

ADJOINING BUILDINGS
 Side Rear None

 Activities carried out in the premises attached to the building:

FIRE STATION

 Less than 20 minutes away Yes No Distance: _____ km

OTHER INFORMATION OF INTEREST
1. Does the business close for more than 30 consecutive days: Yes No If yes, please enter _____ days _____ months

2. Number of employees: _____

3. Has the insurance policy for this risk ever been terminated or rejected, or have any special conditions ever been imposed? Yes No

 If yes, please give more details

4. Give details of any claims made in the last three years, stating the cause and any payments made

5. List measures adopted to avoid these accidents reoccurring

6. If there is any flammable material, oils, gases, please provide details: Amount Type Level of flammability

 Additional information

7. If this policy is to replace another policy, please enter the policy number and the company

8. Does the customer have any other policies with Liberty Seguros? Yes No If yes, please provide details of the branch, no. of policies and premiums

FIRE PROTECTION

 Manual extinguishers Yes No Fitted fire hydrants Yes No Automatic detectors Yes No

 Exterior hydrants Yes No Automatic sprinklers Yes No

 Other, please provide details:

ANTI-THEFT PROTECTION MEASURES

Mark with an X where applicable to obtain the level of protection.

ANTI-THEFT PROTECTION	MAIN DOOR	SHOP WINDOWS	SECONDARY DOOR	WINDOWS AND/OR OTHER OPENINGS LESS THAN 4 M FROM THE LOWER LEVEL
	LEVELS	LEVELS	LEVELS	LEVELS
1. Opaque roller blind	3	3	3	3
2. Trellis roller blind	2	2	2	2
3. Extensible blind	2	2	2	2
4. Anti-theft glass (3 6-mm layers)	2	3	2	2
5. Safety glass (2 6-mm layers)	1	2	1	1
6. Metallic grilles or bars	2	2	2	2
7. Metallic	3		3	
8. Reinforced	3		3	
9. Solid wood	2		2	
10. Additional protective measures	1	1	1	1
0. There are no access points or openings		3	3	3

ELECTRONIC ALARM

1. Covering the entire risk and connected to the Head office	
2. Covering the entire risk and connected to the Head office with an anti-sabotage device	
3. Covering the entire risk with no connection	
0. None	

COVERS AND SUMS INSURED
BASIC COVERS: DAMAGE TO BUILDING AND/OR CONTENTS (COVER A)

Sum Insured (Euros)

 Building

 Refurbishment work (tenant)

 Building on first loss basis (tenant)

 Contents Furniture, machinery

Value objects > Euros 1,800 p/u

Fixed stock

Floating stock

 Do you want to include deductibles? Yes No

Deductibles to be included: water damage, damage caused by vandalism: 10%, minimum Euros 100 and maximum Euros 600; glass: 10%, minimum Euros 60.

OPTIONAL COVERS
B. AUTOMATIC COVER for stock (Margin of cover of 30% on the average)

 Do you want cover based on the average of the days with the highest amount of stock? (Average of day of highest amount of stock per month) Yes No
C. Deterioration of stock in refrigerating appliances

Sum Insured (Euros)

D. THEFT WITH VIOLENCE AND THEFT WITH INTIMIDATION:

 1. Furniture, machinery and stock: Full Value Partial Value (sum insured over Euros 60,000 only): 5% 10% 15% 20% 25%

2. Valuable objects > Euros 1,800 p/u at full value (Euros)

E. EMPLOYEE DISHONESTY

No of employees

Sum Insured per employee

F. CONSEQUENTIAL LOSSES, according to option:

 1. Daily indemnity: Euros 30 Euros 60 Euros 90 Euros 150 Euros 240 Euros 350 Euros 500

 Other List _____ Indemnity period: 3 months 6 months

2. Loss of profits, please enter sum insured for annual gross profit _____ (Euros)

3. Permanent general costs

Sum Insured (Euros) _____

 Indemnity period: 3 months 6 months 9 months 12 months
G. BREAKDOWN OF ELECTRONIC EQUIPMENT

Sum Insured (Euros)

H. MACHINERY BREAKDOWN

Sum Insured (Euros)

I. PUBLIC LIABILITY

Indemnity Limit _____

Is it compulsory liability for public establishments in Autonomous Communities?

 Yes No

If so, please indicate the Spanish autonomous community:

Product liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Liability for damage to clothing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer's liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cover limited to liability from the building	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Post-completion liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit per victim for all liability cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenant's liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you want to include a deductible of Euros 60 per public liability claim with material damage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Liability for external work	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

EXTENSION OF COVER. Please enter if you would like to extend the limits of the following covers

		Basic Limit	New limit requested
Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Max. Euros 1,200	_____
Cash in safes	Yes <input type="checkbox"/> No <input type="checkbox"/>	5% contents max. Euros 3,000	_____
Cash in locked, cabinets and/or cash registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	2% contents max. Euros 350	_____
Collectors/fund transporters	Yes <input type="checkbox"/> No <input type="checkbox"/>	5% contents max. Euros 1,500	_____

ADDITIONAL COVERS:

 Electrical damage (devices and electric and/or electronic machinery) Yes No

Sum Insured (Euros)

VALUABLE OBJECTS

Please list any valuable objects, of which the unit value is more than Euros 1,800.

Description	Value (Euros)
_____	_____
_____	_____
_____	_____
_____	_____

DETERIORATION OF GOODS IN REFRIGERATING APPLIANCES

Details of refrigeration equipment or freezer, type of goods and the value thereof:

Description (make and model)	Age	Type of Goods	Value (Euros)

EMPLOYEE DISHONESTY

Identification of people to be insured by this cover:

Description	Tax ID No.

MACHINERY BREAKDOWN AND/OR IT EQUIPMENT

Please list the machines to be insured by this additional cover:

Description	Do you have a maintenance agreement?	Sums Insured Euros
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

COMMENTS

Please provide any additional information about the risk to be insured

OBSERVATIONS OF THE POLICYHOLDER

The personal data, which has been submitted voluntarily, is required in order to be able to assess and define the risk, and in order to commence and maintain the contractual relationship. It is impossible to formalise and maintain the aforementioned relationship without the said data, which will be included in files which are the responsibility of the insurance company Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., situated in Calle Obenque, 2, 28042 Madrid, to whom the party concerned may address the right of access, correction, cancellation and objection, in the terms set out in the Spanish Personal Data Protection Act, Organic Law 15, of 13 December 1999, and the regulations developing this. Should this document contain the details of persons other than the policyholder, the latter hereby states that he or she has previously notified such persons of the above circumstances.

The Policyholder expressly agrees to his or her personal data being processed by the Insurer and passed on to other Insurance Companies or Public or Private Bodies connected with the insurance sector for statistical and actuarial purposes, for the prevention of fraud and for reinsurance purposes, as well as facilitating claims processing.

The policyholder expressly authorises the Insurer to process and maintain his or her personal details, even after the cancellation of the household contract, or even when said contract is not issued, for the purpose of sending publicity by any means, including electronic mail or other equivalent forms of electronic communication, in relation to products and services of the insurer itself, or other organisations in the insurance and financial sectors, and also to pass these on, for the same purposes, to the single-shareholder insurance company Genesis Seguros Generales, Sociedad Anónima de Seguros y Reaseguros, the registered office of which is situated in Paseo de las Doce Estrellas, 4, 28042 Madrid.

Should you not wish to receive the information specified in the above paragraph, please mark the following box . A failure to authorise this last procedure shall not prevent this proposal form from being processed.

I confirm that I have responded truthfully to all the questions contained in the proposal form and that I have not concealed any information.

Place and Date:

Applicant:

Insurance intermediary:

INFORMATION STATEMENT

The member state that controls the insurance activity of the company is Spain, and the controlling authority is the Directorate General for Insurance and Pension Funds of the Ministry of Economy and Treasury.

Applicable legislation: the 1980 Spanish Insurance Contracts Act, the Revised Text of the Spanish Private Insurance Supervision and Ordinance Act, approved by Royal Legislative Decree 6/2004, and the regulations developing this.

CUSTOMER CLAIM AND PROTECTION REQUESTS

LIBERTY SEGUROS has a **Customer Service Department** and a **Customer Ombudsman** to handle and resolve complaints and claims arising from actions by the Company itself or by banking and insurance operators, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

- **Customer Service Department.** C/ Obenque 2, 28042 MADRID. Fax: 91 301 79 98. e-mail: atencionalcliente@libertyseguros.es
- **Customer Ombudsman.** C/ Marqués de la Ensenada 16, 3º, oficina 23, 28004 Madrid. Fax: 91 308 49 91. e-mail: reclamaciones@da-defensor.org

All complaints and claims will be handled and resolved within a period of two months after being submitted. After this period has elapsed and having received no response, or in the event of disagreement, the claimant may address the **Commissioner for the Defence of Insurance Policyholders and Participants in Pension Plans**. Pº de la Castellana 44, 28046 MADRID. For the resolution of conflicts in court, the court in the policyholder's city of residence will hold jurisdiction.

The **Regulations for Customer Defence** are available to customers at offices of the Companies within the Liberty Group, which detail the procedures for handling complaints and claims. These regulations are also available on the website: www.libertyseguros.es, or from your insurance agent.

INFORMATION REGARDING TIED INSURANCE AGENTS

Tied insurance agent: _____ (1)

Registered with the Directorate-General Insurance and Pension Funds under number _____, which can be contacted in order to verify said registration number.

Holding in an insurance company: _____ (2)

The agent undertakes his or her broking activities exclusively with Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., and is duly authorised by this Company to undertake further activity with _____ (3)

The agent may only process the personal data provided under the terms and within the scope derived from the insurance agency contracts signed with Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., and at all times for and on behalf of the said Company.

(1) Identity (name and surname or company name, ID number or tax code) and address of the tied insurance agent.

(2) Specify the percentage of the holding and the company in question.

(3) This final paragraph is for cases covered by the authorisation specified in Article 14 of the 2006 Spanish Insurance Brokerage Act. Indicate the name of the Insurance Company.