

1. Public/Products Liability

- Will customers or general public ever visit your premises/workshop and /or do you do classes? Yes No
- Do you require Work-Away installation of finished pieces by Bolting, Screws, Glue Fixing? Yes No
- All other installation or manual work away is excluded.
- Do you require cover for Farmers Markets? Yes No
- Do you require a Public Liability Limit of Indemnity increase from €2,600,000 to €6,500,000? Yes No

2. Property Damage

- Do you require cover for Stock, Machinery, Contents, Buildings, Goods in Transit etc? Yes No

If yes, complete this section in full, if no, proceed to : Section 3

Please choose which Band of cover you require from the table below: Band 1 Band 2 Band 3

	Property Band 1 Sums	Property Band 2 Sums	Property Band 3 Sums
Stock	€20,000	€50,000	€80,000
Machinery/Plant/Fixtures & Fittings	€40,000	€80,000	€120,000
Buildings	€100,000	€200,000	€300,000
Business Interruption	€25,000	€25,000	€25,000
Money	€500	€500	€500
Goods in transit	€10,000	€10,000	€10,000
Fire Brigade Charges	€5,000	€5,000	€5,000

Please give details of buildings:

Construction:

Walls Brick/Concrete/Stone Timber Other

If Other please give details

Floors Brick/Concrete/Stone Timber Other

If Other please give details

Roof Concrete Timber Slate Tiles Asphalt Other

If Other please give details

Are the premises occupied solely by you? Yes No

If "no", occupied by other tenants as

3. Employers Liability

Do you require cover for Employers liability - Limit of Indemnity €13,000,000?

Yes No

If yes, complete this section in full, if no, proceed to: *Material Facts Declaration*

Schedule - All persons employed must be included.

Description of Employee	No. of Employees	Wages*/Salaries and Other Earnings
1. Managerial, Clerical & Non Manual		
2. Woodworking Employees and their Labourers**		
3. Employees using Power Presses, Guillotines & sheet Metal Machinery		
4. Other Employees using Machinery		
5. Employees working away		
6. All other employees		
TOTAL		€

* 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 without any deduction in respect of Social Welfare Insurance, Income Tax, Holidays with Pay or Contributory Pensions.

** The total earnings of such employees must be included in this item irrespective of whether they are wholly or partially engaged with such machinery. 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 and Swing Saws, to be included with "ALL OTHER EMPLOYEES"

(a) Are all your employees aged over 16 years and under 65 years? Yes No

If NO, please give details:

(b) Are all your employees free from physical defect of infirmity? Yes No

If NO, please give details:

(c) Give full particulars of machinery driven by mechanical power:

- Woodworking _____

- Other _____

(d) Do you handle or use radio isotopes, radioactive substances or other sources of ionising radiations? Yes No

If YES, please give details:

(e) What explosives or dangerous substances are used, and to what extent?

Material Facts Declaration

As evidenced by your signature(s) below, you declare that the information given in this Proposal Form is true in every respect and that you have not withheld or misrepresented any material fact. You acknowledge the serious consequences of failure to disclose all material information as this may lead to avoidance of your policy. Such information is that which the Company would regard as likely to influence its assessment and acceptance of this insurance. You accept that you have a continuing obligation to disclose to the Company such material information immediately on becoming aware at any time during the period of this insurance of any material change that may affect this insurance or increase the risk of loss, damage or injury. You agree that if there is any doubt as to whether or not any information is material, you will disclose it. You agree that this proposal form will form the basis of the contract between you and the Company. If any answer has been written by a person other than the undersigned, you agree that such person shall be your agent and not an agent of the Company.

Data Protection Act - Statements and Consents

In these statements references to information include personal data and information given by you to Us, whether in your Proposal, any claim form you submit to Us or otherwise, any information We may collect in connection with any product or service We provide, information made available about you disclosed to Us by another party in connection with the transfer to Us of such party's rights and duties to you under any other insurance arrangements.

Allianz is a trading division of Allianz Corporate Ireland p.l.c. and a member of the Allianz Group, and shall be the data controller in respect of all such information. References to We and Us in these statements and consents shall be construed accordingly. Allianz Corporate Ireland p.l.c. trading as Allianz is regulated by the Financial Regulator.

USES Information you supply may be used for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.

DISCLOSURE We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history.

SENSITIVE DATA We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions, etc.) in order to assess the terms of insurance We issue/arrange or to administer claims which arise. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

RETENTION We will not retain your data for longer than is necessary for the purposes for which it is obtained. If you provide personal data to Us and you do not become an insured We will not retain your data for longer than six months from the date of collection.

CONSENT By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

REPRESENTATION By your signature you warrant and represent to Us that in respect of any personal data of any data subject which you provide to Us, you have the authority of that data subject to disclose such data to Us on these terms and conditions and for all the purposes herein set out and to give the consents set out above on behalf of each such data subject, and accordingly, all references in these statements to you or your shall be deemed to include any such data subject.

ACCESS You have the right to request and receive a copy of your personal data held by us. Should you wish to exercise this right, you should write to us under Section 4 of the Data Protection Acts 1988 and 2003, for the attention of the Data Protection Officer, at Burlington House, Burlington Road, Dublin 4. A fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheques should be made payable to Allianz.

SIGNATURE:

Proposer(s) Signature _____ Date / /

Status _____

(Please give status of signatory when signing on behalf of a Company or Firm)

N.B. Before signing the Proposal Form please ensure that all the questions have been fully answered. If they have not, the form will be returned to you for completion. Cover does not commence until formally confirmed by the Company or its authorised insurance intermediary.

A copy of the completed Proposal Form and a copy of the Policy are available on request.

