



RETAIL OFFICE LEISURE PERSONAL SERVICE EDUCARE

BUSINESS GUARD – PROPOSAL FORM

Agent:	
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PROPOSER

Business Name:			
ID or Company Number:	Social Security Number:	Account Number (for existing customers)	
Contact Name:	Trade / Profession:		

TELEPHONES- CONTACT INFORMATION

Home:	Business:	Mobile Phone:	Fax:
E-mail Address:			

PHYSICAL ADDRESS MAILING ADDRESS

Street Name and Number:		P.O Box:	
Building name floor, Flat or Office Number (If any)		Postcode:	
Postal Code:		Locality (Municipality or Community):	
Locality (Municipality or Community):			

PAYMENT TERMS

Immediate payment: <input type="checkbox"/>	Three monthly payments: <input type="checkbox"/>	Credit <input type="checkbox"/>	Other: <input type="checkbox"/>
		No. of days:	Specify:

RISK ASSESSMENT

Is the Building 100% constructed from brick, stone, or concrete?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If No please give a detailed description of the type of Construction:		
Do you have a functioning fire detection system and fire extinguishers?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does the business have a burglar alarm?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

SUMS TO BE INSURED

Buildings (including landlord's fixtures and fittings)

1.	€
2.	€
3.	€

Contents (including tenant's improvements, alterations and decorations, furniture, plant and machinery.

1.	€
2.	€
3.	€

Stock and Materials in Trade (except those below)

1.	€
2.	€
3.	€

Stock of Cigarettes & Tobacco / Wines & Spirits

1.	€
2.	€
3.	€

Proposer's Interest:

Owner: Tenant: Other

Specify:

Mortgagee (if any)

Area of Premises:

square meters

Number of insured's, directors or partners:

Number of Employees:

Annual Gross Earnings:

€

GENERAL QUESTIONS

How many claims have you had in the last three years?

What is the total value of all claims submitted in the last three years?

€

Please provide details of the claims below:

Have you ever had a proposal for insurance or renewal declined by an insurance company?

Yes

No

If yes provide details below:

Period of Insurance

12 months Other

Specify:

By providing your Personal Information or, if you are a representative of a business customer, by submitting information relating to any identifiable individual, to AIG in connection with the application for insurance and signing below you consent to the collection and processing (including the disclosure and international transfer) of your Personal Information and of Personal Information of others as stated in the Privacy Policy which is available at <http://www.aig.com.cy/cy-privacy-notice>. You can also request a copy of the Privacy Policy from our head office at 26 Esperidon street, 2001 Strovolos, Nicosia.

To the extent that you have provided (or will provide) Personal Information to AIG about any other individual, you certify by signing below that you have informed the individual about the content of the Privacy Policy, you are authorised to provide and disclose his or her Personal Information to AIG as detailed in the Privacy Policy and you have obtained any legally required consent for the collection, use, disclosure, and transfer (including cross-border transfer) of Personal Information about the individual in accordance with the Privacy Policy.

Any consent given through signing this form can be withdrawn upon reasonable notice by writing to the General Manager, AIG Cyprus Limited general representative of AIG Europe Limited in Cyprus, P.O. Box 21745, 1512 Nicosia. Please note however, that withdrawing your consent may affect our ability to continue to provide you with the products and services you have or would like to receive.

Declaration

I declare that the forgoing statements and particulars are true and complete and that this proposal shall form the basis of the contract with the Company. I agree to accept insurance subject to the terms and conditions of the Company's Policy and that the Insurance will not be in force until the Proposal has been accepted by the Company except to the extent of any official Cover Note which it may issue.

Signature of Proposer		Date:	
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