



ARB Underwriting Ltd is regulated by the Financial Regulator. Registered No. 168567 Registered Office: 25/28 North Wall Quay, Dublin 1

This Certificate has been arranged by ARB Underwriting Limited and underwritten by Faraday Reinsurance Company Limited.

## COMMERCIAL COMBINED PROPOSAL FORM

### Details – Proposer

<b>1. Name of Proposer in full:</b>		_____
<b>2. Postal Address:</b>		_____
<b>3. Are you registered for VAT: ___ If yes VAT Reg No:</b>		_____
<b>4. Tel No. :</b>	<b>Fax No.:</b>	<b>Email :</b>
<b>Mob No :</b>	_____	_____
<b>5. Risk Address:</b>		_____
<b>6. Business or Trade: (describe fully)</b>		_____
(If Property Owner please list occupancy/details of premises)		_____
		_____
<b>7. How long have you been in business?</b>		(a) at these premises _____
		(b) elsewhere _____
<b>8. If any other parties, other than the Proposer, have a financial interest in the property,</b>		
please give details:		_____
		_____
		_____
<b>9. Has the Proposer or any partner or director of the Proposer ever traded in another name?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, give details.		_____
		_____
<b>10. Has the Proposer been previously insured in respect of any of the risks to which this proposal relates, at this premises or elsewhere?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, give details including Name of Insurer and Policy Number.		_____
		_____

**11. Has the Proposer or any partner or director of the Proposer ever been convicted of, or charged but not yet tried, with a criminal offence other than a motoring offence?**

Yes  No

If Yes, give details. \_\_\_\_\_  
 \_\_\_\_\_

**12. Has the Proposer ever had a proposal declined, renewal refused, cover terminated or had special terms applied by an Insurer in respect of any of the risks to which this proposal relates?**

Yes  No

If Yes, give details. \_\_\_\_\_  
 \_\_\_\_\_

**13. Has the Proposer or any partner, director or employee ever been prosecuted for an offence or breach of any legislation or regulations relating to employee Health/Safety?**

Yes  No

If Yes, give details. \_\_\_\_\_  
 \_\_\_\_\_

**14. Are you acting on behalf of another party in proposing for their insurance?**

Yes  No

If Yes, give details. \_\_\_\_\_  
 \_\_\_\_\_

**15. In respect of any of the risks to which this Proposal relates have any accidents, losses or claims occurred (whether insured or not) within the last 5 years? Yes  No**

If Yes, give details.

<u>Date of Loss</u>	<u>Cause/Details</u>	<u>Amount Paid</u>	<u>Amount O/S</u>

**16. Date cover to commence:** \_\_\_\_\_

*Note: If there is insufficient space for you to answer fully any question on this Proposal Form, please provide details on a separate sheet. The sheet should be signed and dated by the Proposer.*

**If you tick any of the boxes please provide full details on the Additional Information/Notes Pages.**

**Risk Details**

What covers are required?

Material Damage	<input type="checkbox"/>	Business Interruption	<input type="checkbox"/>
Money	<input type="checkbox"/>	Liabilities	<input type="checkbox"/>
Frozen Foods	<input type="checkbox"/>		

**Section 1 - Material Damage**

**1A Material Damage Cover**

*Please indicate basis of cover required (Commercial All Risks, Fire and Special Perils or Fire Only)*

<b>COMMERCIAL ALL RISKS</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>FIRE AND SPECIAL PERILS</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Please indicate perils required				
Aircraft, Explosion, Earthquake	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Riot & Malicious Damage	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Storm and Flood , Escape of Water, Impact	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Sprinkler Leakage	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>FIRE ONLY</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

1B Property to be insured		
1	Buildings – including landlord’s fixtures and fittings.	€ _____
2	Contents the property of the Insured therein excluding landlord’s fixtures and fittings and property more specifically insured.	€ _____
3	Stock and materials in trade the property of the Insured or held by them in trust for which they are responsible therein.	€ _____
4	Miscellaneous property (please specify). _____	€ _____
5	Fire Brigade Charges (up to a limit of €1,000 automatically covered free of charge). Please advise if higher limit required.	€ _____
	Total Sum Insured	€ _____
1B		
(i)	Construction Details: ( for each Building to be insured)	
	Walls	_____
	Roof	_____
	Floors	_____
	Age of Premises	_____
	Number of Storeys	_____
(ii)	Occupancy:	
	Occupied by the Proposer as	_____
	Occupied by any other Tenant/s as	_____
(iii)	Security: (When your premises are closed to customers and callers, or are left unoccupied)	
	a Are all external doors, windows and other openings secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b Are the premises alarmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c Was the Alarm installed by an NSAI registered alarm company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name of alarm company.	_____
	d Is the alarm connected to a central station?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(iv)	Are the premises in a good state of repair and well maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(v)	Are the premises occupied at night?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, by whom?	_____

1C Additional Covers		please tick if required
<b>STEALING</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Covers loss or damage as a result of forcible and violent entry or exit. Sums Insured as per section 1B		
<b>GLASS</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Covers malicious or accidental breakage of glass and signs as defined (other than by fire) and the cost of temporarily boarding up.		
Sums Insured Required:	Glass	€ _____
	Signs	€ _____

## Section 2 - Business Interruption

<b>Is this section required?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
This section covers loss of profit through interruption of the business following any of the perils selected under the Material Damage section 1A.		
Gross Profit	€	_____
Estimated Gross Profit	€	_____
Increase in cost of working	€	_____
Rent Receivable	€	_____
Non average declaration linked basis		Yes <input type="checkbox"/> No <input type="checkbox"/>
Period for which Indemnity is required: _____ consecutive months following the date of the damage. (if longer than 12 months then sums insured should be adequate to cater for the period selected)		
<b>The certificate provides cover up to €7,500 for each of the following extensions at no extra charge</b>		
<input type="radio"/>	Supplier's extension	
<input type="radio"/>	Customer's extension	
<input type="radio"/>	Contract sites	
<input type="radio"/>	Prevention of access	
<input type="radio"/>	Public utilities	
<i>If a higher limit is required, please advise details</i>		
<b>For Supplier's/Customer's Extension please provide:</b>		
Name of Supplier	_____	
Situation of Supplier	_____	
Name of Customer	_____	
Situation of Customer	_____	

## Section 3 - Money

<b>Is this section required?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>1</b>	What limit of indemnity do you require in respect of money comprising cash, cheques and other negotiable instruments (excluding crossed cheques and other non-negotiable money)?	
	(a) In the premises out of business hours secured in a locked safe or strongroom.	€ _____
	(b) In the bank night safes until at bank's risk.	€ _____
	(c) Any other loss including whilst in transit or whilst in the premises during business hours.	€ _____
<b>2</b>	Safe Details:	
	(a) Maker's Name	_____
	(b) Model	_____
	(c) Serial No.	_____
<b>3</b>	Please state the estimated annual carryings of Money in transit in connection with your business during the next 12 months:	€ _____

**Section 4 - Liabilities**

<b>1</b>	<b>Employers Liability</b> : <b>Is this section required?</b> Limit of indemnity €13,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>2</b>	<b>Public Liability</b> : <b>Is this section required?</b> Limit of indemnity €2,600,000 Limit of indemnity €6,500,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>3</b>	<b>Products Liability</b> : <b>Is this section required?</b> Limit of indemnity €2,600,000 Limit of indemnity €6,500,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>4</b>	<b>Estimated payments and turnover:</b> Employers Liability		
	<b>CATEGORY</b>	<b>NUMBER</b>	<b>ESTIMATED WAGES/SALARIES*</b>
	(a) Clerical	_____	€ _____
	(b) Woodworking machinists** (whole or part time)	_____	€ _____
	(c) All Others (describe each category)	_____	€ _____
	(i) _____	_____	€ _____
	(ii) _____	_____	€ _____
	(d) Employees Working Away from the Premises	_____	€ _____
	(e) Proposer's own annual remuneration if working manually in the business	_____	€ _____
	If the Proposer is a limited company, should the working directors be included under the Employers Liability section?	wages	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Public/Products Liability		
	(a) Estimated Turnover	Home € _____ Overseas € _____	
	(b) Work Away Wages	€ _____	

\* The term "wages, salaries and other earnings" means the employees' total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other perquisites in kind or money received by the employees in connection with their employment. Employee includes labour masters and persons supplied by them, labour only sub-contractors and persons employed by them, self-employed persons, persons hired to or borrowed by you and persons undertaking study or work experience.

\*\*The total earnings of such employees must be included in this item irrespective of whether they are wholly or partially engaged with such machinery. Employees whose work with woodworking machinery is restricted to the use of Lathes, Fret Saws, Boring Machines, Sanding Machines and Mechanically-driven portable tools applied to the work by hand other than Pendulum, Swing Saws and Chain Saws, to be included under "All Others"

<b>5</b>	Describe precisely:
(a) Work undertaken at your premises	_____ _____ _____
(b) Work undertaken away from your premises	_____ _____ _____
(c) Detail goods supplied, installed, erected, repaired, altered or treated by you	_____ _____ _____ _____

<b>6</b>	Have you prepared a Safety Statement as required by Section 12 of the Safety Health and Welfare at Work Act 2005 and Safety, Health and Welfare at Work General Application Regulations 2007?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>7</b>	Do you comply with all legislation and regulations pertaining to the processes, substances used, dust and fumes within the workplace?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>8</b>	Are your ways, works, machinery and plant properly fenced/guarded and otherwise in good order and condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>9</b>	Are all your employees over 16 years of age and under 65 years of age, and in good health and free from physical defect?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>10</b>	Are all inspections of lifting apparatus, boilers and steam pressure vessels carried out in compliance with statutory requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If you answered No, to one or more of questions 6,7,8,9 or 10 please give full details.</i>					
<b>11</b>	Do any of your activities involve exposure to noise levels exceeding 85-dB (A)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>12</b>	Do you handle, store, use or manufacture directly, or as a by product, any substance or material which is:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(a) Toxic, poisonous, irritant or harmful?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(b) Corrosive, flammable or oxidising?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(c) Potentially infectious or biologically harmful?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>13</b>	Are explosives or dangerous substances used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>14</b>	Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>15</b>	Have you entered into any agreement assuming a liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>16</b>	Do you work on offshore installations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>17</b>	Do you import or export any goods?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>18</b>	Do you export to the USA or Canada?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>19</b>	Are there any specific hazards associated with your products?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>20</b>	Do you supply goods for use in the nuclear, aircraft or marine industries?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>21</b>	Has it ever been necessary to recall any of your products?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>22</b>	In respect of any of your products, has your company ever been prosecuted for an offence under any legislation or regulations; or have your products ever been subject to an inquiry by any Government Agency?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>23</b>	Do you undertake operations outside the Republic of Ireland or Northern Ireland?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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*If you answered Yes, to one or more of questions 11,12,13,14,15,16, 17, 18, 19, 20, 21, 22 or 23, please give full details.*

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<b>24</b>	How do you ensure that any sub-contractor employed by you maintain adequate liability insurance?				
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**Section 5 - Frozen Foods**

<b>Is this section required?</b>		<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>1</b>	Description of Plant: (a) Makers name _____ (b) Date of manufacture _____				
<b>2</b>	Is there a current manufacturer's guarantee or warranty on the plant?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>3</b>	Is there a current maintenance contract on the plant and will this be kept in force?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>4</b>	Sum Insured	€	_____		

Additional Information (if any)

**IMPORTANT – Any other facts known to you, which are likely to affect acceptance or assessment of the risks proposed for insurance, must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us, or your insurance broker. This is for your own protection, as failure to disclose may mean that your certificate will not provide you with the cover you require, or may invalidate the certificate altogether.**

**Declaration**

The Third EU Non-Life Directive requires us to provide you with the following information prior to purchase.

**THE LAW APPLICABLE TO THE CONTRACT** – Under the relevant European and Irish legal provisions, the parties to the proposed contract of insurance, we ARB Insurance Company Ltd and you, the Proposer, are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract. The Insurer with which your contract will be concluded is ARB Insurance Company Limited, which is established in Gibraltar.

**COMPLAINTS PROCEDURE** - The Certificate is a complex document and contains a large number of specific terms relevant in specific circumstances, depending on the nature of the risks being insured and those extensions requested. The certificate may also contain warranties describing actions that you must take or avoid for any cover to operate.

Our aim is to provide insurance cover and service of the highest standard. However, there may be occasions when you feel that this objective has not been achieved. If you have any complaint about the insurance contract please follow the pro-cedure below quoting your Certificate number in all correspondence so that your complaint may be dealt with speedily.

In the first instance please contact the insurance intermediary who arranged the certificate for you.

Should you remain dissatisfied please write to the Complaints Manager, ARB Group, ARB Court, Castleside Drive, Rathfarnham, Dublin 14.

If you are still unhappy with any issue connected with the handling of your insurance Certificate or claim then we will direct you to contact the Lloyds Ireland Representative Ltd, 7/8 Wilton Terrace, Dublin 2. Tel: (00 353) 01-6313600.

If you are still unhappy with any issue connected with the handling of your insurance certificate or claim then you should direct your enquiry to the Compliance Officer of Faraday Reinsurance Company Limited, 5<sup>th</sup> Floor, Corn Exchange, 55 Mark Lane, London EC3R 7NE. Tel: 00 44 (0) 20 7702 3333 Fax: 00 44 (0) 20 7264 4619.

If you are not satisfied with the results of our investigation, you have the right to refer your complaint to an independent authority for consideration. Your complaint should be referred to The Insurance Ombudsman of Ireland, 32 Upper Merrion Street, Dublin 2. This option is open only for individuals or incorporated bodies with an annual turnover of €3M or, less.

Taking any of these options will not prejudice your rights to take legal action.

**DATA PROTECTION**

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time) or Republic of Ireland equivalent legislation if such legislation exists.

In the course of providing insurance services to the proposed insured/insured, the Insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the Insurer whether such disclosure is made directly by the proposed insured/insured to the Insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the Insurer). The Insurer shall be the Data Controller of any Personal Data provided to it.

The Insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The Insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the Insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the Insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the Insurer.

The insured acknowledges that the Insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Services Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the Insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

<p><b>Declaration</b></p> <p>Please read the declaration very carefully, especially if the Proposal has not been completed in your own hand.</p> <p>I/We declare that the statements and particulars given in this Proposal, are, to the best of my/our knowledge and belief, true and complete and that no material facts concerning the insurance have been withheld and that the Proposal will form the basis of my/our contract.</p> <p>Signed: _____ Date: _____</p> <p>Position held in the company: _____</p>
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