



KennCo Underwriting Limited is regulated by the Central Bank of Ireland. Reg. No. 0454673 Registered at Suite 7, Grange Road Office Park, Rathfarnham, Dublin 16.

This policy has been arranged by KennCo Underwriting Limited and underwritten by Great Lakes Reinsurance (UK) PLC

COMMERCIAL COMBINED PROPOSAL FORM

General Details - Proposer

1. Name of Proposer in full: _____

2. Postal Address: _____

3. Tel. No: _____ Fax. No: _____ Email: _____

4. Risk Address: _____

5. Business or Trade:(describe fully)
(If Property Owner please list occupancy/details of premises)

6. How long have you been in business?
(a) At these premises _____ (b) Elsewhere _____

7. If any other parties, other than the Proposer, have a financial interest in the property, please give details:

8. Has the Proposer or any partner or director of the Proposer ever traded in another name? Yes No
If Yes, give detail _____

9. Has the Proposer 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 detail _____

10. Has the Proposer or any partner or director of the Proposer ever been convicted of, or charged but not yet tried, with a criminal offence other than a motoring offence? Yes No
If Yes, give detail _____

11. Has the Proposer 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 detail _____

12. Has the Proposer or any partner, director or employee ever been prosecuted for an offence or breach of any legislation or regulations relating to employee Health / Safety? Yes No

If Yes, give detail _____

13. Are you acting on behalf of another party in proposing for their insurance? Yes No

If Yes, give detail _____

14. In respect of any of the risks to which this Proposal relates have any accidents, losses or claims occurred (whether insured or not) within the last 5 years? Yes No

If Yes, give detail.

Date of loss	Cause/Details	Amount Paid	Amount O/S
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Date cover to commence:

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 by the Proposer.

If you tick any of the boxes please provide full details on the Additional Information / Notes Pages.

Risk Details

Please tick the sections required

- | | |
|--|--|
| Material Damage <input type="checkbox"/> | Business Interruption <input type="checkbox"/> |
| Money <input type="checkbox"/> | Liabilities <input type="checkbox"/> |
| Frozen Foods <input type="checkbox"/> | |

Section 1 - Material Damage

1A Material Damage Cover

Please indicate basis of cover required (Commercial All Risks, Fire and Special Perils or Fire Only)

COMMERCIAL ALL RISKS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FIRE AND SPECIAL PERILS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Please indicate perils required</i>		
Aircraft, Explosion, Earthquake	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Riot and Malicious Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Storm and Flood, Escape of Water, Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sprinkler Leakage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FIRE ONLY	Yes <input type="checkbox"/>	No <input type="checkbox"/>

1B Property to be insured

1	Buildings - including landlord's fixtures and fittings.	€ _____
2	Contents the property of the Insured therein excluding landlord's fixtures and fittings and property more specifically insured.	€ _____
3	Stock and materials in trade the property of the Insured or held by them in trust for which they are responsible therein.	€ _____
4	Miscellaneous property (please specify). _____	€ _____
5	Fire Brigade Charges	€ _____
Total Sum Insured		€ _____

1B Construction Details: (for each Building to be insured)

- (i) Walls _____
 Roof _____
 Floors _____
 Age of Premises _____
 Number of Storeys _____
- (ii) Occupancy:
 Occupied by the Proposer as _____
 Occupied by any other Tenant/s as _____
- (iii) Security: (When your premises are closed to customers and callers, or are left unoccupied)
- a. Are all external doors, windows and other openings secured? Yes No
- b. Are the premises alarmed? Yes No
- c. Was the alarm installed by an NSAI registered alarm company? Yes No
 Name of alarm company. _____
- d. Is the alarm connected to a central station? Yes No
- (iv) Are the premises in a good state of repair and well maintained? Yes No
- (v) Are the premises occupied at night? Yes No
 If Yes by whom? _____
- (vi) Has any property to be insured been previously flooded or is in an area which was previously flooded or is particularly exposed to flood damage? Yes No
 If Yes, please provide details _____

- (vii) Are the premises heated by a fixed form of heating? Yes No
 If no, please provide details _____

- (viii) Are there any portable gas heaters or portable electric heaters in the buildings? Yes No
 If yes, please provide details _____

1C Additional Covers

Please tick if required

STEALING

Covers loss or damage as a result of forcible and violent entry or exit.

Yes No

Sums Insured as per section 1B

GLASS

Covers malicious or accidental breakage of glass and signs as defined (other than by fire) and the cost of temporarily boarding up.

Yes No

Sums Insured Required:

Glass

€ _____

Signs

€ _____

SUBSIDENCE

Yes No

Has any property to be insured ever shown any sign of damage by subsidence, heave or landslip, coastal or river erosion or is in an area that is particularly exposed to such damage?

Yes No

If Yes, please provide details _____

Section 2 - Business Interruption

Is this section required?

Yes No

This section covers loss of profit through interruption of the business following any of the perils selected under the Material Damage section 1A.

Gross Profit

€ _____

Estimated gross profit

€ _____

Increase in cost of working

€ _____

Rent Receivable

€ _____

Period for which Indemnity is required: _____ consecutive months following the date of the damage.
(If longer than 12 months then sums insured should be adequate to cater for the period selected)

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

- Supplier's extension ● Customer's extension ● Contract sites ● Prevention of access ● Public utilities

If a higher limit is required, please advise details

For Supplier's/Customer's Extension please provide:

Name of Supplier _____

Situation of Supplier _____

Name of Customer _____

Situation of Customer _____

Section 3 - Money

Is this section required?

Yes No

1. What limit of indemnity do you require in respect of money comprising cash, cheques and other negotiable instruments (excluding crossed cheques and other non-negotiable money)?

a) In the premises out of business hours secured in a locked safe or strongroom.

€ _____

b) In the bank night safes until at bank's risks.

€ _____

c) Any other loss including whilst in transit or whilst in the premises during business hours.

€ _____

2. Safe Details:

a) Maker's Name _____

b) Model _____

c) Serial No. _____

3. Please state the estimated annual carryings of Money in transit in connection with your business during the next 12 months:

€ _____

Section 4 - Liabilities

1. **Employers Liability:** Limit of indemnity €13,000,000 **Is this section required?** Yes No

2. **Public Liability:** Limit of indemnity €6,500,000 **Is this section required?** Yes No

3. **Products Liability:** Limit of indemnity €6,500,000 **Is this section required?** Yes No

4. **Estimated payments and turnover:**
Employers Liability

Category	Number	Estimated Wages/Salaries*
a) Clerical	_____	€ _____
b) Woodworking machinists**	_____	€ _____
c) All Others (describe each category)	_____	€ _____
i) _____	_____	€ _____
ii) _____	_____	€ _____
d) Employees Working Away from the Premises	_____	€ _____
e) Proposer's own annual remuneration if working manually in the business	_____	€ _____

If the Proposer is a limited company, should the working directors wages be included under the Employers Liability section? Yes No

Public / Products Liability

a) Estimated Turnover	Home	€ _____	Overseas	€ _____
b) Work Away Wages		€ _____		

* 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. Employee includes labour masters and persons supplied by them, labour only sub-contractors and persons employed by them, self-employed persons, persons hired to or borrowed by you and persons undertaking study or work experience.

** 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, Swing Saws and Chain Saws, to be included under "All Others".

5. Have you prepared a Safety Statement as required by the Safety Health and Welfare at Work Act 2005 and Safety, Health and Welfare at Work General Application Regulations 2007? Yes No

6. Do you comply with all legislation and regulations pertaining to the processes, substances used, dust and fumes within the workplace? Yes No

7. Are your ways, works, machinery and plant properly fenced / guarded and otherwise in good order and condition? Yes No

8. 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

9. Are all inspections of lifting apparatus, boilers and steam pressure vessels carried out in compliance with statutory requirements? Yes No

10. Describe precisely:

a) Work undertaken at your premises _____

b) Work undertaken away from your premises _____

In respect of work away do you

i) work at heights above 15 metres from ground/floor level? Yes No
ii) carry out work involving the application of heat? Yes No

c) Detail goods supplied, installed, erected, repaired, altered or treated by you _____

If you answered 'No' to one or more of questions 5, 6, 7, 8 or 9, please give full details.

11. Do any of your activities involve exposure to noise levels exceeding 85-dB (A)? Yes No

12. Do you handle, store, use or manufacture directly, or as a by product, any substance or material which is:

a) Toxic, poisonous, irritant or harmful? Yes No
b) Corrosive, flammable or oxidising? Yes No
c) Potentially infectious or biologically harmful? Yes No

13. Are explosives or dangerous substances used? Yes No

14. Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiation? Yes No

15. Have you entered into any agreement assuming a liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement? Yes No

16. Do you work on offshore installations? Yes No

17. Do you import or export any goods? Yes No

18. Do you export to the USA or Canada? Yes No

19. Are there any specific hazards associated with your products? Yes No

20. Do you supply goods for use in the nuclear, aircraft or marine industries? Yes No

21. Has it ever been necessary to recall any of your products? Yes No

22. 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 No

23. Do you undertake operations outside the Republic of Ireland or Northern Ireland? Yes No

If you answered 'Yes' to one or more of questions 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, or 23, please give full details.

24. How do you ensure that any sub-contractor employed by you maintain adequate liability insurance?

Section 5 - Frozen Foods

Is this section required? Yes No

1. Description of Plant:

a) Makers name _____

b) Date of manufacture _____

2. Is there a current manufacturer's guarantee or warranty on the plant? Yes No

3. Is there a current maintenance contract on the plant and will this be kept in force? Yes No

4. Sum Insured € _____

Additional Information (if any).

IMPORTANT - Any other facts known to you, which are likely to affect acceptance or assessment of the risks proposed for insurance, must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us, or your insurance broker. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may invalidate the policy altogether.

Declaration

The Third EU Non-Life Directive requires us to provide you with the following information prior to purchase.

THE LAW APPLICABLE TO THE CONTRACT - Under the relevant European and Irish legal provisions, the parties to the proposed contract of insurance, we Great Lakes Reinsurance (UK) PLC and you, the Proposer, are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract. The Insurer with which your contract will be concluded is Great Lakes Reinsurance (UK) PLC, which is established in the United Kingdom.

COMPLAINTS PROCEDURE - The Policy is a complex document and contains a large number of specific terms relevant in specific circumstances, depending on the nature of the risks being insured and those extensions requested. The policy may also contain warranties describing actions that you must take or avoid for any cover to operate.

Our aim is to provide insurance cover and service of the highest standard. However, there may be occasions when you feel that this objective has not been achieved. If you have any complaint about the insurance contract please follow the procedure below quoting your Certificate number in all correspondence so that your complaint may be dealt with speedily.

1. In the first instance please contact the insurance intermediary who arranged the policy for you.
2. Should you remain dissatisfied please write to the Complaints Manager, KennCo Underwriting Limited, Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16.
3. If you are still unhappy with any issue connected with the handling of your insurance policy or claim then you should direct your enquiry to the Compliance Officer of Great Lakes Reinsurance (UK) PLC, Plantation Place, 30 Fenchurch Street, London EC3M 3AJ. Tel: 020 3003 7000 Fax: 020 3003 7010.
4. If you are not satisfied with the results of our investigation, 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.

Taking any of these options will not prejudice your rights to take legal action.

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 the Proposal will form the basis of my/our contract.

Signed: _____ Date: _____

Position held in the company: _____