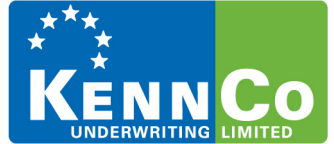


Retail Package Proposal Form



Proposer details - Please answer all questions in CAPITAL LETTERS

Name or Business Title

Postal Address:

Risk Address, if different to postal address:

Location 2:

Location 3:

Risk Details

Business or trade (describe fully)

Date the business was established

Cover Required

Please indicate with an X

Material Damage

Business Interruption

Frozen Food

Money

Employers Liability

Public / Products Liability

What date do you want cover to commence?

Claims History

Please provide a 5 year claims history:

Date of claim	Details of the claim	Paid or outstanding amount (€)
1		
2		
3		
4		
5		
6		
7		
8		

Risk Profile

CONSTRUCTION

Please answer the following questions by ticking the correct box

Are the premises of standard construction and in a good state of repair, built of brick, stone or concrete and roofed with slate, tiles, concrete metal or asbestos? Yes No

If *no* please give details.

If there is any flat roof, what percentage of the total roof area does this account for? %

FLOODING & SUBSIDENCE

Are the premises in an area free from flooding? Yes No

Has the building suffered from or is showing signs of subsidence, ground heave or landslip or is it situated over made up ground or underground workings of any sort, or sited near a cliff? Yes No

PREMISES

Are you the sole occupant? Yes No

Is the building a single tenure premises? Yes No

If *no* please provide details of the number and businesses of the other tenants.

How long have you been in business at this premises? Years Elsewhere? Years

HEATING

Are the premises heated by a fixed form of heating? Yes No

If *no* please provide details.

Are there any portable gas heaters or portable electric heaters in the buildings? Yes No

If *yes* please provide details.

ELECTRICAL

Has the electrical system been installed and/or inspected by a qualified electrician? Yes No

SECURITY

Is there a Security Alarm installed? Yes No

Type of signaling, i.e. bells only, monitored by central station etc.

FIRE PROTECTION

Are the premises protected by heat / smoke alarm? Yes No

Is the alarm connected to a central station? Yes No

Material Damage

Please indicate levels of cover required (1) Commercial All Risks, (2) Fire and Special Perils or (3) Fire Only

- (1) Commercial All Risks
 (2) Fire and Special Perils
 (3) Fire Only

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

	Location 1	Location 2	Location 3
	Sum Insured (€)	Sum Insured (€)	Sum Insured (€)
Buildings			
Contents			
Stock of Cigarettes			
Stock of Wines / Spirits			
All other stock			
Fire Brigade charges			
Miscellaneous Property*			

*Please specify

Do you require Frozen Foods cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sum Insured	€	<input type="text"/>
Do you require Subsidence cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Do you require Stealing cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Do you require Glass cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sum Insured	€	<input type="text"/>

Business Interruption

	Sum Insured (€)	
Gross Profit		
Indemnity Period		Months
Increase cost of working		
Loss of Rent		
Indemnity Period		Months
Turnover	€	<input type="text"/>

EXTENSIONS

The Policy provides cover up to € 7,500 for each of the following extensions at no extra charge:

- Suppliers extension
- Customer extension
- Contract sites
- Prevention of access
- Public utilities

If a higher limit is required please advise details.

Specify Customer / Supplier below:

Money

On the premises during business hours

On the premises outside business hours

a) In a locked unspecified safe

b) In a locked specified safe (please specify below)

c) Not in a locked safe

At a private dwelling house

In transit

Standard Limits (€)
3,000
400
1,000
500
3,000

Increased Limits (€)
400
1,000
500

Please provide specified safe details below:

Safe make and model:

General Statement

Please answer the following questions by ticking the correct box

GENERAL

Has the Insured or directors, partners or family members in connection with the business ever:

Had an insurance proposal declined, renewal refused, insurance cancelled or any special terms or conditions applied?

Yes No

Been convicted of or charged (but not yet tried) or been given an official Police/Garda caution in respect of any criminal offence other than a motoring offence?

Yes No

Been declared bankrupt, insolvent or been disqualified from being a company director?

Yes No

Gone into liquidation receivership or administration?

Yes No

Knowingly failed to comply with any Health and Safety and Welfare legislation?

Yes No

If yes to any of the above questions please give details

Other Material Facts

Is there any other information that you feel is material to the underwriting of this proposal for insurance?

If yes, please provide details below:

Declaration

Important: You must tell us any other facts which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance. If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, your policy may not provide you with the cover you need, or the policy could be declared invalid and void. The Insurance will not be in place until we have accepted the proposal. We have the right to turn down any proposal. You can ask us in writing for a copy of this form within three months of the date we put the insurance in force.

Under the relevant European and Irish legal provisions, the parties to the proposed contract of insurance, we, the Insurer listed in your Schedule of Cover and you, the Proposer, are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract.

Our Service

We aim to provide insurance cover and service of the highest standards. However, we accept that things can go wrong and we would rather be told about any difficulties than have a dissatisfied client. If you feel that we have been unreasonable in any aspect of the handling of your insurance, please follow the procedure below:

In the first instance contact:

Complaints Manager
KennCo Underwriting Ltd
Suite 7, Grange Road Office Park
Grange Road
Rathfarnham
Dublin 16
E-mail:info@kennco.ie

We will do the following:

- Tell you what action we will take and who will be responsible for handling your enquiry,
- Acknowledge written enquiries, or any received by e-mail, usually within two working days,
- Give details of your enquiry to a senior person at the relevant department, usually within two working days.

You will hear from the relevant department in response to your enquiry, either in writing or over the phone, usually within ten working days. Where a full response cannot be given for any reason, you will be told what action will be taken, when you will hear again and whom you can contact in the meantime with any questions. When necessary, we will explain the situation in writing. However we will endeavour to provide you with a Final Response within 25 working days from the date upon which we received your written complaint and request for a Final Response.

Should you remain dissatisfied with KennCo's final reply please note you can refer your complaint to the Insurer listed in your Schedule of Cover, a copy of which we can provide should you require it.

If you are not satisfied with the results of our investigations, you have the right to refer your complaint to an independent authority for consideration. Your complaint should be referred to the Financial Services Ombudsman's Bureau, 3rd Floor Lincoln House, Lincoln Place, Dublin 2. This option is open only for individuals or incorporated bodies with an annual turnover of €3m or less.

Signed:

Date:

Position held in the company: