

Broker:		Contact:	
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Client Details:

Client's name(s) in full:			
Date of Birth:		Occupation:	
Clients employers name?:			
Partner's name:		Occupation:	
Renewal Date/Inception Date:			

Is the Client a resident of the Republic of Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, please give details below:		

Property Details:

Risk Address:		
What Year was the property Built (approx.)?		
Is this the main Residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property of standard construction? <i>(i.e. a property built of brick, stone or concrete with a slate or tile pitched roof)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property listed or on the record of protected structures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property in a good state of repair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, please give details below:		

Is the property in an area prone to flooding or does it have a history of previous flooding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this property showing signs of subsidence, heave or landslip or does it have any history of subsidence, heave or landslip?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property rented out to a third party on a let basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this property used as a holiday or second home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this property be unoccupied for longer than 30 days at a time in any one policy term?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this property undergoing, or due to undergo, any works, refurbishments or renovations within the policy period? <i>(i.e. All works which exceed the routine decoration and general upkeep of a property and/or have a contract value of €100,000 or more should be declared)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this property have a partial or full thatched roof?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any commercial activity at this property, including opening the home/grounds to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details below:	

Rating Factors:

Burglar Alarm			
None	Bells only	Linked to Monitoring Station?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Alarm			
None	Bells only	Linked to Monitoring Station?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Detectors			
Number of Detectors?	Linked to Monitoring Station?	Mains wired?	Battery Operated?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Details			

Is there a safe in the property?	Type of Safe? (floor, wall, etc)	Make of safe?	Model of Safe?
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Claims History:

Have there been any household claims or losses (whether paid or unpaid) in the last 5 years?:		
Loss Date:	Description of Loss:	Amount paid &/or outstanding:

Sums Insured:

Main Building	€0
Other permanent Structures	€0
General contents	€0
Tenants Improvements/Fixture & Fittings	€0
Home Business Equipment	€0

	Unspecified Amount	Specified Amount		Unspecified Amount	Specified Amount
Jewellery	€0	€0	Cameras	€0	€0
Fine Arts	€0	€0	Guns	€0	€0
Precious Metals	€0	€0	Musical Instruments	€0	€0
Furs	€0	€0	Collectibles	€0	€0
Stamps	€0	€0	Wine	€0	€0
Coins	€0	€0	Other _____	€0	€0
In respect of Jewellery & fine Art – please provide the highest single item value:				€0	

Deductible:	€600	<input type="checkbox"/>	€1,250	<input type="checkbox"/>	€3,000	<input type="checkbox"/>	€6,000	<input type="checkbox"/>	Other	<input type="checkbox"/>	€
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Has the Client or any family member ever had Insurance declined, cancelled or had terms imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Client or any family member ever been convicted of and/or charged with any offence? (other than motoring convictions and/or spent convictions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Client or any family member ever been declared bankrupt and/or entered into an individual voluntary arrangement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please give details below:

How long have you known the client?	
Do you hold other insurance(s) for the client?	
Current Insurer?	
Current Premium (if known)?	

Please return this form to info@securus.ie

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