

MULTIMARK PROPOSAL FORM

This contract for insurance as proposed by UGI and any insurance subsequently arising will be between yourself and UGI.

PERSONAL DETAILS

Name of Insured	<input type="text"/>		
Date of Birth	<input type="text"/>	Age (next birthday)	<input type="text"/>
ID No.	<input type="text"/>	Nationality	<input type="text"/>
Email Address	<input type="text"/>		
Mobile No.:	<input type="text"/>	Work Tel:	<input type="text"/>
Alternative No.	<input type="text"/>	Home Tel:	<input type="text"/>
Occupation	<input type="text"/>	Employer:	<input type="text"/>
Postal Address	<input type="text"/>		
Physical Address	<input type="text"/>		

(attach copy of water bill/lease agreement/affidavit)

Period of insurance
From To

Policy Number Date of Expiry

DETAILS OF THE BUSINESS/RISK ADDRESS

What are the premises you wish to insure?
Address
Town
Region

Property owner only Owner and Occupier Tenant

Nature of your business

Details of the occupation of your business / what are the premises used for:

Estimated gross annual turnover E

No. of employees

Interested parties

Name of interested party	Type of interest
<input type="text"/>	<input type="text"/>

Address
Town
Region

Do you store hazardous chemicals, flammable liquid and/or gases at the premises? Yes No

If yes, please give details of type(s), storage arrangements and quantity below:

The premises - location type: (please tick one box)

- | | |
|---|---|
| <input type="checkbox"/> Main street frontage | <input type="checkbox"/> Industrial Estate |
| <input type="checkbox"/> Shopping Mall (outdoor) | <input type="checkbox"/> Rural/out of town/remote |
| <input type="checkbox"/> Shopping Centre (no street frontage) | <input type="checkbox"/> Suburban street |

What floor are you on? <input type="text"/>	Number of storeys/floors <input type="text"/>
Number of units (if available) <input type="text"/>	Are the premises shared with other occupants? <input type="checkbox"/> Yes <input type="checkbox"/> No

How long have you been conducting this business or owned this property:
At these premises Elsewhere

What is the roof made of? <input type="text"/>	What are the walls made of? <input type="text"/>
What is the floor made of? <input type="text"/>	What is the age of the premises? <input type="text"/> years

Are the premises connected to mains water supply? Yes No
If the premises are >50 years old, have the premises been fully rewired? Yes No
Is the building at the premises subject to heritage or national trust listing, urban conservation order or any local ordinance requiring conditional re-instatement or redevelopment? Yes No

If yes, please provide details:

What protection is installed on your premises?

Security:

- Deadlocks
- Keyed window locks
- Bars/grills/padlocks on windows/skylights
- Local burglar alarm
- Monitored burglar alarm

Fire protection:

- Extinguishers
- Hydrants
- Hose reels
- Monitored fire alarm

Fully sprinkled:

- Single water supply
- Dual water supply

Describe any other security precautions at the premises

Is there any commercial cooking done on these premises?

Yes No

If yes, please specify the numbers and type of cooking: (insert number in box)

Wok Oven Stove
 Hot plate/grill Deep frying

Other cooking methods

If deep frying, total no. of litres

Are deep fryers fitted with thermostat cut off?

Yes No

If wok cooking, is any deep frying carried out in a wok?

Yes No

Do you provide entertainment?

Yes No

If yes, please provide details

What is the latest time you trade to?

 am/pm

SECTION 1: PROPERTY DAMAGE

This section provides cover for physical loss or damage to the business' property at the Risk Address. It does not cover loss or damage to the Business' property caused by theft (refer to Section 3: Burglary) nor loss or damage to money (refer to Section 4: Money)

Is cover required?

Yes No

Sum insured

1. Buildings	E <input type="text"/>
2. Contents	E <input type="text"/>
3. Stock	E <input type="text"/>
4. Contents & Stock	E <input type="text"/>
5. Cost of rewriting documents (replacing the standard E50,000 cover)	E <input type="text"/>
6. Removal of debris (replacing the standard E100,000 cover)	E <input type="text"/>
7. Other items:	
<input type="text"/>	E <input type="text"/>
<input type="text"/>	E <input type="text"/>
<input type="text"/>	E <input type="text"/>

SECTION 2: BUSINESS INTERRUPTION

This section covers a reduction in the income of the Business as a result of loss or damage to the Business' property.

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Sum insured
1. Gross Income <input style="width: 150px;" type="text"/> (being money payable to you for goods sold/electrical power generated/Gross rentals received less the purchase cost of stock/uninsured working expenses/wages (if wages are insured separately))	Indemnity Period <input style="width: 80px;" type="text"/> months	E <input style="width: 100px;" type="text"/>	
2. Weekly Income <input style="width: 150px;" type="text"/> (being money payable to you for goods sold/services rendered or rentals received, less the purchase cost of stock)	Indemnity Period <input style="width: 80px;" type="text"/> weeks	E <input style="width: 100px;" type="text"/> per week	
3. Gross Rentals <input style="width: 150px;" type="text"/> (being rentals received including contributions to outgoings)	Indemnity Period <input style="width: 80px;" type="text"/> months	E <input style="width: 100px;" type="text"/>	
4. Wages <input style="width: 150px;" type="text"/>	Indemnity Period <input style="width: 80px;" type="text"/> months	E <input style="width: 100px;" type="text"/>	
5. Additional increased costs of working (in addition to the automatic E25,000 cover)		E <input style="width: 100px;" type="text"/>	
6. Accounts receivable (replacing the standard E7,500 cover)		E <input style="width: 100px;" type="text"/>	
7. Additional claims (preparation costs in addition to the standard E25,000 cover)		E <input style="width: 100px;" type="text"/>	

Uninsured working expenses:

<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	

SECTION 3: BURGLARY

This section provides cover for Property Damage to the Business' property at the Risk Address caused by theft.

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Sum Insured
1. Contents		E <input style="width: 100px;" type="text"/>	
2. Stock in Trade (excluding Tobacco Products)		E <input style="width: 100px;" type="text"/>	
3. Contents and Stock in Trade (excluding Tobacco Products)		E <input style="width: 100px;" type="text"/>	
4. Tobacco Products (consisting of cigarettes, tobacco and cigars)		E <input style="width: 100px;" type="text"/>	

SECTION 4: MONEY

This section provides cover for physical loss or damage to the Business' Money. Money covered includes cash, credit card vouchers, cheques and telephone cards but excludes bullion. Please see policy wording for full definition of "Money".

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Sum Insured		
1. Money in transit or in a Bank night safe			E
2. Money at the Risk Address during normal business hours			E
3. Money in a locked Safe or Strongroom			E
4. Money in your private residence (or the residence of your authorised representative)			E
5. Money at the Risk Address outside normal business hours (but not in a locked Safe or Strongroom)			E
6. Combined money (covering items 1 to 5 above. Note: cover for Money at the Risk Address outside normal business hours (but not in a locked Safe or Strongroom) is limited to E2,500).			E

Optional Benefit

Taxation Audit Costs. Cover required: (please tick one box)

<input type="checkbox"/> E10,000	<input type="checkbox"/> E20,000	<input type="checkbox"/> E30,000	<input type="checkbox"/> E40,000	<input type="checkbox"/> E50,000
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SECTION 5: GLASS

This section provides cover for Breakage of glass at the Risk Address.

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Glass cover you require: (please tick)			
<input type="checkbox"/>	Fixed External Glass		
<input type="checkbox"/>	Fixed Internal Glass		
	Sum Insured		
Damage to signs (replacing the standard E8,000 cover)			E
Additional benefits 1 to 5 total limit any one Period of Insurance (replacing the standard E10,000 cover) (Additional benefits include such covers as temporary shuttering, signwriting, etc.)			E

SECTION 6: BROADFORM LIABILITY

This section provides cover for the Business' legal liability for Personal Injury to another person (other than employees) or damage to property not belonging to the Business or Advertising Liability, which happens during the Period of Insurance and which is caused by an occurrence in connection with the Business.

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Legal Liability cover required: (please tick one box)			
<input type="checkbox"/> E5,000,000	<input type="checkbox"/> E10,000,000	<input type="checkbox"/> E15,000,000	<input type="checkbox"/> E20,000,000
Property in physical or legal control cover required (replacing the standard E250,000 cover)			E

Optional Extension

Road Risk Cover (covering property damage you are legally liable for, to or caused by customers' vehicles whilst in your control for the purpose of repairs, service or maintenance).

Sum insured required E

DETAILS OF YOUR BUSINESS/PRODUCTS

Do you engage contractors, subcontractors or staff from labour hire firms? Yes No

If yes, please indicate:

1. Do you ensure that contractors and subcontractors have their own liability insurance?

2. Estimated amount to be paid in the next twelve months to E
contractors, subcontractors and labour hire firms

3. Type of work done by contractors, subcontractors and staff from labor hire firms

Products means any goods, products or property (including any components, packaging or container for any of these) after they have ceased to be in Your possession or under Your control which are deemed by law to have been manufactured, grown, extracted, produced, processed, assembled, constructed, erected, repaired, serviced, installed, treated, sold, supplied, distributed, imported or exported by You in the course of Your Business.

Please provide details of Your Products, their intended use and estimated annual turnover of each Product.

Do you: (please tick)

- | | | | |
|---|-----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> export | <input type="checkbox"/> import | <input type="checkbox"/> repack | <input type="checkbox"/> re-label |
| <input type="checkbox"/> manufacture | <input type="checkbox"/> assemble | <input type="checkbox"/> recondition | <input type="checkbox"/> process |
| <input type="checkbox"/> carry out any installation | | | |

If you selected any of the above, please give full details, including estimated annual turnover for that process, and for imports/exports, please detail the countries of origin/delivery.

SECTION 7: TRANSIT

This Section provides cover for physical loss or damage to the Business' property whilst in transit. Transit means the transportation of Property Insured by Watercraft, aircraft, postal service, rail or motor vehicle including whilst the Property Insured is in storage in the ordinary course of transit.

Is cover required? Yes No

How many vehicle(s) will be used to convey the Property Insured?

State all types of goods to be covered and the number of Vehicles that will be used:

SECTION 8: ELECTRONIC EQUIPMENT BREAKDOWN

This Section provides cover for the Business' computer and Electronic Equipment at the Risk Address against breakdown.

Is cover required? Yes No

Please list equipment to be covered: Sum Insured

	E	
	E	
	E	
	E	

Additional Benefits Sum Insured

Restoration of data (replacing the standard E10,000 cover)?	E	
Increased costs of working (replacing the standard E10,000 cover)?	E	

SECTION 9: MACHINERY BREAKDOWN

This Section provides cover for the Business' Machinery at the Risk Address against breakdown. Some types of Machinery are excluded from cover, such as lifts, escalators and other people moving devices. Cover is also available for Boilers and Pressure Plant against Breakdown, Collapse or Explosion.

Is cover required? Yes No

Unspecified Machinery (Limit any one event - E20,000)

Please indicate the number of all Unspecified Machinery at the Risk Address by type:

(insert number in boxes)

Refrigerators Freezers Cold Rooms Air-conditioning units

Other types of units. Description:

Specified Machinery

Unit name / type of use	Serial number	kw or hp	Age (yrs)	Sum Insured
				E
				E
				E
				E

Boilers and Pressure Plant

Unit name / type of use	Serial number	kw or hp	Age (yrs)	Sum Insured
				E
				E
				E
				E

Deterioration of Refrigerated Stock cover required? Yes No
 If yes, Sum Insured E

Details of Your Machinery, Boilers and Pressure Plant

Are there any apparent known defects in any of the items of Machinery or Boilers and Pressure Plant? Yes No
 If yes, please specify

Do any of these items insured require a certificate of inspection? Yes No
 If yes, please specify

Are there any items of Machinery and Boilers and Pressure Plant that are subject to a maintenance agreement? Yes No
 If yes, please specify

Are there items of Machinery, Boilers and Pressure Plant that are more than 15 years old? Yes No
 If yes, please specify

SECTION 10: GENERAL PROPERTY

This section covers physical loss or damage to portable items of the Business' property anywhere in the world, including loss or damage to property caused by theft.

Is cover required? Yes No

Unspecified Items - limit any one claim
 Note: items worth more than E2,500 should be specified

Specified Items

Item description	Serial number (if applicable)	Sum Insured
		E
		E
		E
		E

ADDITIONAL QUESTIONS

All of the following questions must be answered.

Have you, your partners, any other officeholders, or if a corporation, any of its directors proposed to be insured under this Policy, either alone or jointly:

1. Had any insurance declined, cancelled or refused renewal, had any special conditions/warranty imposed, or declined or refused a claim in the last 5 years?
Yes No

If yes, please give full details

2. Suffered any loss, destruction or damage and/or made a claim on any insurer for any event whether insured or otherwise or had any claims made against you in the last 5 years?
Yes No

If yes, please give full details

3. Been charged with or convicted of any criminal offences in the past 10 years (other than minor traffic convictions)?
Yes No

If yes, please give full details

4. Been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation, receivership or voluntary administration)?
Yes No

If yes, please give full details

PAYMENT DETAILS

Payment Method:

Debit Order	Stop Order	Govt Payroll	Cash	EFT
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If Govy Payroll, Employment Number: _____

BANKING DETAILS

Bank Name: _____
Account Name: _____
Account Type: _____
Account Number: _____

Branch: _____
Deduction Date:

4	19	22	24	30
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I give United General Insurance permission to debit my account with the premium amount due on the above chosen day of the month or as soon as possible thereafter. I further authorize United General Insurance to access my bank account for the purpose of confirming premium deductions.

Signature: _____ **Date:** _____

DECLARATION

This Declaration must be completed and signed by or on behalf of all parties making this Application.

1. I warrant that all the information given in this Proposal Form, and in all documents, which have been or will be signed by me in connection with the proposed insurance, is true and complete. I further warrant that all the information given or to be given by me in writing, electronically or otherwise, in connection with the proposed insurance is true and complete.
2. I agree that the statements in this Proposal Form and electronic information, and the documents stated above shall, in addition to the statements in the application, be the basis of the proposed contract; that any material misstatement or omission therein may lead to any contract made being declared void by United General Insurance (UGI).
3. I understand that UGI regards the answers given in this Proposal Form or electronically as material in assessing my application for the cover accruing from the insurance policy.
4. Accepting that I am thereby curtailing my right to privacy, but to facilitate financial underwriting, and the consideration of any claim for benefits, under a policy related to this or any other application for insurance made by me, or in respect of me as the insured, I irrevocably authorize UGI to obtain any and all information pertaining to me as may be appropriate from any insurers or other financial institutions, including and via any third party, contracted to the said insurer or other financial institution.
5. I irrevocably authorize UGI:
 - a. to obtain from any person, whom I hereby so authorize and request to give, any information which UGI deems necessary, and;
 - b. to share with other insurers, and any associations of such insurers, that information and any information contained in this application or in any related policy or other document, either directly or through a database operated by or for such insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by UGI or by the operators of such database.

PROTECTION OF PERSONAL INFORMATION

I hereby agree that UGI may use my information or obtain information about me for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification
- Fraud prevention and detection/Money laundering
- Claims checks (Claims Register)
- Market research & statistical analysis
- Audit & records keeping purposes

Name of proposer:

Designation of proposer (if representing company):4

Signature of proposer:

Date: