



FINANCIAL INSTITUTIONS COMPREHENSIVE CRIME PROPOSAL FORM

Confidentiality

The insurer will treat any information which the Proposer provides to it in connection with this Proposal Form as confidential and will not, without the prior written consent of the Proposer, disclose any such information to any third party, except as provided in Section 9 of this Proposal Form.

Notice

Please note that this proposal form is being completed by the Proposer on behalf of all persons and entities for which coverage is being sought.

Signing or completing this proposal does not bind the Proposer (or any individual or entity he or she is representing) or insurer to complete this insurance

The proposal form is set out in the following sections:

1. Proposer's Details
2. Internal Controls and Procedures
3. Audit
4. Physical Security
5. Electronic and Data Security
6. Internet Security
7. Funds Transfer
8. Loss Information
9. Confidentiality and Declaration

Appendices (please only complete the relevant appendices):

- a. Commercial Banking
- b. Treasury and Trading
- c. Insurance Activities

Additional Information

Please provide any supplementary information which is material to your responses. If referring to any supplementary documents, please specify the page to which it relates.

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Please attach the following documentation:

- A. Most recent Annual Report and Accounts of the Proposer.
- B. Organisational structure chart (if available)
- C. Any supplementary information which is material to the response of the questions herein.

It is acceptable to refer in your answers to the above documentation, but please cite relevant document name and page number.

Section 1: Proposer's Details

1. Name of the Proposer Company:

Principal Address:

2. Date of establishment:

3. Please provide details of company and legal ownership structure:

(If available, please attach structure chart(s))

4. Type of financial institution or type of banking activities (if applicable): (please tick the applicable boxes)

	Activity	YES/NO	Please fill in the Appendix mentioned below:
(a)	Commercial Banking:		A
(b)	Private Banking		A and B
(c)	Investment Banking		A and B
(d)	Insurance, pensions or related services		C
(e)	Trading/Dealing		B
(f)	Fund Management		B
(g)	Other activities (please specify):		



5. Has the Proposer been the subject of any mergers or acquisitions during the past five years?
If Yes, please provide details

6. State the numbers falling in each of the following categories:

	Number of Locations	Number of Employees and Officers of all grades	
		Permanent Employees	Temporary/Outsourced Employees
Head Office	_____	_____	_____
Computer & Admin Centres	_____	_____	_____
Main Branches	_____	_____	_____
Other Branches	_____	_____	_____
Agencies	_____	_____	_____
Subsidiaries	_____	_____	_____



Section 2: Internal Controls and Procedures

1. a) Do you operate a group recruitment policy which assesses suitability for all positions? ☐ Yes ☐ No
 - b) Are full employment references taken for all employees without exception? ☐ Yes ☐ No
 - c) Do you have established employee leaving procedures including immediate termination of access to computer systems? ☐ Yes ☐ No
2. a) Does the Proposer have a rule book or written instructions covering all aspects of its business which will be maintained and operated and which clearly defines the duties of each employee? ☐ Yes ☐ No
 - b) Is the attention of each employee drawn to these instructions and to their duty of compliance therewith? ☐ Yes ☐ No
 - c) Are employees trained and re-trained, if necessary on all aspects of:
 - (i) Physical and data security ☐ Yes ☐ No
 - (ii) Operational procedures ☐ Yes ☐ No
3. a) Do you have a job rotation policy in place ? ☐ Yes ☐ No
 - b) Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion? ☐ Yes ☐ No
 - c) Are all employees required to take an annual holiday of:
 - At least 10 working days, or ☐ Yes ☐ No
 - At least half of their holiday entitlement (in consecutive working days) if such number is less than 10? ☐ Yes ☐ No
4. Are any branches, subsidiaries, or associated companies allowed to maintain different operational procedures than the Head Office? ☐ Yes ☐ No

If Yes, is prior approval required from Head Office? ☐ Yes ☐ No
5. Is Joint Custody*/Dual Control** established and maintained for the safeguarding of:
 - a) Property while at counters, in safes/ vaults? ☐ Yes ☐ No
 - b) All types of securities, negotiable and non-negotiable instruments? ☐ Yes ☐ No
 - c) All keys and codes? ☐ Yes ☐ No



If answers to any part of question 5 are “no” please explain and provide details of alternative controls on a separate sheet.

- * “Joint custody” means the handling of the above in the presence of, and under the observation of, at least one other person, said person being equally accountable for the physical protection and safeguarding of the various items or records involved. Locks and combinations on vaults and safes must be so arranged that no one person can open them alone.
- ** “Dual control” means the work of one person in processing transactions being verified by a second person and both sharing the accountability.



Section 3: Audit

6. a) Is there an internal audit department? ☐ Yes ☐ No

If No, which department is in charge of internal audit functions?

If Yes, Please answer questions b) to g) below

b) (i) How many people are employed in the internal audit department?

(ii) What is the internal audit plan cycle?

(iii) What is the minimum and maximum number of audits within a cycle:

Minimum: Number of Internal Audits during a cycle

Maximum: Number of Internal Audits during a cycle

(iv) Has any branch not been subject to an internal audit during the last cycle ☐ Yes ☐ No

If Yes, please provide details (number of branches, when they were last audited, and reason for delay)

(v) Are internal audits made regularly on a surprise basis? ☐ Yes ☐ No

(vi) Are internal audits sometimes conducted remotely without a visit to the branch? ☐ Yes ☐ No

If Yes, please provide percentage of remote audits

c) Do internal auditors periodically perform independent checks on:

(i)	segregation of duties	Yes	No
(ii)	accuracy of records	Yes	No
(iii)	reporting procedures to management/clients	Yes	No
(iv)	management and supervisory procedures	Yes	No
(v)	training requirements, and competency of staff	Yes	No
(vi)	suitability of advice provided to third parties	Yes	No
(vii)	adequacy of systems	Yes	No
(viii)	authority levels, including trading (appropriateness and monitoring)	Yes	No

d) Do internal auditors:

(i) Audit computer records in storage? ☐ Yes ☐ No

(ii) Audit all EDP functions? ☐ Yes ☐ No

(iii) Run a "test deck" to detect changes made without authorisation? ☐ Yes ☐ No



- e) Are all recommendations made by internal auditors implemented within the required timeframe? ☐ Yes ☐ No
- f) In the last calendar year, how many branches have failed to address the issues raised by the internal auditors, within the required timeframe?
- g) Who are the Proposer's external auditors?
- h) When were the Proposer's external auditors last changed and what was the reason?
- i) Are there any material recommendations from external auditors yet to be implemented? ☐ Yes ☐ No

If Yes, please provide details below:



Section 4: Physical Security

VALUES AT RISK

1. State MAXIMUM value of

	i) Bearer or Negotiable Securities	ii) Cash, bullion, precious stones
a) Head Office	_____	_____
b) Main Branches	_____	_____
c) Other locations	_____	_____

2. State MAXIMUM amount of Cash

	i) At any one teller/cashier	ii) At the entire counter
a) Head Office	_____	_____
b) Main Branches	_____	_____
c) Other locations	_____	_____

3. State MAXIMUM amount of cash and bearer and negotiable securities in transit at any one time:

	By Armoured Motor Vehicles		By Messenger	
	Cash	Securities	Cash	Securities
Head Office	_____	_____	_____	_____
Main Branches	_____	_____	_____	_____
Other locations	_____	_____	_____	_____

PREMISES

- | | |
|---|--|
| 4. Are all doors and windows fitted with substantial locks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are there alarm systems against Burglary? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are they connected to a central alarm station or police? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you employ guards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do they patrol the premises at night? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



9. Please confirm that all vaults/strongrooms/safes on the premises
- a) Are equipped with locks ☐ Yes ☐ No
 - b) Have doors of arc, torch and drill resistive material? ☐ Yes ☐ No
10. Please confirm that all safes are anchored to the floor or weigh not less than 1500lbs (680kgs) empty. ☐ Yes ☐ No

TRANSIT

11. Is transfer of money and negotiable securities usually made by third party armoured motor vehicle carrier who carry their own full value insurance? ☐ Yes ☐ No
12. Otherwise, please confirm all transits are carried by the Proposer's owned Armoured Motor Vehicles: ☐ Yes ☐ No
- If no:
- a) How many messengers do you employ? _____
 - b) Are messengers accompanied by Police or armed guards? ☐ Yes ☐ No
 - c) Are trips scheduled at irregular intervals and over varying routes? ☐ Yes ☐ No
 - d) Is a private conveyance used? ☐ Yes ☐ No
 - e) Do you provide a messenger service for any customers? ☐ Yes ☐ No



Section 5: Electronic and Data Security

1.
 - a) How many data processing centres does the Proposer have?
 - b) Are the data processing centres physically separated from other departments? ☐ Yes ☐ No
 - c) Are the data processing centres specifically protected by the following?
 - i) Burglar Alarm ☐ Yes ☐ No
 - ii) Camera System ☐ Yes ☐ No
 - iii) Guards ☐ Yes ☐ No
 - iv) Other methods (please describe)
 - d) Are there positive entry control procedures used to restrict the entry of non-authorised personnel into the Proposer's data processing centres utilising the following?
 - i) Mantrap entry system ☐ Yes ☐ No
 - ii) Television recorder to a central guard area ☐ Yes ☐ No
 - iii) Personal identification by shift supervisors ☐ Yes ☐ No
 - iv) Minicomputer badge system ☐ Yes ☐ No
2. Does the Proposer perform data processing services for any person, partnership or organisation (other than the Proposer)? ☐ Yes ☐ No
If Yes, provide details
3.
 - a) Does the Proposer utilise independent contractors (other than those which work on the Proposer's premises under the Proposer's supervision) to prepare electronic computer instructions or perform, data processing services? ☐ Yes ☐ No
 - b) Are written agreements obtained from such independent contractors outlining their responsibilities? ☐ Yes ☐ No
 - c) Does the Proposer require all independent contractors to maintain separate fidelity insurance and to provide written evidence thereof? ☐ Yes ☐ No
4.
 - a) Has the Proposer designated a Data Security Officer who is in charge with the responsibility of the implementation and administration of data security? ☐ Yes ☐ No
 - b) Is there a written data Security Manual outlining corporate policy and standards necessary to ensure security of data? ☐ Yes ☐ No
 - c) Is the attention of each employee drawn to this policy? ☐ Yes ☐ No



d) Describe procedures for staff training on data security issues.

5. a) Are passwords used to afford varying levels of entry to the computer system depending on the need and authorisation of the user? ☐ Yes ☐ No

If Yes, are staff instructed to keep passwords confidential? ☐ Yes ☐ No

b) Does the system enforce regular password change? ☐ Yes ☐ No

If passwords are not used, describe alternative methods used to protect logical access to the computer system

c) Is the use of terminals restricted only to authorised personnel? ☐ Yes ☐ No

d) Are unique passwords used to identify each terminal? ☐ Yes ☐ No

6. a) Does the Proposer utilise any software security packages to control access to its computer systems (eg ACF2, RACF, SECURE)? ☐ Yes ☐ No

If Yes, specify package used

b) Does the Proposer allow its employees to access its computer systems from home terminals? ☐ Yes ☐ No

If Yes, describe security measures implemented in respect of such access.

c) Are security packages used to control access to personal computers, lap-tops, intelligent work stations and the like? ☐ Yes ☐ No

d) Is the integrity of "off the shelf" software tested by the Proposer prior to being put into use? ☐ Yes ☐ No

e) What are the Proposer's procedures for the prevention of infection by computer viruses?



Section 6: Internet Security

1. Do you provide an Internet facility? ☐ Yes ☐ No

If Yes, do you offer any of the following:

a) product information? ☐ Yes ☐ No

b) account balance? ☐ Yes ☐ No

c) pre-authorised account to account transfers? ☐ Yes ☐ No

d) loan applications? ☐ Yes ☐ No

e) interactive mortgage applications? ☐ Yes ☐ No

f) business/company account management? ☐ Yes ☐ No

g) insurance products? ☐ Yes ☐ No

h) on-line securities dealing? ☐ Yes ☐ No

i) other, (please specify) _____

2. Please select the method used to verify the identity of the users transacting via the Internet:

a) static password ☐ Yes ☐ No

b) one-time password ☐ Yes ☐ No

c) public/private key encryption ☐ Yes ☐ No

d) digital signatures ☐ Yes ☐ No

e) other, (please specify) _____

3. How is the integrity of any given transaction protected?

a) 128 bit encryption ☐ Yes ☐ No

b) message authentication ☐ Yes ☐ No

c) receipt confirmation ☐ Yes ☐ No

d) other, (please specify) _____

4. How does the Proposer prevent unauthorised access to client's/investor's/
main processing systems?

a) firewall ☐ Yes ☐ No



b) off-line front-end processing

☐ Yes ☐ No

c) on-line front-end filtering

☐ Yes ☐ No

d) other, (please specify) _____

5. Do you utilise a tracking device in relation to the Internet facilities?

☐ Yes ☐ No

6. Do you use any anti-virus software?

☐ Yes ☐ No

If Yes, is this upgraded on a regular basis?

☐ Yes ☐ No

7. Do you monitor and produce reports on intrusion/unauthorised access activity?

☐ Yes ☐ No

8. Do you restrict access between your internet facility and your main computer system?

☐ Yes ☐ No

9. Do you have a specific department which maintains your internet facility (e.g. carrying out program development, testing, firewall maintenance, intrusion monitoring)?

☐ Yes ☐ No

10. Do you have a fully tested disaster recovery and business continuity plan?

☐ Yes ☐ No

If Yes, does it include an off-site back-up facility?

☐ Yes ☐ No



Section 7: Funds Transfer

1. a) Does the Proposer operate any Electronic Funds Transfer System*? ☐ Yes ☐ No

If Yes, identify the same

- b) Does the Proposer participate in any Electronic Funds Transfer System? ☐ Yes ☐ No

If Yes, state name and services available

* "Electronic Funds Transfer System" means a system which operates automated teller machines or point of sale terminals and includes any shared networks or facilities for said system in which the Proposer participates.

2. a) What procedure is used to issue and authorise such instructions?

- b) Are these all on a pre-formatted basis ☐ Yes ☐ No

- c) Are the banks required to authenticate any instructions before payment? ☐ Yes ☐ No

- d) Are all instructions confirmed in writing within 24 hours? ☐ Yes ☐ No

- e) Please provide a description of the methods used to secure funds transfer instructions (e.g., password, encryption, testing or other message authentication, independent call-back, other - please describe). (use a separate sheet if necessary)

3. Are voice initiated instructions allowed? ☐ Yes ☐ No

If Yes, please confirm on what basis, for what amounts and the applicable testing procedures used to verify.

4. If there are any examples where Fund Transfer instructions are not 'tested' and/or subject to two or more person approval please provide details of alternative security arrangements.



Section 8: Loss Information

1. Please give brief details of any loss sustained by the Proposer (whether insured or uninsured) during the past 5 years as follows:

Nature of Loss	Date of Discovery	Location	Amount of Loss

2. Does the Proposer, after full enquiry, or any of its directors, officers, partners or trustees have any knowledge, of any act, omission, fact, event or circumstance which might give rise to a loss under this proposed insurance?

☐ Yes ☐ No

If Yes, please provide details on a separate sheet.

3. In the event that a loss has been discovered, please detail remedial action taken by Proposer to prevent or avoid recurrence?

☐ Yes ☐ No

4. Is the Proposer aware of any crime insurance, in respect of the Proposer or any of its subsidiaries or any directors or employees, that has been cancelled or declined in the past for any reason?

☐ Yes ☐ No

If Yes, please provide details on a separate sheet.



Section 9: Declaration and Confidentiality

Confidentiality

The insurer will treat as confidential all information which the Proposer provides to it in connection with this Proposal Form and will not, without the prior written consent of the Proposer, disclose any such information to any third party, with the exception that:

- A. the insurer shall be entitled to disclose confidential information to:
 - 1. any director, officer, employee, reinsurer or professional adviser of the insurer and/or its group companies or Xchanging Claims Services Limited or any loss adjuster appointed by the insurer in dealing with the insurance of the Proposer; or
 - 2. to any person in order to comply with any legal or regulatory requirement; or
 - 3. a court, mediator, or arbitrator to whom matters are referred in connection with this insurance or with any reinsurance thereof.
- B. the insurer will not be required to treat as confidential any information provided to it by the Proposer if that information:
 - a) is in the public domain, other than by means of the insurer having disclosed it; or
 - b) was in the insurer's possession prior to it being provided by the Proposer.
- C. The insurer will cooperate with the Proposer in preserving the confidentiality of the confidential information and will inform the Proposer in the event that the insurer is asked by a third party other than the parties listed in Section 9.A. above to produce any confidential information.
- D. It is agreed that, if the Proposer is advised by its lawyers in respect of any subsequent claim or potential claim under the policy to which this proposal form relates that a separate confidentiality agreement is required to preserve common interest privilege between the insurer and the Proposer, the provisions of that confidentiality agreement, once agreed, will supersede the provisions of this clause.

Declaration

It is declared that to the best knowledge and belief of the Proposer, the responses contained in this proposal form are true and accurate and that, after enquiry, no material facts have been misstated or suppressed. The Proposer undertakes to inform insurers of any change to any facts which are or become material before inception of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed

Title

(Must be signed by the Proposer's CEO, CFO, General Counsel,
Chairman of the Board or President)

Company

Date



APPENDIX A – COMMERCIAL BANKING

LOAN POLICY

- 1) Does the Proposer maintain and operate Credit/Loan Policy manual or written instructions? ☐ Yes ☐ No
- 2) If so, does it include procedures for:
- a) Desirable and undesirable loans? ☐ Yes ☐ No
 - b) Collateral requirements? ☐ Yes ☐ No
 - c) Lending limits by type of loan? ☐ Yes ☐ No
 - d) Individual employee lending limits for secured and unsecured loans? ☐ Yes ☐ No
 - e) A tiered loan approval function? ☐ Yes ☐ No
 - f) Ensuring the property exists and is valued correctly? ☐ Yes ☐ No
- 3) Are all loan decisions centralised at Head Office level? ☐ Yes ☐ No
- If not,
- a) What is the level of individual authority in the branches?
-
- b) For loans exceeding this authority level, is referral to Head Office on a manual or automated basis?
-
- 4) Is an independent review of all loans conducted within one month of funding by one or more officers? ☐ Yes ☐ No
- a) Are these officers independent of the employee(s) concerned in the loan approval function? ☐ Yes ☐ No
 - b) Are written records retained of such review? ☐ Yes ☐ No

If answers to any part of the above section are “no”, please explain and provide details of alternative controls on a separate sheet.



DEPOSITS AND WITHDRAWALS

- 5) Are all deposits/withdrawals made in the branch required to be made at the counter/teller only by the customer or a customer's recognised representative in person? ☐ Yes ☐ No
- If no, are customers permitted to pass deposits to or obtain withdrawals from branch employees
- a) outside the Bank's premises ☐ Yes ☐ No
- b) in a private office at the bank ☐ Yes ☐ No
- c) in any other circumstance ☐ Yes ☐ No
- if Yes to a, b and c, must a teller employee:
- a) be in attendance when the customer makes such deposit/withdrawal? ☐ Yes ☐ No
- b) witness the appropriate customer signature and identification process? ☐ Yes ☐ No
- 6) Are all branch employees other than teller employees forbidden from accepting deposits or handling withdrawals from customers? ☐ Yes ☐ No
- 7) Are passbooks used? ☐ Yes ☐ No
- If Yes,
- a) Are they numbered consecutively and made of security paper? ☐ Yes ☐ No
- b) Do they have serial numbers which are cross-referenced to the associated bank account? ☐ Yes ☐ No
- c) Are handwritten changes to passbooks forbidden? ☐ Yes ☐ No
- d) Are un-issued and retained passbooks maintained under dual control? ☐ Yes ☐ No



- 8). a) Please confirm the number of dormant accounts.
- b) Please advise when an account is deemed dormant?
- c) How is any usage of it controlled and monitored?
- d) Is dual control established and maintained for the safeguarding of dormant accounts?
☐ Yes ☐ No

TELLER POSITIONS

- 9). a) Does each teller have a robbery alarm button or pedal ? ☐ Yes ☐ No
- b) Are tellers' positions protected by anti-bandit glass? ☐ Yes ☐ No
- c) Are tellers' positions separated from the rest of the Banking Hall by a suitable partition with doors kept locked during Banking Hours? ☐ Yes ☐ No
- d) Is cash in excess of the amounts referred to in Question 11 of this proposal removed immediately to a locked safe, vault or other protected place? ☐ Yes ☐ No

SAFE DEPOSIT BOXES

- 10). a) (i) Please stated total number of Safe Deposit Boxes
(ii) How many of these are rented?
(iii) How many locations provide safe deposit facilities?
- b) (i) Are all safe deposit boxes in a separate Safe Deposit Vault ? ☐ Yes ☐ No
(ii) If not describe where they are kept
- c) Are all boxes under dual control? ☐ Yes ☐ No
- d) Please confirm that no customers are left unattended in the Safe Deposit Box area
☐ Yes ☐ No



AUTOMATED TELLER MACHINES

- 11). a) Please state total number of ATMs, of which
- (i) On-site ATMs
 - (ii) Off-site ATMs
- b) Please state maximum Values at Risk per
- (i) On-site ATMs
 - (ii) Off-site ATMs
- c) Please confirm all ATMs meet PCI and PED security standards? ☐ Yes ☐ No



APPENDIX B – TREASURY AND TRADING

1. Please provide total number of location(s) providing treasury functions and the split of employees in front and back office function

Locations:

Front Office Employees

Back Office Employees:

2. a) Does the Proposer maintain and operate formal written instructions covering all aspects of its trading policies? ☐ Yes ☐ No
- b) Is each employee engaged in trading designated specific limits for each type of authorised trading transaction? ☐ Yes ☐ No
- c) Is an independent review and reconciliation of each day's trading conducted at the close of business by one or more officers who are senior to and independent of the employee(s) concerned in trading functions? ☐ Yes ☐ No
- d) Is the review recorded, signed, dated and retained? ☐ Yes ☐ No
- e) Are all trade confirmation processes independent from trading function? ☐ Yes ☐ No
3. a) Are all trading conversations recorded? ☐ Yes ☐ No
- b) For how long does the Proposer keep recordings? ☐ Yes ☐ No
4. Has the Proposer established written policies and procedures for all trading transactions in respect of:
- a) Authority levels ☐ Yes ☐ No
- b) Product lines ☐ Yes ☐ No
- c) Counterparties ☐ Yes ☐ No



5. Is the Proposer's computer system programmed to identify and reject or highlight a transaction:
- a) Not with an approved counterparty? ☐ Yes ☐ No
 - b) Not within approved authority levels? ☐ Yes ☐ No
 - c) Not within an approved product line? ☐ Yes ☐ No

6. Is there real time monitoring of transactions? ☐ Yes ☐ No

7. Please provide details of how the Proposer's non-conforming trades are tracked
i.e. involvement of risk management/internal audit and management follow up etc.

8. Is all trading entered and monitored on a globally centralised computer system such that management can be aware of the Proposer's total positions and exposures on a worldwide basis at any given time? ☐ Yes ☐ No
- If no, please describe how trading exposures are co-ordinated and controlled.

9. Do the Proposer's procedures require that all trades are entered into the system immediately upon execution or within a designated maximum period? ☐ Yes ☐ No

10. Can dealers trade at home or from other remote locations? ☐ Yes ☐ No
- If Yes, please provide details of how such transactions are monitored/audited.



APPENDIX C - INSURANCE ACTIVITIES

1. Please indicate where sources of revenues (%):

a) agents on commission

b) direct sales

c) brokers/consultants

d) other, please specify

2. Do you operate and maintain a formal underwriting manual in respect of all classes of insurance written?

☐ Yes ☐ No

3. Are clients/brokers/agents instructed to pay premium in the Proposer's name?

☐ Yes ☐ No

4. Is the department in charge of premium handling and payment completely separate from the day to day business?

☐ Yes ☐ No

5. Is responsibility for claims inspection/settlement completely divorced from underwriting?

☐ Yes ☐ No

6. Are all claims examined and agreed by a minimum of two authorised individuals before payment is made who ensure that claim payments are made direct to your insured?

☐ Yes ☐ No



Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει .

Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνει ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω .

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

Υπογραφή *

Όνομα

Θέση της εταιρείας

Ημερομηνία

* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος