



Small and Medium Enterprise insurance proposal form

Citadel Insurance p.l.c. is authorised to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.

Why choose the SME Policy

Running a business of any size and volume requires capital and expertise.

Insurance protection is always a major consideration for any entrepreneur to ensure the smooth running of one's operation.

It is important however that protection is in line with the risks which the business may face and that this is arranged in the most efficient, compact and economical manner possible.

Our SME Policy has been tailor-made for these necessities and provides the advantage that:

- standard cover deals broadly with the protection of:-
 - your property on an 'All Risks' basis
 - your profit; (which may be lost as a consequence of damage to your property)
 - your responsibilities, of a legal nature, to your employees and members of the public
 - electrical / mechanical breakdown
- numerous optional extensions are available which will then enable you to 'tailor' the policy to your specific requirements
- there is no overlapping between sections which can happen when you have different Policies, therefore there is less chance of a gap in cover which could result in a costly and uninsured loss
- once cover is in place it is ONE policy, ONE renewal date and ONE premium that you are concerned with

Summary of Cover Provided

The SME policy is designed to provide cover for a wide range of risks and liabilities.

The cover is available in six separate Sections. Section A must be taken at all times and then one or more of the other Sections can be opted for according to the required cover.

There are conditions, limitations, exclusions and excesses within the policy wording a copy of which will be provided on request.

Section A - Property

Cover

- Cover for buildings, stock in trade, fixtures and fittings, machinery, other trade contents, safes, glass and loss of rent.

Additional Extensions included

Section B - Loss of Income

Cover

- Cover for loss of income and additional expenses for a maximum indemnity period of 12 months

Additional Extensions included

Section C - Money

Cover

- money on premises out of business hours not in safe (Subject to applicable limit)
- money on premises out of business hours in safe (Subject to applicable limit)
- money at the private dwelling of the Insured or his employees (Subject to applicable limit)
- money on premises during business hours or in a bank night safe (Subject to applicable limit)
- money in transit (Subject to applicable limit)
- crossed cheques, money orders etc. (Subject to applicable limit)

Note

- Money includes cash, cheques, credit card sales vouchers, unused postage stamps, gift tokens and all phonecards, including telecards, mobile phone top-up vouchers and/or starter packs.

Section D - Legal Liabilities

Cover

- Public Liability (Subject to applicable limit)
- Employers Liability (Subject to applicable limit)

Section E - Electronic Equipment

Cover

- Cover for unforeseen physical loss or damage to the electronic equipment from any cause other than those specifically excluded occurring at the premises used by the Insured for carrying out their business.

Section F - Machinery Breakdown

Cover

- Cover for unforeseen and sudden physical loss or damage to machinery from causes such as defects in casting and material, faulty design, faults at workshop or in erection, bad workmanship, lack of skill, carelessness, shortage of water in boilers, physical explosion, tearing apart on account of centrifugal force, short circuit, storm, or from any other cause not specifically excluded.

Additional Covers are available on Request

THE PROPOSER

Name of proposer (in full):

Client Account No.:

Company Name:

Co Reg No:

VAT No:

Address:

Telephone:

Mobile:

Telefax:

E-mail address:

Proposer's Occupation:

Type of Business:

Period of insurance required:

From:

To:

THE PREMISES

1. Address of premises to be insured:

2. When were the buildings constructed?

3. What is the construction of:

a) External walls

b) Roof

c) Floors

4. Is there a basement or cellar in any part of the premises?

Yes

No

If so, please give details:

5. What is the occupation of all adjacent premises?

6. How long have you been in the business:

a) At these premises?

b) Elsewhere?

7. a) When was the electrical installation effected on the premises?

b) Please indicate the date of the last inspection by a qualified electrician.

8. Are the buildings in a good state of repair?

THE BUSINESS

- 9.
- a) What business or trade do you carry on at the premises?

- b) Does the business or trade carried out at the premises involve risks with hazardous activities or operations?

- c) Does the business or trade carried out at the premises involve risks with abnormal presence of hazardous goods?

- d) Do you manufacture, store, fill or break down or transport
- i) explosives

 - ii) gas and/or air under pressure (other than normal household gas)

 - iii) hazardous chemicals

- 10.
- a) Please give full details of the stock kept on the premises.

- b) Please provide details of how stocks are stored on the premises.

c) Does your stock include the following:

	Yes	No	Amount
i) Tobacco, cigars, cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	€ _____
ii) Wines and Spirits	<input type="checkbox"/>	<input type="checkbox"/>	€ _____
iii) Gold, silver or jewellery	<input type="checkbox"/>	<input type="checkbox"/>	€ _____
iv) Furs or silk	<input type="checkbox"/>	<input type="checkbox"/>	€ _____
v) Computers and electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	€ _____
vi) Photographic equipment	<input type="checkbox"/>	<input type="checkbox"/>	€ _____
vii) Telecommunications equipment and mobile phones	<input type="checkbox"/>	<input type="checkbox"/>	€ _____

- d) What is the maximum value of any one single article?

11. What manufacturing processes (if any) are carried out at the premises?

PROTECTION

12. State number of doors leading to the premises:

13. Please indicate the type of security devices protecting the external doors providing access to the premises:

	Yes	No
a) Roller shutters	<input type="checkbox"/>	<input type="checkbox"/>
b) Concertina type shutters	<input type="checkbox"/>	<input type="checkbox"/>
c) Solid wooden shutters or doors	<input type="checkbox"/>	<input type="checkbox"/>
d) Steel doors	<input type="checkbox"/>	<input type="checkbox"/>
e) Metal grills	<input type="checkbox"/>	<input type="checkbox"/>
f) Specify any other security device _____		

14. State numbers of windows leading to the exterior:

15. Please indicate the type of security devices protecting the windows:

	Yes	No
a) Roller shutters	<input type="checkbox"/>	<input type="checkbox"/>
b) Concertina type shutters	<input type="checkbox"/>	<input type="checkbox"/>
c) Solid wooden shutters	<input type="checkbox"/>	<input type="checkbox"/>
d) Steel panelled windows	<input type="checkbox"/>	<input type="checkbox"/>
e) Fixed metal grills or bars	<input type="checkbox"/>	<input type="checkbox"/>
f) Specify any other security device _____		

16. a) Are the premises monitored by a functioning burglar alarm system whenever they are unoccupied?

b) Is a maintenance contract in force? If so, with whom?

c) Is the burglar alarm system connected to yourself and/or police by means of an auto dialer?

17. a) What type of fire extinguishing appliances are there on the premises?

b) Number of Appliances:

c) How often and by whom are they serviced?

18. Please specify the type of lightning protection devices installed at the premises to protect the equipment and machinery:

19. Do you have a safe installed? Yes No

If so, give details of its make, model, year of manufacture, how it is fixed and its external dimensions:

20. a) Are accounting records maintained in accordance with generally accepted accounting principles?

b) Is a formal stock inventory system maintained?

c) Are copies of such records kept in alternative premises other than the insured premises?

ADDITIONAL INFORMATION

21. Has any of your property, during the last three years, been destroyed or damaged by any of the risks against which you now wish to insure? Yes No

If so, give details:

22. Have you or any of your partners (if applicable) ever sustained loss, damage or injury or made a claim within the last three years in respect of any of the risks against which you now wish to insure? Yes No

If so, give details:

23. Were you previously insured? Yes No

If so, state name of insurers:

24. Are there any other insurances in force in respect of any of the risks against which you now wish to insure? Yes No

If so, please provide details of such insurances and state name of insurers:

25. Have you ever had a proposal for any insurance declined, renewal for a policy refused or a policy cancelled? Yes No

If so, full details must be supplied

26. Are there any circumstances not otherwise disclosed in answers to questions in this proposal form which would be material to risks sought to be insured under this proposed insurance? Yes No

If so, full details must be supplied

27. Have you and/or your partners been prosecuted or convicted of any offence or is any such prosecution pending? Yes No

If so, full details must be supplied

28. Specification To Section E - Electronic Equipment

DESCRIPTION OF ITEMS TO BE INSURED	REPLACEMENT VALUE

29. SPECIFICATION TO SECTION F - MACHINERY BREAKDOWN

DESCRIPTION OF ITEMS TO BE INSURED	YEAR OF MANUFACTURE	REPLACEMENT VALUE

ADDITIONAL CLAUSES

30. Do you wish to extend your insurance to include the following additional clauses:-

a) Additional Clause C1 - Refrigerated Stock

Yes No

Please specify the following:

DESCRIPTION OF UNIT	AGE	MAXIMUM VALUE OF CONTENTS
i)		
ii)		
iii)		
iv)		
v)		

b) Additional Clause C2 - Goods in Transit

Yes No

Please specify the following:

TYPE/MODEL OF VEHICLE	REG. No.	MAXIMUM VALUE OF GOODS CARRIED
i)		
ii)		
iii)		
iv)		
v)		

Long Term Agreement

In consideration of the Insurers agreeing to allow a discount of 5 / 7.5 percent off the net premium, I/we hereby undertake to offer annually for 3 / 5 years the insurance under this proposal on the terms and conditions in force at the expiry of each period of insurance and to pay the premium thereon annually in advance.

It is understood that:

- a) The Insurers shall be under no obligation to accept an offer made in accordance with this undertaking.
- b) The sum insured may be adjusted at any time to correspond with any amendment in value.
- c) Long term agreement: 3 years 5 years

This undertaking shall apply to any policy which may be issued by the Insurers within the said period of years in substitution for the original policy and the same discount of 5 / 7.5 percent shall be allowed off the net premium of any substituted policy (or policies) issued by the Insurers as aforesaid.

Furthermore I/we undertake that in the event of a breach of this undertaking, I/we shall refund the Insurers the above mentioned discount in respect of each year during which this discount has been allowed.

OTHER OPTIONS

Do you require:

Life Insurance Motor Insurance Marine Insurance Personal Accident Home Insurance

SUMS INSURED / LIMITS

SECTION A - PROPERTY	SUM INSURED (£)	RATE (%)	PREMIUM (£)	EXCESS (£)	NOTES
1. Buildings (full replacement value) including debris removal costs:					
2. Trade contents					
• Stock in trade:					
• Fixtures and fittings:					
• Plant and machinery:					
• All other trade contents:					
3. Safes, strongrooms, cash registers, tills or security cases and postal franking machines:					
4. Fixed glass (Please state total amount to be insured):					
5. Twelve Months Rent					
TOTALS:					

FOR OFFICIAL USE

SECTION B - LOSS OF INCOME	SUM INSURED (£)	RATE (%)	PREMIUM (£)	EXCESS (£)	NOTES
1. Estimated Annual Gross profit/Loss of revenue:					
2. Professional accountants fees:					
TOTALS:					

TOTAL SUM INSURED:

FOR OFFICIAL USE

SECTION C - MONEY	LIMIT (£)	RATE (%)	PREMIUM (£)	EXCESS (£)	NOTES
1. Money on Premises outside business hours a) contained in a closed and locked safe b) not contained in a locked safe					
2. At the private dwelling of the insured or an authorised employee					
3. On premises during business hours or in a bank night safe.					
4. In transit					
Estimated annual carryings:					
Do you require cover for personal assault cover? (Limit as specified under the relative section of the policy)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are references obtained for all employees handling cash?					Yes <input type="checkbox"/> No <input type="checkbox"/>

FOR OFFICIAL USE

SECTION D - LEGAL LIABILITIES	LIMIT ()	RATE (%)	PREMIUM ()	EXCESS ()	NOTES	
1. i) Public liability - Please state limit of indemnity required:						
Do you require cover for work away:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cross liabilities: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Food & Drink: Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Employers liability:						
a) Management / Clerical Employees:						
b) All other employees:						
Do you wish to extend this insurance to include injury benefits subject to a 6 day excess? (Additional Clause C3):						
	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

SECTION E - ELECTRONIC EQUIPMENT	SUM INSURED ()	RATE (%)	PREMIUM ()	EXCESS ()	NOTES
Non Portable					
Portable					

SECTION F - MACHINERY BREAKDOWN	SUM INSURED ()	RATE (%)	PREMIUM ()	EXCESS ()	NOTES

ADDITIONAL CLAUSES	SUM INSURED ()	RATE (%)	PREMIUM ()	EXCESS ()	NOTES
C1 Refrigerated Stock:					
C2 Goods in Transit:					
C3 Inclusions of Injury Benefits:					
EXD:					

PREMIUM	SUM INSURED ()	RATE (%)	PREMIUM ()	EXCESS ()	NOTES
Annual Premium: (all applicable sections)					
First Premium:					
Less Long Term Agreement Discount:	<input type="checkbox"/> 5yrs	<input type="checkbox"/> 3 yrs			
Document Duty:					
Policy Fee:					
Amount Due:					
EXD:					

PLEASE READ THE FOLLOWING BEFORE SIGNING.

DATA PROTECTION NOTICE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/or sensitive data supplied on, in this application/ proposal form or subsequently supplied by yourself, whether orally or in writing, for all or any of the following purposes:

1. underwriting and issuing contracts of insurance, collecting premiums and submitting other bills, settling claims or paying other benefits, reinsurance, co-insurance and actuarial activities;
2. the proper performance of your contract of insurance;
3. underwriting of subsequent insurance applications/ proposal forms which you may lodge with the Company;
4. preventing, detecting and/or prosecuting fraud and any other criminal activity which the Company is bound to report and meeting any other specific legal or contractual obligations;
5. establishing, exercising or defending any legal action;
6. internal management, research and statistics, systems administration and the development and improvement of our products and services;
7. the protection and promotion of our legitimate interests and the proper conduct of our business;
8. informing you by direct marketing about our range of products and services including those of our affiliated companies, associates, agents and tied insurance intermediaries or other carefully selected organisations and companies.

Relevant data will be disclosed or shared as appropriate with all our employees and with our affiliated companies, associates, agents and tied insurance intermediaries, your broker if any, the Malta Insurance Association, other insurance companies and other third parties if pertinent to any of the purposes listed above including the purpose listed in Point 8.

Should you have availed yourself of the services of one of our agents or tied insurance intermediaries you confirm that you are aware that such agents and tied insurance intermediaries will process your personal data pursuant to their legal obligations.

Kindly inform us by ticking the box on the last page should you not want to receive any direct marketing in terms of point 8.

Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances please mark that field with the letters "N/A".

You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immaterial personal data which is being processed. However, you are required to inform us immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form for the Company to process your respective personal information as outlined above and you confirm that you have brought this Data Protection Notice to the attention of these other persons and obtained their respective consents.

We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.

DECLARATION

I/We declare that the information given in this Proposal Form is to the best of my/our knowledge true, accurate and complete. Further, I/we agree that if my/our answers are not in my/our handwriting and/or have been written by any other person on my/our behalf, then such person shall for that purpose be regarded as my/our agent. I/We further declare that no material fact has been withheld and I/we understand that failure to disclose a material fact may result in the contract being declared void and that a claim under the Policy may not be paid. This requirement is a continuing duty throughout the period of insurance. **A material fact is one which is likely to influence Citadel Insurance plc in the best assessment and acceptance of this proposal.** The Proposal Form and Declaration will be considered the basis of the contract and will form part of the Policy. I/We understand that the cover under the Policy will not be operative until this Proposal Form has been accepted by Citadel Insurance plc, the relative premium has been paid and received by Citadel Insurance plc.

IMPORTANT NOTES

1. You are advised to keep a copy of this Proposal Form for your records.
2. Only the Policy Document provides full details of what is and what is not covered. A specimen policy is available on request.
3. We will provide you with a copy of the completed Proposal Form whenever you require. Furthermore, we will undertake not to raise an issue under your Proposal Form unless we first provide you with a copy of the Proposal Form which you had submitted to us.
4. The Company is bound by the Professional Secrecy Act, 1994 with respect to information furnished by you to Citadel Insurance plc in connection with this insurance proposal. However, the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the Police solely for the purpose of preventing, detecting or suppressing insurance fraud.

I/We have read and agreed to the Data Protection Notice, the Declaration, the Important Notes and any other information relating to my/our rights.

Please tick this box if you do not wish to receive information about our products and services.

Name & Surname of Proposer/s (Block):

Signature of Proposer/s:

Date:

SOURCE (INTERMEDIARY STAMP)

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