



Securus Insurance Limited

Property Owners Liability

Proposal Form

Securus Insurance Limited
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**Securus Insurance Ltd is registered in Ireland. Company registration No: 410614.
Registered office: Suite 3, Stafford House, Strand Road, Portmarnock, Co Dublin.**

Securus Insurance Limited is regulated by the Central Bank of Ireland.

ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE TERMS TO BE GIVEN. THE COMPLETION OF THIS FORM DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

1	Name of Proposer:			
2	Risk Address:			
3	Postal Address: (if different to above)			
4	Is the Insured domiciled in the Republic of Ireland?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	If No, please give full details below:			
5	Full Description of Risk Occupancy:			
6	Details of Perimeter Security And How Property Boundaries Are Established:			
7	Specify Number of Acres (if Applicable):		Specify Number of Occupied/Unoccupied Houses (if Applicable):	
8	Please advise of the following in relation to the risk, and supply details below as appropriate.			
	Does the risk contain refuse dumps or land fill?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Are there any quarries on the risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Are there any wells or rivers running through the risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Does the risk contain playgrounds, crèches or other similar childcare facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Could all or part of the risk be considered a "Ghost" or unoccupied residential estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If Yes, please give full details below:			

9	Property Owners Liability:	Limit of Indemnity? (tick one)	
		€ 2,600,000	€6,500,000
		<input type="checkbox"/>	<input type="checkbox"/>
10	Employers Liability:	Is Cover required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please provide the following information:			
Occupation/Nature of Work undertaken:		No of Employees	Estimated Annual Wages
			€
			€
11	Have there been any Liability claims against you in the last 5 years or are you aware of incidents that have occurred that could give rise to a claim against you?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has the proposer ever been convicted or received a caution from the police or have a prosecution pending involving arson or other damage, loss of property, or dishonesty of any kind (e.g., theft, handling stolen goods, robbery, fraud etc)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has the proposer ever been declared bankrupt or is the subject of any current bankruptcy proceedings?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please give full details below. If proposer is a limited company, details should be supplied in respect of all directors.		
12	Declaration: I/we confirm that this proposal has been completed accurately and all material facts relevant to this insurance have been disclosed. I/we are aware that failure to disclose material facts may invalidate this insurance.		
Name:	_____	Date:	_____
Position:			

IMPORTANT NOTE REGARDING MATERIAL FACTS
PLEASE ENSURE THAT ALL FACTS MATERIAL TO THIS RISK HAVE BEEN DISCLOSED IN FULL AS FAILURE TO DO SO MAY INVALIDATE THIS INSURANCE.
IF YOU ARE UNSURE WHETHER A FACT SHOULD BE DISCLOSED, PLEASE DISCLOSE IT ANYWAY

A COPY OF THIS FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS AS IT FORMS PART OF THE BASIS OF YOUR CONTRACT OF INSURANCE