

## EMPLOYER'S LIABILITY INSURANCE PROPOSAL FORM

Please give **complete** answers and in **capital** letters

A. PARTICULARS OF PROPOSING EMPLOYER		
Name:-		
Identity Card No. / Company's Registration Number:-		Date of Birth / Establishment:-
Telephone:-	Mobile:-	Fax:-
E-mail Address:-		
Full Postal Address:-		
Town:-		Postal Code:-
Employer's Registration Number:-		
Type of Business:-		
Full description of business transacted:-		
Usual place of business:-		
Date of commencement of business by the Employer:-		

B. PERIOD OF INSURANCE													
From:- <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year				To:- <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year											
Day	Month	Year											

C. LIMITS OF INDEMNITY	
Specify below the Limits of Indemnity for which you wish to be covered:-	
(a) Limit of Indemnity for every Employee	€ (Minimum amount €160.000)
(b) Limit of Indemnity for every Event or series of Events	€ (Minimum amount €3.415.000)
(c) Aggregate Limit of Indemnity for any Period of Insurance	€ (Minimum amount €5.125.000)

**D. INSURANCE AND CLAIMS RECORD****I. INSURANCES**

1. Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your employees?	If yes, state the name of the Insurance Company:-
2. In relation to the insurance of your employees, has any Insurance Company at any time –  (a) declined your proposal?  (b) refused to renew your Policy?  (c) cancelled your Policy?  (d) required increased premium or imposed special conditions?	If yes, give details:-  (a)  (b)  (c)  (d)
3. Do you have in force any other Policies with our Company?	If yes, give details:-

**II. CLAIMS**

State the number of Accidents and Occupational Diseases suffered by your employees during the last three years:-

Year	Amount paid in the form of Gross Earnings  €	Number of Accidents and Occupational Diseases	CLAIMS			
			WHICH HAVE BEEN SETTLED		STILL OUTSTANDING	
			Number of claims	Amount paid  €	Number of claims	Estimated cost  €

**E. PARTICULARS IN RELATION TO EMPLOYEES**

**Please, give details in relation to ALL employees, including their estimated gross earnings for the next 12 MONTHS**

The term «Gross Earnings» shall mean the total wages, salaries, overtime payments, commissions, bonuses, service charges, tips and other payments, without any deduction in respect of Social Insurance, Income Tax, Medical or Provident Fund or other amounts deducted by agreement with the employee(s) or otherwise.

Category of Duties (Description of work carried out by employees)	Estimated number of employees	Estimated amount of annual Gross Earnings  €	FOR USE BY THE COMPANY ONLY	
			Rate of Premium	Premium
			%	€
Clerical and Managerial employees who do not engage in manual work				
All other employees				
TOTAL				

F. PARTICULARS IN RELATION TO THE PROPOSER'S BUSINESS	
1. Give full particulars of machinery driven by mechanical power –  (a) Woodworking machinery  (b) Other machinery	(a)  (b)
2. Are the passages, place of work, machinery, plant and business premises properly fenced and guarded and generally in good order and condition?	
3. Are the business premises in a good state of repair?	
4. (a) Do you use any boilers, steam containers and other pressurised vessels, lifts, hoists and cranes?  (b) If yes, are they regularly inspected and by whom?	(a)  (b)
5. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations?	If yes, give details:-
6. Do you use or keep stored in your business premises any acids, gases, chemicals or explosives or any other dangerous substances?	If yes, give details:-
7. (a) Do you manufacture, handle or use asbestos or silica or any material containing asbestos or silica?  (b) Do you keep a foundry?	(a)  (b)
8. Have you, during the last three years, been accused or convicted, or has a reprimand or recommendation been made to you, in relation to any violation of any law or regulation in connection with the safety of your employees?	If yes, give details:-
9. Have you complied with all your obligations emanating from the Laws and Regulations governing the operation or the maintenance of your premises and your machinery and, generally, the safety and health of your employees?	
10. Do you carry on any business abroad?	If yes, give details:-

## **The Processing of Personal Data (Protection of Individuals) Law 138(I) of 2001**

In accordance with the provisions of the above Law, **Commercial General Insurance Limited**, in its capacity as Controller within the meaning of the Law, wishes to advise the Proposer that in order to issue the insurance contract, it is necessary to collect and process personal data, including sensitive data.

The personal data will be recorded in an electronic or any other form to the personal data filing system(s), within the meaning of the Law, maintained by Commercial General Insurance Limited or by any other company or person with which co-operation exists and/or an agreement is in force.

In addition to the primary purpose of processing the personal data, which is the execution and administration of the insurance contract, such data will also be processed for the purpose of research and statistical analysis as well as maintaining high service standards.

The recipients of the personal data shall be the duly authorised personnel of the Company and of any other company or person with which co-operation exists and/or an agreement is in force. Furthermore the data appearing on the Certificate of Insurance (Form EE2) shall be submitted every 3 months to the Director of Labour and Social Insurance in accordance with the provisions of the Employers' Liability (Compulsory Insurance) Law (L.174/89). The processing of data is confidential and shall be carried out only by persons acting under the authority of the Controller.

The Proposer has the right of access to and rectification of the data relating to him as well as the right of objection to the processing of such data. The right of access and objection shall be exercised by the submission of an application to the Controller and the payment of the sum prescribed by the Regulations issued under this Law.

In the event that the Proposer refuses to authorise or objects to the processing of the data relating to him, the Company reserves the right not to accept the Proposal for Insurance or to terminate the insurance contract or to reject any Claim for compensation.

### **Declaration**

All information included in this document represents the notification that the Company acting as the Controller has an obligation, in accordance with the Law, to provide me with and by signing this Proposal I acknowledge and declare that the Company has informed me of the provisions of this Law.

Furthermore, by signing this Proposal I hereby grant my express consent to Commercial General Insurance Ltd to collect and process data relating to myself, which may also include sensitive data and to maintain such data in the Company's personal data filing system(s), within the meaning of the Law.

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### **DECLARATION**

I hereby declare that the information and all other particulars provided in this Proposal are true and correct and that I have not concealed, distorted or misrepresented any fact. I also declare that to the best of my knowledge and belief I have accurately estimated in this Proposal the total amount to be paid in the form of Gross Earnings. I agree that this Proposal and Declaration shall be binding upon me, shall form the basis of this Policy between myself and Commercial General Insurance Limited and will be considered as forming part of the Policy to be issued. I also agree to render to the Company within one month from the expiry date of each Period of Insurance or from the termination of the policy, a statement in the form required by the Company of Gross Earnings actually paid and to pay premium on any amount in excess of the amount estimated in this Proposal.

I further declare that the Company and/or the person acting as an intermediary on the Company's behalf, whose personal details appear below, has provided to me all the information prescribed by the Legislation on Insurance Services and Other Related Issues [Law 35(I)/2002 & Law 153(I)/2004 - Regulations 192/2002, 26(1) & Regulations 806/2004, 50(1)], in particular that the insurance contract to be issued will be subject to the laws applicable in the Republic of Cyprus, that I have the right to submit any written complaints to the Complaints Management Function of the Company at its Head Office address, which has an obligation to acknowledge receipt of such complaint and convey the Company's position in accordance with the timeframe stipulated in the applicable legislation [Regulation 222/2013] and that under no circumstances this procedure affects any right of action that the Policyholder may have against the Company.

I further declare that I have examined and fully understood all the information provided to me in accordance with the provisions of the above Legislation.

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**Signature of Proposer**

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**Date**

### IMPORTANT NOTICE

In accordance with the Legislation, the insurance cover comes into force upon **delivery** to you of the **Certificate of Insurance** (or the Covering Note), which you should **exhibit** at your usual place of business.

In case you carry on business outside your usual place, you should exhibit a copy of the Certificate at these places as well.

The Regulations provide for an additional charge of €3. - per copy of Certificate issued.

### Request for additional copies of the Certificate of Insurance

Upon acceptance of the Insurance Proposal, please issue and deliver to me ..... copies of the Certificate, charging me accordingly.

Signature:-

Date:-

Name of Intermediary:

Status:

Address:

Identity Card No./

Company's Registration No.:

Reg. Certificate No.



#### COMMERCIAL GENERAL INSURANCE LTD

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