



Business Proposal Form

# Business Proposal Form

## General Details – *Proposer*

Full Name of Proposer:			
Postal Address:			
Tel. No.:		Fax No.:	
		Email:	
Risk Address (if different):			
Trade/Business (describe fully):			
Date cover to commence:			

## General Details – *Premises*

	At these premises:	At other premises:
1. How long have you been in business?		
2. If any other parties, other than the Proposer, have a financial interest in the property, please give details:		
3. Please give details of the premises:		
Age of premises:		
Constructions of: (a) Walls		
(b) Roof		
(c) Floors		
Indicate Number of Stories:		
Occupied by the Proposer as:		Occupied by any other Tenant/s as:
Are the premises in a good state of repair and well maintained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are the premises occupied at night?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES', by whom?		

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

## Property Damage

Please indicate basis of cover required by ticking the appropriate boxes:

Fire & Lightning	
Aircraft	
Explosion	
Earthquake	
Storm & Tempest	
Flood	

Burst Pipes	
Impact	
Riot & Malicious Damage	
Glass Breakage	
Theft	
Accidental Damage	

These perils are subject to an excess which will be advised at quotation.

A separate sum must be given for Sum Insured for Fire & Other	Sum Insured for Fire & Other Damage (full reinstatement value)	Sum Insured for Theft
1. The Buildings including Landlords fixtures and fittings together with boundary walls, gates and fences.	€	€
2. Machinery Plant and All Other Contents owned by you or held by you in trust for which you are responsible other than separately specified.	€	€
3. Decorations and improvements for which you are responsible as tenant.	€	€
4. Annual rent on the buildings.	€	
5. Office Equipment and Computers.	€	€
Description (including data carrying media and ancillary equipment). Note – items valued €9,525 or less need not be specifically mentioned but should be included in the total.	Year of Manufacture	Is Maintenance Contract in Force
		Date of Contract
6. Stock & Materials in trade – the Proposer's own and those held in trust for which he is responsible other than Cigarettes, Wines and Spirits, Electrical Goods.	€	€
7. Stock of Cigarettes and Tobacco.	€	€
8. Stock of Wines and Spirits.	€	€
9. Stock of Electrical Goods.	€	
10. Stock Debris Removal.	€	
11. Glass (other than plate or sheet glass of ordinary quality) and NEON or other display signs.  Description:	€	
<b>TOTAL SUM INSURED</b>	€	€

## Financial Loss

### 1. Business Interruption

Cover is for business interruption due to loss or damage insured under the Property Damage Section unless a different basis is requested and agreed.

#### Item 1:

Gross Profit including Payroll – Sum to be Insured: (Salaries and Wages)  
See Prospectus – Page 2

€

Please select definition of earnings to be used. See Prospectus – Pages 2 & 3

A

B

C

D

E

F

If other items are required, please specify:

€

€

Do you require cover on a Declaration Linked Basis?

YES

NO

Please specify “Specified Working Expenses” if Gross Profit is insured:

%

%

%

%

#### Item 2:

Please tick indemnity period required:  
(See Prospectus page 3)

12 months

18 months

24 months

36 months

Please tick additional extensions required

Tick

Suppliers Name/s

Suppliers Premises

Key Customer Premises

Failure of Public Utilities

Transit

Denial of Access

Infectious Diseases, Murder, Suicide, Food Poisoning

%

%

%

Key Customer's Name/s

### 2. Book Debts

Covers loss of Book Debts due to property damage insured under the Property Damage Section unless a different basis is requested and agreed.

Sum to be insured on outstanding Debit Balances?

€

Are records stored in fire resisting safes, strongrooms or cabinets?  
(If Yes, give details)

YES

NO

Are duplicate records maintained?

YES

NO

(If Yes, state where located)

### 3. Money

- (a) Please state the estimated annual carryings of Money in transit in connection with your business during the next 12 months:

€

- (b) Please state limits required for Money cover:

- (i) in transit or on your premises during business

€

- (ii) in Bank night safe until at Bank's risk

€

- (iii) in the premises outside business hours secured in locked safe or strongroom

€

Give details of safe i.e. maker's name, model and serial number:

- (c) Please give details of your cash carrying procedures:

- (d) Do you require the Personal Accident Assault extension? *(For benefits under this extension – see Prospectus – Page 3)*

YES

NO

- (i) Number of employees handling money?

- (ii) Benefit required?

€

## Legal Liabilities

This section of the proposal is not applicable to proposers engaged in the Building or Construction Trades. If the business is a Hotel, Hall, Restaurant or Public House please complete the Supplementary Proposal Form.

1. Please give full description of all work to which this Insurance is to apply:

  


2. Give brief description of machinery in use:

  


3. Are your ways, works, machinery and plant properly fenced/guarded and otherwise in good order and condition?

YES

NO

4. (a) Do you occupy the premises as Owner, or Lessee?

- (b) If Lessee, are you responsible for internal repairs or external repairs or both?

5. Are all inspections of lifting apparatus, boilers and steam pressure vessels carried out in compliance with statutory requirements?

YES

NO

6. 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

NO

If not, please give details:

7.	(a) Have you prepared a Safety Statement as required by Section 12 of the Safety Health and Welfare at Work Act 1989?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	(b) If Yes, was it prepared:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	– by yourselves?				
	– with assistance of a Representative Organisation, Safety Consultants or Engineering Consultants?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If Yes, please identify the source:	<input type="text"/>			
	(c) What steps have been taken to implement the Safety Statement in the workplace?	<input type="text"/>			
8.	Do you comply with all legislation and regulations pertaining to the processes, substances used, noise, dust and fumes within the workplace?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
9.	Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
10.	Are explosives or dangerous substances used?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
11.	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"/>
	If you answered Yes, to one or more of questions 9, 10 or 11, please give full details (including relevant literature, brochures etc.)				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
12.	Do you manufacture, dress, handle or use asbestos, of materials containing asbestos, quartz, quartzite, sandstone, gritstone, flint, or materials containing flint, dried quartzose sand, or any dry deposit, or dry residue of silica, or any mixture containing such materials? (If Yes, please give details)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
13.	Are Guard Dogs used on or about your premises?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If Yes, please specify if such dogs are:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	– Tethered?				
	– Loose?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	– On a Leash and in the Control of a Handler?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

## Products Liability

If Products Liability is required, please answer the following questions:

- Please give a brief description of ALL products supplied and/or manufactured by you. If there is insufficient space, give details on a separate sheet.

<b>2.</b>	(a) Total turnover in the last 12 months:	€										
	(b) Estimated turnover for the next 12 months:	€										
<b>3.</b>	Give estimated breakdown of future turnover as follows:											
	(a) Irish and UK Markets	€										
	(b) Other EU Markets	€										
	(c) USA/Canada	€										
	(d) Other (please specify: _____)	€										
<b>4.</b>	Are you: (tick as appropriate)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="background-color: #003366; color: white;">(a) Manufacturer/Assembler</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="background-color: #003366; color: white;">(c) Producer (e.g. raw materials)</td> <td><input type="checkbox"/></td> </tr> </table>	(a) Manufacturer/Assembler	<input type="checkbox"/>	(c) Producer (e.g. raw materials)	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="background-color: #003366; color: white;">(b) Agent Wholesaler</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="background-color: #003366; color: white;">(d) Retailer</td> <td><input type="checkbox"/></td> </tr> </table>	(b) Agent Wholesaler	<input type="checkbox"/>	(d) Retailer	<input type="checkbox"/>	
(a) Manufacturer/Assembler	<input type="checkbox"/>											
(c) Producer (e.g. raw materials)	<input type="checkbox"/>											
(b) Agent Wholesaler	<input type="checkbox"/>											
(d) Retailer	<input type="checkbox"/>											
<b>5.</b>	Do the products bear your name/trademark?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
<b>6.</b>	Do you have a comprehensive Quality Control System?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
	If Yes, how frequently is it reviewed and updated?	<input type="text"/>										
<b>7.</b>	Has it ever been necessary to recall any of your products?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
	Give details:	<input type="text"/>										
		<input type="text"/>										
		<input type="text"/>										
<b>8.</b>	Are there any specific hazards associated with your products?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
	If Yes, how do you warn users?	<input type="text"/>										
		<input type="text"/>										
<b>9.</b>	Do you purchase goods, materials, components or packaging outside the EU?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
	If Yes, have you a fail-safe system which will enable you to identify the supplier in each case?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
<b>10.</b>	Do you agree to hold harmless or indemnify any supplier, dealer, distributor or manufacturer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
	If Yes, give full details	<input type="text"/>										
		<input type="text"/>										
<b>11.</b>	Do any of your products have aviation, nuclear or offshore installation implications?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
<b>12.</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?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
	If Yes, give full details:	<input type="text"/>										
		<input type="text"/>										



## Limits of Indemnity

Please tick Limits of Indemnity required in respect of any one occurrence. For Products Liability this will also be the maximum amount payable in the Period of Insurance.

Public Liability:	€1,300,000	<input type="checkbox"/>	€6,400,000	<input type="checkbox"/>
	€2,550,000	<input type="checkbox"/>	Other Limit €	<input type="checkbox"/>
Products Liability:	€1,300,000	<input type="checkbox"/>	€6,400,000	<input type="checkbox"/>
	€2,550,000	<input type="checkbox"/>	Other Limit €	<input type="checkbox"/>

## Number of Employees/Wages

All persons employed must be included. Employees includes persons under a contract of service or apprenticeship with you, labour masters and persons supplied by them, self-employed persons or family or household members whilst engaged in the course of the business. Persons hired to or borrowed by you and persons undertaking study or work experience.

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 prerequisites in kind, or money received by the employees in connection with their employment without any deduction in respect of social welfare insurance, income tax, holidays with pay or pension contributions.

Description of Work	Number of Employees	Estimated Wages/ Salaries
1. Clerical & Non Manual		€
* 2. Woodworking Employees & Their Labourers		€
3. Employees Using Power-Press Guillotine & Sheet Metal Machinery		€
4. Other Employees Using Machinery (Describe Fully)		€
5. Employees Working Away From The Premises (Describe Fully)		€
6. All Other Employees (Describe Fully)		€

\* 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 and Swing Saws, need not be included in this category. However, the TOTAL Annual Wages of any employee using any other woodworking machinery must be included irrespective of whether they are wholly or partially engaged in working with such machinery.

## General Questions

- Have you been previously insured in respect of any of the risks to which this proposal relates, at this premises or elsewhere? YES ☐ NO ☐  
If Yes, give details including Name of Insurer and Policy Number
- Have you 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:



3. In respect of any of the risks to which the Proposal relates have any accidents, losses or claims occurred (whether insured or not) within the last 5 years? YES ☐ NO ☐  
If Yes, please give details:

## (a) PROPERTY DAMAGE/FINANCIAL LOSS:

Date of Loss	Cause/Details	Amount Paid	Amount o/s

## (b) LEGAL LIABILITIES: (\*Class: Employers Liability "EL", Public Liability "PL", Products Liability "Product")

Date of Loss	Class*	Cause/Details	Amount Paid	Amount o/s

4. Have you or any of your Directors, Partners or Employees ever been prosecuted for an offence or breach of any legislation or regulations relating to employee Health/Safety? If Yes, please give details: YES ☐ NO ☐


5. Have you or your partner, or any director or principal of the Company ever been convicted of a criminal offence? If Yes, please give details: YES ☐ NO ☐


## Declaration

Please read the declaration very carefully, especially if the Proposal has not been completed in your own hand.

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 this proposal will form the basis of my/our contract.

Signed:

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Dated:

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**Note:** Each section of the Policy is subject to Exclusions and Conditions and a Specimen Policy is available on request.  
If cover is required for Motor Fleet, Goods In Transit, Extended Computer Cover or Dishonesty of Staff, please complete the appropriate supplementary proposal forms.

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