



WILLIS
OFFICE PROPOSAL FORM



Non Disclosure Warning: Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your proposal. Failure to do so may invalidate the insurance. It is in your own interests to mention such facts. If you are in doubt about whether certain facts are material these facts should be disclosed.

Law Applicable to Contract: Under the relevant European and Irish legal provisions you and the Insurer concerned are free to choose the law applicable to the contract. The Insurer proposes that Irish Law will apply to the contract, and this will apply unless both parties agree otherwise in writing.

Proposers Name:			
Proposers Address:			
Risk Address:			
Full Business Description:			
Number of Years Trading:		Phone	Fax
Holding Insurer(s)			
Holding Broker			
Cover Required From			

SUMS INSURED

Office Contents	€	
Computer Equipment	€	
Portable Equipment	€	
Business Interruption - ICOW	€	
or		
Loss of Revenue	€	
Fire Brigade Charges	limit €500	€ State only the ADDITIONAL amount required

Excess in each case €350 (€1,300 for subsidence) (nil excess for EL)

Tenants Improvements	€	
Landlords Fixtures & Fittings	€	
Rent Payable	€	
Other (Please Specify)	€	
Other (Please Specify)	€	
Other (Please Specify)	€	
LIABILITIES	€	
GENERAL LIABILITIES €2.6M		
Turnover		
EMPLOYERS LIABILITY €13M	€	
Clerical / Admin	€	
All Other Wages	€	

Minimum Security

Physical Security

Loss or damage caused by theft or attempted theft involving entry to or exit from the premises by forcible or violent means is not insured unless the devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

Security

- 1 Are the Premises alarmed? YES/NO
 If yes,
 - a) Bell only YES/NO
 - b) Central Station Connection YES/NO

- 2 Is the Premises protected by YES/NO
 - a) Five Lever Mortice Deadlock on all ground floor external doors & key operated window locks? YES/NO
 - b) Locked Roller Steel Shutters? YES/NO
 - c) Grills on Windows? YES/NO
 - d) Other - Please give full details of all other security measures? YES/NO

- 3 Are the Premises situated within: YES/NO
 - a) A building with 24 hour manned Security? YES/NO
 - b) Industrial Estate with Security? YES/NO
 - c) Shared Premises YES/NO

NOTES:

- (i) The local fire authority must be consulted before replacing or augmenting the existing locking device fitted to a designated emergency exit door.

Manual Work Do you undertake manual work away from the premises? YES/NO
 If YES, please provide details on a separate sheet.

Claims History Have you had any claims or losses over €1,000 in the last five years? YES/NO
 If YES, please give full details below (or on a separate sheet if necessary):

Date Protection By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the United Kingdom Data Protection Act 1998. You have the right to apply for a copy of your information (for which Hiscox may charge a small fee) and to have any inaccuracies corrected.

Declaration I declare that:
 This proposal form has been completed after proper enquiry;
 Its contents are true and accurate and;
 All facts and matters that may be relevant to the consideration of our proposal for the insurance have been closed.

Signature: **Date:**