

Name of the agent: _____

For the sake of avoidance of doubt it is emphasised that completing this form is to enable Cooper Ninve Insurance Agency Ltd. to consider the possibility of providing a quotation for the insurance cover requested only and does not constitute confirmation of the cover required.

We hereby apply to Cooper Ninve Insurance Agency Ltd. (hereinafter: "the coverholder") with a request to provide us with a quotation for the insurance cover.

Hereunder is the information you have requested.

All amounts should be stated in New Israeli Shekels.

PROPOSAL FORM FOR
THIRD PARTY LIABILITY AND EMPLOYERS LIABILITY INSURANCE

1. Name of the business requesting a quotation for the insurance (hereinafter: "the proposer" and/or the business") _____

2. Public company Private company Sole trader Registered partnership Other (please specify) _____

3. I.D. number / company registration no. _____

4. Are there are any other persons / entities involved the business that need to be included as additional insureds under the policy Yes No

If yes, please state their full names, I.D. numbers / company numbers and the connection with the proposer _____

5. A. **Description of the business and activities of the proposer** (Please attach a company profile / brochure / internet site link if applicable): _____

B. Date of establishment of the business: _____

C. In the last five years, has the name of the business been changed and/or has the business been purchased and/or amalgamated with any other business? Yes No

If yes, please provide details _____

D. Have you operated the aforementioned business or any of its activities under any other name?

Yes No

If yes, please provide details _____

6. Full address of the business:

If the business operates from more than one address, please state the other addresses:

7. Period of insurance required:

From: _____ to _____

8. Limits of liability required:

A. NIS _____ per claimant / per occurrence

B. NIS _____ in the aggregate for the period of insurance

9. Does the proposer hold a valid business license? Yes No

Does the proposer hold a valid certificate from the fire authorities? Yes No

10. Does the proposer perform any work away from the premises of the business? Yes No

If yes, please state the type of work performed away from the premises _____

11. Does the proposer perform any work outside of Israel? Yes No

If yes, please state the type of work performed outside of Israel _____

12. **Number of staff**

A. Salaried employees of the proposer (meaning anyone who receives payment from the proposer by way of a pay slip) Total number: _____

B. Employees of the proposer who are not paid directly by the proposer (meaning freelancers, manpower company staff and the like) Total number: _____

Please include everyone employed by the proposer and in their service, either if paid or not, including permanent and temporary staff, full time and part-time staff.

Management staff	Non-management staff
Number of employees: _____	Number of employees: _____
Total wages in the last financial year: _____	Total wages in the last financial year: _____
Type of work: _____	Type of work: _____

N.B.: Your reply should be based on data from official forms 106 and 126 from the last financial year.

You may be asked to provide a declaration concerning:

A. The total monthly wages paid in accordance with the reports to the National Insurance Institute on official form 106 or equivalent.

B. The number of monthly employees in accordance with the reports to the National Insurance Institute on official form 126 or equivalent.

13. Does the proposer insure all of the employees referred to in question 12 above with the National Insurance Institute? Yes No

If no, has the proposer received a legal opinion stating that they are exempt from payment of national insurance contributions for those employees who are not insured? Yes No

14. Does the proposer employ any staff in accordance with special contracts whose wages are paid by others and/or where the proposer does not pay their wages (including manpower staff)? Yes No

If yes, are the wages paid to these staff by any other entity included in your reply to question 12 above?
 Yes No

15. A. Does the proposer employ youth under the age of 16? Yes No If yes, how many and what work do they do? _____
- B. Does the proposer employ youth over the age of 16? Yes No If yes, how many and what work do they do? _____

16. Subcontractors:

Does the proposer operate via any subcontractors? Yes No

If yes, please provide details: _____

- (1) How many subcontractors do you work with? _____
- (2) What activities are performed via subcontractors? _____
- (3) Are the subcontractors permanent or ad-hoc? Permanent Ad-hoc
- (4) Do the subcontractors hold separate insurance which also covers their work for the proposer?
 Yes No
- (5) Please state the total payments to subcontractors in the last financial year NIS _____

17. If your work needs to be approved by the Ministry of Labour:
- A. Please state the last date when your premises, equipment and facilities were inspected by a Ministry of Labour representative: _____
- B. Please provide details of any defects found and the recommendations for their rectification:

- C. Have these recommendations been fully implemented? Yes No

18. Please state the turnover of the company in the last three years: _____

19. Do you have a safety officer? Yes No

20. Does your business involve the use of lifting apparatus (including manual lifting apparatus)?

Yes No

If yes, when was the last periodic inspection carried out by a qualified inspector? _____

21. Does your business involve performing works above 2 metres high? Yes No

If yes, please state the type of works _____

22. Does your business involve work on brittle or steep roofs? Yes No

23. Does your business involve working with heat? Yes No

If yes, please state the type of works _____

24. Is there is a lift on your premises? Yes No

If yes, has the lift been inspected by a representative from the Ministry of Labour in the last six months?

Yes No

25. Does your business involve the use and/or storage of the following materials?

Acids Yes No Gases _____ Yes No

Poisons Yes No Chemicals _____ Yes No

Explosives Yes No Dust or powder _____ Yes No

Materials containing: Asbestos Yes No Silicates (such as silicon quartz) Yes No

26. Are there any devices on your premises that emit radioactivity or x-rays? Yes No If yes:

Please state the intensity _____

Please state the use _____

27. **Previous insurance history and claims experience**

- A. In the last five years, has the proposer held any insurance of the type requested in this proposal form? Yes No

If yes, please state the name of the insurer, the limits of liability and periods of insurance _____

- B. In the last five years, have any claims been made against the proposer and/or any current and/or previous partner and/or any previous or current employee in connection with their work in the business? Yes No

If yes, please provide full details and attach any documents available _____

- C. In the last five years, have any circumstances occurred which could possibly lead to a claim being made against the proposer and/or any current and/or previous partner and/or previous or current employee in connection with their work in the business? Yes No

If yes, please provide full details and attach any documents available _____

If your proposal for the insurance cover is accepted, you may be asked to provide a documented claims experience from your previous insurers before inception of the insurance.

- D. Is the proposer and/or any current partner and/or senior employee in the business aware of any claims and/or circumstances which could lead to a claim against the business and/or any current and/or previous partner and/or current and/or previous employee in connection with their work in the business? Yes No

If yes, please provide full details and attach any documents available _____

E. Has any insurer (including the insurer hereon) rejected any proposal for insurance of the type being requested in this proposal form by the proposer and/or any current and/or previous partner in the business? Yes No

If yes, please provide full details _____

F. Has any insurer (including the insurer hereon) cancelled and/or declined to renew any insurance of the type being requested in this proposal form by the proposer and/or any current and/or previous partner in the business? Yes No

If yes, please provide full details _____

If you have replied "Yes" to question 4 above, please answer questions A-F above in relation to each additional legal entity involved business which the proposer wishes to include as additional insureds under the policy, separately.

28. Declaration of the proposer

I/we the undersigned, hereby declare that the replies I/we have provided in this proposal form are correct, honest and complete in all respects and that I/we have not intentionally withheld any fact and/or information that could affect the willingness of the insurer to arrange the insurance policy and/or its conditions (hereinafter: "material fact").

I/we hereby declare that this proposal form has been completed after enquiry with the relevant partners and employees.

I/we hereby declare that I/we are authorised to sign the proposal form in the name of any other additional entity involved in the business that I/we wish to include as additional insureds under the policy and to bind them accordingly.

I/we hereby agree that this proposal form will serve as the basis of any Third Party Liability and/or Employers Liability policy which may be issued by the insurer, if such a policy is issued, and I/we are aware that this proposal form will form an integral part of the policy.

If such a policy is issued, I/we hereby undertake to pay the insurance premium in full and on time.

Stamp and signature of the proposer: _____ Date: _____