



PROPERTY OWNERS PROTECTOR PROPOSAL FORM

Argus Insurance Company (Europe) Limited

Unit G.04 West One
Europort Road
Gibraltar

Tel: +350 200 79520
Fax: +350 200 70942

NewClaimsNotification@argus.gi
www.argus.gi

All Material facts must be disclosed. Failure to do so could invalidate the Policy. A material fact is one, which is likely to influence an Insurer in the assessment and acceptance of the proposal form. If you are in doubt as to whether a fact is material then it should be disclosed to the Insurer. State any other material facts that you may believe to be relevant. **Correct values at risk must be advised to us. If the Sums Insured you request or values you advise are not adequate this will result in the amount that we pay you in the event of a claim being reduced.**

BUSINESS DETAILS

Full Name of Proposer

Contact name and position within the company

What is your interest in arranging this insurance?

Postal Address

Telephone Numbers

Email Address

Address of Property to be Insured

(If more than one property, please provide details on a separate sheet)

Date Cover Required

(Cover cannot apply until this proposal is accepted. The Policy will be renewable annually on this date.)

GENERAL QUESTIONS

1. Have you or any of your partners or directors either personally or in connection with any business in which you have been involved

a) previously held insurance for any of the covers to which this proposal relates at these premises or elsewhere?

YES NO

If "YES" please advise name of Insurers and Policy Number

b) held any insurances (in respect of the covers to which this Proposal relates) which have subsequently been declined, terminated, refused renewal, or accepted subject to special terms?

YES NO

If "YES" please give details:

c) ever been convicted or charged (but not yet tried) with a criminal offence other than a motoring offence?

YES NO

d) ever been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures?

YES NO

If "YES" please give details:



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e) had within the last five years any losses whether insured or not or had any claims made against you (in this or any existing or previous business)?

YES NO

If "YES", please give details below

| Date & Year | Type of Claim | Brief Circumstances | Amount Paid / Outstanding | Post Loss Action Taken |
|-------------|---------------|---------------------|---------------------------|------------------------|
| | | | £ | |
| | | | £ | |
| | | | £ | |
| | | | £ | |

Please provide a brief Description of the Property which includes its construction type:

2. Do the Sums Insured/Declared Values represent the full replacement costs and do you undertake to maintain Sums Insured at their full value

YES NO

3. Is the property in a good state of repair and will they be so maintained?

YES NO

If "NO" please give details:

SECTION 1 – PROPERTY DAMAGE

Buildings & Contents

Please provide totals to be insured in respect of:

A Buildings (Declared Value)

£

This should include landlord's fixtures and fittings, fixed glass, fixed sanitary ware, tenant's improvements for which you are responsible, furnishings and other contents of common parts of the buildings, building management and security systems, gangways, pedestrian access bridges, walls gates fences and underground services, fuel tanks, car parks, roads, pavements, forecourts, tennis courts, landscaping (including trees shrubs plants turf and other forms of vegetation) including garden furniture street furniture ornaments and statues.

Note that the Declared Value of such buildings should represent the rebuilding cost of the property at the time of completing the proposal form together with the cost of professional fees, debris removal costs plus at least 15% to cover the demolition costs, professional fees and public authority requirements.

Note if there is more than one premise to be insured, then please provide details of the sums insured for each premises in additional page.



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B Contents (Declared Value)

£

This should include fitted carpets, furnishings and other contents of reception and storage areas and other communal parts of the buildings, including the contents of fuel tanks, portable communal property in the open grounds of and used in connection with the buildings.

| Items | Sum Insured |
|-------|-------------|
| | £ |
| | £ |
| | £ |
| | £ |

SECTION 2 – LOSS OF RENT

The maximum indemnity period must represent the time taken following a loss to re-establish normal levels of rent i.e. allowing for site clearance, planning permission, architects designs, reinstatement of property, replacement of tenants etc.

Maximum Indemnity Period

Months

Consequential Loss of Rent Sum Insured must represent the total amount of gross rents receivable during the period shown as the maximum indemnity period. To allow for a claim which occurs on the last day of the period of insurance this sum should represent the projected figure for the period beginning at the end of the period of insurance and continuing until the maximum indemnity period expires.

Sum Insured

£

SECTION 3 – PROPERTY OWNER LIABILITY

Please indicate limit of Indemnity you wish to have – Standard Cover £1M

£

SECTION 4 – EMPLOYERS LIABILITY

Your premium will be based on the estimates you provide. You also have to declare the actual figures at the end of the period of insurance If the actual figures are more than your estimates an Additional premium may be payable upon renewal.

| Work Type (e.g.Clerical, Manual, etc...) | No. Of Employees | Payroll / Total Salaries |
|--|------------------|--------------------------|
| | | £ |
| | | £ |
| | | £ |
| | | £ |



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SECTION 5 – PERSONAL ACCIDENT

1. Please indicate cover required: i.e. 24 hour Accident only, Occupational Accidents only, Occupational Accidents and to and from work?

- 24 hour Accident only
 Occupational Accident only
 Occupational Accidents and to and from work

2. State the maximum number of employees who are likely to travel together or work together as a group. []

3. State the estimated total number of members to be insured. []

4. State the estimated annual salaries per category for all employees (e.g. Clerical, electricians)

| No Of Employees | Type Of Work | Payroll/ Total Salaries | Select Disablement Cover | Select Deferment period |
|-----------------|--------------|-------------------------|---|---|
| | | £ | <input type="checkbox"/> Death <input type="checkbox"/> Permanent Total Disablement <input type="checkbox"/> Temporary Total Disablement <input type="checkbox"/> Temporary Partial Disablement <input type="checkbox"/> Medical expenses | <input type="checkbox"/> 4 weeks <input type="checkbox"/> 13 Week <input type="checkbox"/> 26 weeks |
| | | £ | <input type="checkbox"/> Death <input type="checkbox"/> Permanent Total Disablement <input type="checkbox"/> Temporary Total Disablement <input type="checkbox"/> Temporary Partial Disablement <input type="checkbox"/> Medical expenses | <input type="checkbox"/> 4 weeks <input type="checkbox"/> 13 Week <input type="checkbox"/> 26 weeks |



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SECTION 6 – MACHINERY BREAKDOWN

Please indicate limit of indemnity and cover option required below

Cover 1 - Sudden and unforeseen Damage

| Equipment Description | Sum Insured |
|-----------------------|-------------|
| | £ |
| | £ |
| | £ |
| | £ |

Cover 2 – Own Surrounding Property (Pressure Plant) Limit of Indemnity £

SECTION 7 – DIRECTORS’ AND OFFICERS’ LIABILITY FOR RESIDENCE’ ASSOC.

Please indicate limit of Indemnity you wish to have £ 250,000 £ 500,000

SECTION 8 – TERRORISM

Please indicate limit of Indemnity you wish to have £



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Declaration

Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.

I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.

I/We understand that if I/we have not given full and true answers to all questions asked on this proposal that my/our insurance may not protect me/us in the event of a claim.

I/We understand that any material fact, which is information that may influence the Company in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I agree to accept and conform to the terms of the Policy when issued. A specimen copy of policy is available on request.

Signature of Proposer:

Name:

Date:

No cover is in force until the Proposal has been accepted by Argus Insurance.

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 Gibraltar, the law which will apply is the law of Gibraltar.

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 Argus Insurance Company (Europe) Limited, PO Box 45, Unit G.04 West One, Europort Road, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

DATA PROTECTION ACT – INFORMATION USES Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.