit - Working Expenses to be excluded are: a. Purchases b. Wages c.	
Wages	
Accountants charges	
Other	

2. Please indicate maximum indemnity period required.

12 months

18 months

24 months

Other

months

3. Please state the name and address of your professional accountants

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4. May we approach them each year for information regarding your gross profit figures?

Yes No

5. When does your financial year end?

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Money Cover

Provides cover for loss of money including loss following theft and hold-up

The term money shall mean coin, bank notes, currency notes, cheques, bankers' drafts, bills of exchange, postal orders, money orders, current unused postage stamps and revenue stamps all belonging to the Insured or for which he is responsible.

Is Money Insurance required?

Yes No

If YES,

1. Do you require cover for loss of cheques?

Yes No

2. Is Assault insurance required in respect of death or bodily injury sustained as a result of theft or attempted theft or money?

Yes No

If YES, please specify benefits required for

Death

€

Permanent Total Disablement

€

Temporary Total Disablement (weekly benefit)

€

3. Kindly complete the Money Specification below

	Premises A (€)	Premises B (€)	Premises C (€)	Premises D (€)	Total (€)
1. Please state your requirements for					
a. Maximum amount of money contained in a locked safe or strongroom when closed for business (N.B. if more than €1,175 please state make and model of safe)					
b. Maximum amount of money on the premises NOT contained in a locked safe or strongroom when closed for business.					
c. Maximum amount of money at any one time either in the premises whilst open for business, in transit or in a bank night safe					
d. Other requirements					
2. Value of safe(s) to be insured					
3. Estimated amount of money in transit over the annual period of insurance					

Glass Cover

Provides cover for accidental breakage of the glass insured in the policy - the glass should also be insured for Fire and Special Perils under a Fire policy.

Is Glass Insurance required?

Yes No

If YES, please state sums insured/limits of liability for the following:

Description	Type and Dimensions	Sums Insured/Limits of Liability (€)
Fixes glass in windows doors fanlights and skylights		
Sanitaryware		
Mirrors tabletops and other fixed glass on furniture etc.		
Cost of lettering and decoration		
Illuminated signs /neon signs		

Personal Accident Cover

Compensates the Insured with a fixed sum of money for death and permanent disablement, and with a weekly benefit for up to 2 years for temporary total disablement following an accident.

Is Personal Accident Insurance required?

Yes No

If YES,

1. Do you wish this cover to apply to (tick one option)

- occupational accidents only?
 occupational accidents and commuting to and from work?
 accidents occurring at any time (24 hour cover)?

2. Will any of the insured persons travel together by air?

Yes No

If YES, state the maximum number of persons likely to travel together

3. Please complete the following:
(Please use extra space on page 8 if necessary)

Names ¹	I.D. No.	Age ²	Occupation	Benefits Required ³

¹ or categories of employees plus numbers in each category

² if applicable

³ Weekly benefit or Capital Sum

4. Has any person to be insured any physical defect, infirmity or ill health of any sort?

Yes No

If YES, please give details

Frozen Foods Cover

Provides cover for deterioration of frozen foods following breakdown of freezers

Is Frozen Foods Insurance required?

Yes No

If YES,

1. does a maintenance agreement exist in respect of each Cabinet which is not a sealed unit?

Yes No

2. please complete the following

Type of Cabinet	Sum Insured in Cabinet (€)

Goods in Transit Cover

Provides cover for accidental damage to or theft of goods in transit.

Is Goods in Transit Insurance required?

Yes No

If YES,

1. Please complete the following

Type of vehicle	Reg. Mark	Open/ Closed	Max. value of goods carried (€)

2. Is cover required at night?

Yes No

3. Are loaded vehicles left at night other than in a locked building or locked compound?

Yes No

4. Are all vehicles fitted with steering column locks, alarms or other immobilisers or protective devices?

Yes No

5. What is the total estimated amount of goods carried over a one year period?

€

6. Do you require insurance of "own goods by carrier"?

Yes No

If YES,

a. What is the total estimated value which will be sent by road carriers over the next twelve months?

€

b. State the maximum value of goods in transit any one situation at any one time (this will be the limit any one occurrence)

€

c. State the maximum value of goods in any one packet or parcel?

€

d. Do carriers accept responsibility for goods?

Yes No

Machinery Breakdown Cover

Provides accidental damage cover.

Is Machinery Breakdown Insurance required?

Yes No

If YES, please complete the following
(if necessary, please use extra space provided at the end of this form)

Schedule of Machinery to be insured

Description (type, make and model, year of manufacture etc)	Sum Insured (€) (new replacement values)

1. Is all the machinery to be insured new?

Yes No

If NO, which items of the schedule above are second hand?

2. Is the machinery maintained in accordance with the manufacturers instructions?

Yes No

3. Does a maintenance agreement exist for the insured machinery?

Yes No

4. Do the manufacturers or suppliers guarantee availability of spare and replacement parts?

Yes No

If YES, please specify

5. Do you wish the cover to be extended to cover

a. Extra charges for overtime, night work, work on public holidays, express freight?

Yes No

b. Extra charges for airfreight?
(a minimum deductible of 20% applies)

Yes No

6. Do the items in the schedule of machinery include all the installed machinery?

Yes No

If NO, which items are not included?

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Electronic Equipment

Provides accidental damage cover.

Is Electronic Equipment Insurance required?

Yes No

If YES, please complete the following
(if necessary, please use extra space provided at the end of this form)

Schedule of Electronic Equipment to be insured

Description (type manufacturer serial nos., year of manufacture etc)	Sum Insured (€) (new replacement values)

1. Is all the equipment to be insured new?

Yes No

If NO, which items of the schedule above are second hand?

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2. Is the equipment maintained in accordance with the manufacturers instructions?

Yes No

3. Does a maintenance agreement exist for the insured equipment?

Yes No

4. Do the manufacturers or suppliers guarantee availability of spare and replacement parts?

Yes No

If YES, please specify

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5. Do you wish the cover to be extended to cover

a. Strike riot and civil commotion?

Yes No

b. Extra charges for overtime, night work, work on public holidays, express freight?

Yes No

c. Extra charges for airfreight?
(a minimum deductible of 20% applies)

Yes No

d. Theft?
(a minimum deductible of 25% applies)

Yes No

6. Do the items in the schedule of equipment include all the installed equipment?

Yes No

If NO, which items are not included?

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7. Is cover for External Data Media required?

Yes No

If YES, please ask for a separate proposal form.

8. Is cover for Increased Cost for Working required?

Yes No

If Yes, please ask for a separate proposal form.

Other Insurances

Is Marine Insurance required?

Yes No

Is Motor Insurance required?

Yes No

Is Health Insurance required?

Yes No

If YES to any of the above, please fill in separate proposal forms.

General

1. From which date do you wish this insurance to commence?

N.B. This insurance does not come into force until your proposal has been accepted by the Company and premium paid. You must inform us of any alteration in the risk in the meantime

2. a. Are stock records and purchases/sales books/computer records and other accounting records kept and maintained according to proper accounting practices?

Yes No

- b. Are these properly backed up and are copies/ backups kept away from the premises?

Yes No

If NO, please give details

3. Are you currently insured against any of the risks proposed?

Yes No

4. Has any insurer declined to insure you or required special terms to insure you or any director or partner (in this or any other name under which you or they may have been trading) cancelled or refused to renew any insurance of a type you are now applying for?

Yes No

5. Have you or any director, partner or other official of the company or firm been declared bankrupt, been a director of any company in liquidation, been found guilty of arson, illegal gambling, criminal deception, fraud, forgery, theft or any crime of violence associated with these or any other crime against property?

Yes No

6. In the last 5 years have you or any director, partner or official (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers you are now applying for?

Yes No

7. Is there any other fact that has/has not been asked for in this proposal which you think the Company should be aware of?

Yes No

If YES to any of questions 3-7 please give details below

8. How did you get to know about Atlas?

Please specify your preferred form of contact with Atlas?

Kindly use this section for any material information not asked for or which you could not fit in

Cover Type	Question Number	Additional Information

Declaration

IMPORTANT – DO NOT SIGN THE DECLARATION BEFORE YOU HAVE READ AND UNDERSTOOD IT. If the proposal form is being completed by someone else on your behalf please ensure that details on the form accurately reflect what you have said.

By making a request for Insurance with Atlas Insurance PCC Limited (hereinafter "Atlas"), You and any other person/s whom You propose to insure (hereinafter "Others") accept the terms of this Statement. You hereby warrant that you have presented this Declaration and the leaflet 'Information for Policyholders' to Others

You confirm that you have read or have had read to You the contents of the completed proposal form and agree that the above statements are, to the best of your knowledge and belief, correct and complete and will form the basis of the contract between You and Atlas. You are satisfied with the way this proposal has been completed and confirm that if this form has been completed on your behalf by a person (including but not limited to any employee, agent or tied insurance intermediary of Atlas), such person, for that purpose, shall be regarded as Your agent and not the agent of Atlas. You agree to read the policy and be bound by its conditions.

Data and Privacy Protection

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter 'Atlas', 'us', 'our', 'we') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about You or relating to You and/or to any other person/s whom You insure with Atlas (hereinafter 'Others').

In completing all the forms related to your policies or claims, You confirm your understanding and acceptance of the terms in Atlas's Data Protection and Privacy Statement. You hereby warrant that You have informed Others why we asked for this information and what we will use it for and have obtained the necessary explicit verbal consent.

Atlas collects and processes information about You and Others for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and policy, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose Your and Others' information from/to other entities in order to conduct our business including

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or your employers (for company schemes) and which you hereby authorise;
- administering policies with insurance brokers or other intermediaries appointed by the policyholder;
- helping us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- our third party suppliers or service providers to whom we outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You can withdraw your consent to Atlas processing your personal information which is processed with your consent, e.g. direct marketing, at any time. You have the right to access your personal data and ask Atlas to update or correct the information held or delete such personal data from our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in Atlas's Data Protection and Privacy Statement, by contacting our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 48-50 Ta' Xbiex Seafont, Ta' Xbiex XBX 1021 Malta or email dpo@atlas.com.mt Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

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SIGNATURE		DATE	
NAME			

I confirm my understanding and acceptance of the above.

With your consent we would also like to use your details to occasionally provide You with information about our other products, services, special offers, news and tips. Please tick below how You would like to receive this information:

Email **Post** **Phone** **SMS**

Your choice will not affect any of the other services we provide to you. Per above You may contact us at any time if you change your mind.



Atlas Insurance PCC Limited is a cell company authorised by the Malta Financial Services Authority to carry on general insurance business. The non-cellular assets of the company may be used to meet losses incurred by the cells in excess of their assets.

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