



Our Interest is You.

PROPOSAL FORM FOR BUSINESS SELECT INSURANCE POLICY Argus Insurance Company (Europe) Limited

This Claim Form is issued by the Malta Branch of Argus Insurance Company (Europe) Limited No. OC 1216, registered in Malta and licensed by the Malta Financial Services Authority (MFSA) to act as a third country branch of Argus Insurance Company (Europe) Limited, registered in Gibraltar No. 01862, licensed by the Gibraltar Financial Services Commission.

Trident Park, 8B Level 5
Notabile Gardens, Mdina Road
Central Business District Zone 2
Birkirkara CBD 2010, Malta

Tel: +356 2342 2000
Fax: +356 2342 2190

www.argus.mt
Insurance@argus.mt

Please ensure that all relevant sections of this Proposal are completed

1. PROPOSER DETAILS

1. (a) Name of Proposer and/or Associated and/or Affiliated Companies in full (including present trade name)

(b) Correspondence Address

(c) Address of premises to which this Insurance is to apply

(d) Telephone Numbers of Business

(e) Email Address

(f) Business or Occupation Description

Interested Parties on Policy Required / Details

Yes

No

2. (a) Are the premises located in a:

i. Residential area

Yes

No

ii. Rural area

Yes

No

iii. Commercial area

Yes

No

iv. Industrial area

Yes

No

v. Other (please specify)?

(b) Is the area considered to be prone to flooding?

Yes

No

If Yes please provide details

(c) How far from the premises is the Police Station or other lawful authority which is responsible for answering alarm calls and attending the premises in response thereto?

3. (a) Are the premises of brick, stone or concrete and roofed with slates, tiles, concrete, asphalt, metals or sheets or slabs composed entirely of incombustible ingredients. Yes No

If No, please give details:

(b) How old are the buildings?

(c) Are they in good state of repair?

(d) Have there been any cases of subsidence, landslip or heave in the area or at these premises? Yes No

(e) Are the premises:

i. Terraced: if so, what is the nature of the occupancy of the adjacent premises?

ii. Single storey or multi storey?

What is the nature of the occupancy of the occupancy of those areas not occupied by the proposer?

(f) What is to the rear of the premises and the side(s) where the building is detached or end of terrace?

(g) Is there a basement? Yes No

If Yes, is there access from within your premises and/or from adjacent premises?

4. In what sections and at what levels (e.g. ground, 1st floor, etc.) is your business conducted?

5. Do you have glazed sections to the premises? Yes No

If Yes, please state whether:

(a) Internal and/or external grilles are fitted and how are they are secured when the premises are unoccupied?

(b) The glazing is fitted with alarm devices to detect forced entry Yes No

(c) Other protection fitted

6. Please advise the construction of the perimeter doors, e.g. solid core, timber or metal frame, glazed, steel plated, other:

(a) Front

(b) Rear

(c) Side

7. What locks and locking devices are fitted to the doors?

(a) Front

(b) Rear

(c) Side

8. Alarm System

(a) Is an Alarm System installed? Yes No

If Yes, does it include the following:

i. Alarm contacts and alarm lacing to:

(a) Perimeter doors Yes No

(b) All windows Yes No

ii. Space protections

Yes No

iii. Connection to a Central Station by means of an automatic dialing system?

Yes No

If so state type of signaling.

Please supply a copy of the current Alarm Specification.

(b) Please confirm that all keys to final exit door(s) and alarm are removed from the premises outside

business hours

Yes No

(c) Is this Alarm maintained under a Contract by an approved company?

Yes No

9. How long have you been operating:

(a) From these premises?

(b) From other premises?

10. Wines and Spirits

(a) What arrangement are made for the safe keeping of bulk Stocks?

(b) What percentage of the stock is retained in the Bar Areas when the premises are closed?

11. HEATING

(a) What form of heating is used?

(b) If a central Boiler is used, is it Gas, Oil, Solid Fuel or Electrical and is it maintained under contract by Qualified Engineers?

(c) If mobile gas fires are used, what arrangements are made for the storage of replacement cylinders?

12. ELECTRICAL INSTALLATION

(a) When were the premises last rewired?

(b) Is the electrical installation in good condition?

Yes No

(c) Have there been recent incidents of overloading or any major faults to the system requiring attention?

Yes No

13. Water

Are all the water pipes and storage tanks in good condition and, where applicable, have they been protected against frost damage?

14. Fire Equipment and Precautions

(a) Has the local Fire Officer issued a certificate? Yes No

(b) Is there a sprinkler system or a smoke detection system installed? Yes No

(c) Is an Automatic Fire Warning System installed and, if so, is it connected to a Central Station Monitoring Authority?

(d) What Fire Extinguishers are installed, and are they maintained under contract on a regular basis?

15. FLOOR PLANS

Please supply a floor plan of the premises if possible.

16. PREVIOUS INSURER

17. CLAIMS HISTORY

Detail any LOSS/LOSSES which have been sustained during the past 5 years.

18. Has any company associated with the Proposer, or any company with any of the directors the same as the Proposer or any partnership with any partners the same as the Proposer made a claim against an Insurer under any type of insurance cover in the last five years? Yes No

If YES, please provide details

19. Has any Insurer ever cancelled or refused to insure or imposed special terms or declined to continue any insurance of any type for the Proposer? Yes No

If YES, please give full details

20. Has any insurer ever cancelled or refused to insure or imposed special terms or declined to continue any insurance of any type for:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| a) Any company associated with the Proposer Yes / No | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) or any company with any of the directors the same as the Proposer Yes / No | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) or any partnership with any partners including the Proposer Yes / No | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If YES, please provide full details

2. SUMS INSURED

SECTION 1 : FIRE AND SPECIAL PERILS / ACCIDENTAL DAMAGE (PROPERTY) COVER

Is cover this Section required? Yes No

Is cover required on Accidental Damage (Property) Cover required (at an additional charge)? Yes No

SUMS TO BE INSURED

Click for List All sums are stated in Euro

- | | | |
|--|---|----------------------|
| (i) Buildings | € | <input type="text"/> |
| (ii) Where Buildings are not insured -
Internal decorations for which proposer is responsible and tenant's improvements | € | <input type="text"/> |
| (iii) Rent (12 months, or state otherwise) | € | <input type="text"/> |
| (iv) Stock including Materials in Trade and Goods-in-Transit or on Commission for
which you are responsible | € | <input type="text"/> |
| (v) Machinery and Plant | € | <input type="text"/> |
| (vi) Wines, Spirits, Tobacco and Cigarettes | € | <input type="text"/> |
| (vii) Food and Beer | € | <input type="text"/> |
| (viii) Other Stock | € | <input type="text"/> |
| (ix) All other Contents, including Fixture Fittings | € | <input type="text"/> |



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SECTION 2 : THEFT SUMS INSURED AS IN SECTION 1 - FIRE AND SPECIAL PERILS

Is cover required? Yes No

Excluding (i) and (ii)

SECTION 3 : LOSS OF MONEY

Is cover required? Yes No

(i) Estimate of annual carryings €

(ii) Maximum any one carrying €

(iii) Maximum amount on premises when open €

(iv) Maximum amount in safe out of working hours €

(v) Maximum amount out of safe out of working hours €

(vi) Full details of safe (i.e. make, name, model and serial number)

Is Personal Accident Assault cover required? Yes No

State Capital Sum Insured required (maximum €11,650.00) €

SECTION 4 : EMPLOYERS' LIABILITY

Is cover required? Yes / No Yes No

Please state (even if cover for Employers Liability is not required):

Total Annual Wages and number of employees

Managers and Clerical and number of employees

All Others and number of employees

SECTION 5 : PUBLIC LIABILITY & PRODUCTS LIABILITY

Is Public Liability cover required? Yes / No Yes No

Limit of indemnity required any one occurrence:

(a) € 235,000 Yes No

(b) € 500,000 Yes No

(c) € 1,175,000 Yes No

(d) € Other Yes No



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Is work (other than collection or delivery) undertaken away from the premises? Yes No

If 'Yes' state Nature of the work carried out

Estimated Annual Wages expended thereon

Is Products Liability cover required for any products manufactured, sold, supplied or distributed by you? Yes No

Please state:

(i) Full description of products

(ii) Estimated Annual Turnover

(a) Maltese Islands €

(b) Europe €

(c) Other countries €

(please specify)

Limit of indemnity required any one occurrence (& in the aggregate):

SECTION 6 : CONSEQUENTIAL LOSS

Is cover required? Yes No

Indicate Indemnity Period required: 12 Months / 18 Months / 24 Months

Sums to be insured

(a) Annual Gross Profit Yes / No Yes No €

(b) Annual Gross Revenue Yes / No Yes No €

(c) Increased in Cost of Working (Wages/Salaries) Yes / No Yes No €

SECTION 7 : ALL RISK

Is cover required? Yes No

State Description of Items and Amounts to be insured

1. €

2. €

3. €

4. €

5. €

(together with up-to-date Valuations)

Is cover required for outside the Maltese Islands ?

Yes No

If 'Yes' state Item Nos. and Geographical Limits required

SECTION 8 : GLASS BREAKAGE

Is cover required?

Yes No

(i) Is all interior glass to be insured?

Yes No

If YES, state total Replacement Value

€

(ii) Is all Exterior Glass to be insured? Yes / No

Yes No

If YES, state total Replacement Value including lettering, painting or other decoration

€

(iii) Is glass any other than clear plate? Yes / No

Yes No

If YES, give details

(iv) Is any of the glass broken or cracked? Yes / No

Yes No

If YES, describe position and size

SECTION 9 : GOODS IN TRANSIT

Is cover required? Yes / No

Yes No

(i) Details & Registration Numbers of Vehicle/s

(ii) State limit required for any one vehicle

€

(iii) State limit required for any one loss

€

(v) State total value of goods carried during the year:

(a) by your own vehicles

€

(b) by public hauliers

€

(c) by other methods

€

The 'other methods' referred to in (c) above are:

SECTION 10 : DETERIORATION OF STOCK

Is cover required? Yes / No

Yes No

Details of Items / Stock to be Insured under this Section

Quantity, Details & Age of Refrigerations Units under this Section

Sum to be insured

€

SECTION 11 : ELECTRONIC EQUIPMENT

Is cover required?

Yes No

State Description of Items and Amounts to be insured:

(a) Sub-Section 1 - Material Damage Click for List

As per Attached List , list as follows :

1.	<input type="text"/>	€ <input type="text"/>
2.	<input type="text"/>	€ <input type="text"/>
3.	<input type="text"/>	€ <input type="text"/>
4.	<input type="text"/>	€ <input type="text"/>
5.	<input type="text"/>	€ <input type="text"/>
6.	<input type="text"/>	€ <input type="text"/>
7.	<input type="text"/>	€ <input type="text"/>

Is cover for portable items required for outside the Maltese Islands?

Yes No

If 'Yes' state Item Nos. and Geographical Limits required

(b) Sub-Section 2 - Data Carrying Materials

€

(c) Sub-Section 3 - Increase in Cost of Working

€



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SECTION 12 : MACHINERY BREAKDOWN

Is cover required?

Yes No

Details of Plant / Machinery to be Insured under this Section

1.		€
2.		€
3.		€
4.		€
5.		€
6.		€
7.		€
Total Sum to be insured for Section 12		€

SECTION 13 : PERSONAL ACCIDENT

Is cover required?

Yes No

Name/s, Occupation/s, ID Card Number/s & Date/s of Birth of persons to be insured

1.	
2.	
3.	
4.	

State Capital Sum/s Insured / Benefit required under this Section

€

Are Temporary Total Disablement Benefits required Yes / No

Yes No

If YES, state Gross Weekly Earnings to be insured (Not to exceed 75% of Gross Weekly Pay)

€

PLEASE ADVISE ANY ADDITIONAL COVER REQUIRED

APPLICABLE TO ALL SECTIONS

Are there any other circumstances not already disclosed affecting or likely to affect the proposed Insurance?

Yes No



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If YES , please give details:

Four horizontal grey bars for providing details.

N.B. THE POLICY CONTAINS A WARRANTY THAT ALL THE PROTECTIONS FITTED MAY NOT BE VARIED WITHOUT INSURERS AGREEMENT AND THAT ALL PROTECTIONS BE PUT INTO EFFECT WHEN THE PREMISES ARE CLOSED OR LEFT UNATTENDED

3. IMPORTANT

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which would be likely to influence an insurer in the assessment and acceptance of the proposal, e.g. intended unoccupancy of the property or any criminal convictions (other than for motoring offences). Material facts must be disclosed in relation to yourself and all persons who are to be insured. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer. State any other material facts. Use a separate sheet if necessary.

Seven horizontal grey bars for providing details.

4. LAW APPLICABLE TO CONTRACT

You and the insurer are free to choose the law to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract (or, in case of a business, the law of the country in which the registered office or principal place of business is situated) will apply. If you are not resident (or, in the case of a business, the registered office or principal place of business is not situated in the Maltese Islands), the law which will apply is the law of Malta.

5. COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to the Complaints Officer at Argus Insurance Company (Europe) Limited, Trident Park, 8B Level 5, Notabile Gardens, Mdina Road, Central Business District Zone 2, Birkirkara CBD 2010. Email: Insurance@argus.mt Tel: +356 2342 200. If you are dissatisfied with the response you receive you should write to the Office of the Arbiter for Financial Services, St Calcedonius Square, Floriana; email: complaint.info@financialarbiter.org.mt Tel: +356 80072366 / +356 21249245

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6. DATA PROTECTION AND HOW WE PROCESS DATA

Processing of personal data is regulated by the General Data Protection EU 2016/679 together with other laws which relate to privacy and electronic communications. In this clause, we refer to these laws as Data Protection Law"

During the course of our engagement with you it will be necessary for you to disclose certain personal data to us in order that we provide our services to you and to enable us to discharge the services agreed, to comply with related legal and regulatory obligations for other related purposes including updating and enhancing clients records and analysis for management purposes. This will require us to obtain, use, disclose and otherwise process personal data about you and, if applicable, your organisation, its shareholders members and/or officers and employees.

For clarity, Data Protection Law contemplates various grounds which may render processing of personal data lawful, including where it is necessary for a contract, mandate by law, it is in your legitimate interest (and does not override your policy, and/or if you give us your consent. Our Privacy Notice (which can also be accessed at www.argus.com.mt) or provide to you in hard copy upon request, explains how we process personal data. In providing our services we act as an independent data controller and are, therefore responsible for complying with Data Protection Law in respect of any personal data we process.

You are responsible for complying with Data Protection Law in respect of the personal data you process and, accordingly, where you disclose personal data to us you confirm and warrant that such disclosure is fair and lawful, that where applicable and necessary you have obtained lawful consent from others for you to pass on their personal data to us, to the Argus Group and third-parties to whom we disclose personal data (and for the Argus Group and said third-parties to share the personal data with us), and otherwise it does not contravene Data Protection Law. Noting within this document relieves you of your own direct responsibilities and liabilities under Data Protection Law Terms used in this clause bear the same meanings as are described to them in Data Protection Law. This clause does not apply to the extent that we act as a data processor for you in which case specific data protection instructions are to be signed between us.

7. BASIS DATA PROTECTION INFORMATION

Controller: Argus Insurance Company (Europe) Limited, Malta Branch

Purpose: Management of Insurance Agreement, creation of profiles for suitable enforcement of the insurance agreement, integral and centralised management of the relation with Argus Group and delivery of information and advertising on ARGUS Group, and delivery of information and advertising on Argus Group products and services.

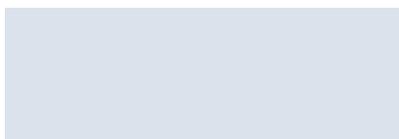
Recipients: Data may be communicated to third parties and/or data transfers may be made to third-party countries in the terms stipulated in the Additional Information.

Rights: You can exercise your rights of access, rectification, removal, limitations, objection and transferability, specified in the Additional Data Protection Information

8. DECLARATION

I hereby declare that to the best of my knowledge and belief the above statements and particulars are true and correct and that have withheld no information material to this proposal whether the subject of a Proposal Form question or not. I agree to accept and conform to the terms of the Policy when issued. A specimen copy of policy is available on request.

Proposer's Signature:



Date:

