

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

**Important Notice Concerning Disclosure:** It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**SECTION 1** DETAILS OF PROPOSAL

1. a. Name of the Proposer: \_\_\_\_\_  
b. Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
c. VAT No./TRN (where applicable): \_\_\_\_\_  
d. Tel. Nos.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
e. Email address: \_\_\_\_\_  
f. Trade or Business: \_\_\_\_\_  
g. Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_
2. a. State all addresses at which property is contained: \_\_\_\_\_  
\_\_\_\_\_  
b. Description of premises, e.g. Shop, Office, Warehouse, Factory, etc: \_\_\_\_\_  
\_\_\_\_\_  
c. State how long occupied by you: \_\_\_\_\_
3. a. Do the premises form part of a building otherwise tenanted?  Yes  No  
If Yes, how is the building otherwise tenanted? \_\_\_\_\_  
b. Are the premises occupied by you at night?  Yes  No  
If No, is there a Watchman or other person on the premises? \_\_\_\_\_
4. Is an Intruder Alarm installed?  Yes  No If Yes:  
a. Name of manufacturer/installing Company: \_\_\_\_\_  
b. Date installed: \_\_\_\_\_  
c. Is the system subject to a maintenance contract?  Yes  No  
d. Method of Signalling:  Bell only  Digital Dialler  Direct Line (Police or Central Station) Other: \_\_\_\_\_  
e. Briefly detail existing alarm protection and attach copy of up-to-date specification: \_\_\_\_\_  
\_\_\_\_\_
5. Are full and reliable records of stock and sales kept?  Yes  No  
If No, how would you be able to prove a claim? \_\_\_\_\_
6. How are the following secured and protected?  
a. Outer doors on ground floor and basement: \_\_\_\_\_  
b. Front windows on ground floor and basement: \_\_\_\_\_  
c. Back and side windows on ground floor or basement: \_\_\_\_\_  
d. Trap doors and skylights: \_\_\_\_\_
7. Are the keys of the safe(s) removed from the premises when the premises are closed for business?  Yes  No
8. a. Have thieves ever entered or attempted to enter your premises?  Yes  No If Yes, when? \_\_\_\_\_

- b. If Yes to a. and entry was made, please state:
- i. How access was gained? \_\_\_\_\_
  - ii. What precautions have been adopted to prevent a recurrence? \_\_\_\_\_

c. Have any other premises occupied by you been so entered?  Yes  No If Yes, please give full details:  
 \_\_\_\_\_  
 \_\_\_\_\_

d. Have you ever claimed upon any Insurer for loss by theft?  Yes  No  
 If Yes, please give particulars of each claim: \_\_\_\_\_  
 \_\_\_\_\_

9. a. Has a proposal in respect of your burglary risk previously been made to this or any other Insurer?  Yes  No  
 i. If Yes, please state the name of the Insurer: \_\_\_\_\_  
 ii. If Yes, was the proposal accepted or declined? \_\_\_\_\_

b. Has the renewal of your insurance ever been declined or not invited?  Yes  No

- c. Have you ever been required to:
- i. pay an increased rate?  Yes  No
  - ii. have special terms imposed?  Yes  No

10. Please state:
- a. the approx. total value of the Stock in Trade (including Goods in Trust or on Commission) for which you are responsible: \_\_\_\_\_
  - b. the amount for which the above property is insured against fire: \_\_\_\_\_
  - c. the name of the Fire Insurer: \_\_\_\_\_

11. Does the stock include the following and, if so, what is the value?
- tobacco, cigars, cigarettes ..... \$ \_\_\_\_\_
  - wines and spirits..... \$ \_\_\_\_\_
  - metals (brass, copper, lead etc.)..... \$ \_\_\_\_\_
  - gold, silver, jewellery or watches..... \$ \_\_\_\_\_
  - furs or silks..... \$ \_\_\_\_\_
  - radio, television sets or parts, record players, hi-fi equipment, cameras or binoculars ..... \$ \_\_\_\_\_

**SECTION 2** PARTICULARS OF PROPERTY TO BE INSURED

| Property to be Insured:   | Consisting of: | Sum Insured (being Full Value) |
|---|----------------|--------------------------------|
| Stock-in-Trade belonging to Proposer                              |                |                                |
| Goods in Trust or on Commission for which Proposer is responsible |                |                                |
| Fixtures, Fittings and Utensils in Trade                          |                |                                |
|   | <b>TOTAL</b>   |                                |

**SECTION 3** DECLARATION

**NOTE:** SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Proposer Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_