



Securus Insurance Limited

Property Owners 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 COVER TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

1	Name of Proposer:	
2	<p>Securus Insurance and other insurance market participants need your consent to use the sensitive details about you set out below in connection with your insurance cover.</p> <p>You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent the provision of cover for you or handling your claims.</p>	
	Do you consent to the use of data and information in connection with your insurance cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	<p>Where you provide us with details about other people, we and other insurance market participants also need their consent to use the sensitive details about them set out below in connection with your insurance cover.</p> <p>We need you to make sure that you have obtained their consent before you provide those details to us.</p>	
	Have you obtained the consent of each other person whose information you will provide to us in connection with your insurance cover to the use of data and information in connection with your insurance cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Postal Address:	
5	Address of Property to be insured:	
6	Is the Insured domiciled in the Republic of Ireland?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, please give full details below:	
7	Do you need to note the interest of any Building Society, Bank or other Financial institution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please give names and address and nature of interest	

8	Please specify the type of Property to be Insured below:				
	Property Type:		Year Built	Trade or Business of Occupier	
	Commercial Property				
	Offices				
	Warehouse				
	Shop/Retail				
	Apartment Block				
	Private Dwelling House				
	Farm Buildings				
	Construction Site				
	Church				
	Other:				
	Land		N/A		
9	Please provide Sum Insured Values Below:		Cover Required?		
			Fire Only	Fire, Lightning, Aircraft & Explosion	Material Damage All Risks
	Buildings (including Landlord's fixtures & fittings)	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Landlords Contents	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire Brigade Charges	€			
	Loss of Rent Receivable	€	Indemnity Period?		
10	Property Owners Liability: Is Cover required? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If 'Yes', please tick the required Limit:		€ 2,600,000	<input type="checkbox"/>	
			€ 6,500,000	<input type="checkbox"/>	

11	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:		
12	Employers Liability:	Is Cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide the following information:			
Occupation/Nature of Work undertaken:	No of Employees	Estimated Annual Wages	
Property Repairs/Maintenance Staff		€	
Caretakers & Cleaners (Non-Industrial)		€	
Gardeners (Excluding tree fellers & the use of Chainsaws)		€	
Manual Security		€	
Clerical Work		€	
Other: Please Detail:		€	

13	Are the Premises to be insured of standard construction being built of brick, stone or concrete and roofed with slates, tiles or concrete? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If No, please give full details below:				
14	Are the premises in a good state of repair and will they be maintained in this State? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If No, please give full details below:				
15	Is the property located in an area prone to storm or flooding? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If Yes, please give full details below:				
16	Has the Premises ever suffered from and/or been monitored for subsidence, landslip or heave and/or is it located in an area vulnerable to subsidence, landslip or heave? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If Yes, please give full details below:				
17	Please provide details on the security and fire protections at the Premises:				
				Bells Only	Linked to Central Station
	Burglar Alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire Alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Five Lever Mortice Dead-locks fitted on all external Doors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Fire Extinguishing Appliances installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Is the premises Sprinklered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Key operated Security Locks on all accessible windows?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Please give full details below of any additional relevant information in respect of Security and fire protections:				

18	Is the premises to be insured unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please give full details below:
19	If the premises is unoccupied, is it inspected every seven days? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, please give full details below:
20	Have you or any of your Partners or Directors ever been convicted/charged but not yet tried with a criminal offence other than a motoring offence? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please give details below:
21	Have you or any of your Partners or Directors ever been declared bankrupt or are the subject of any current bankruptcy proceedings? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please give details below:
22	Have you or any of your Partners or Directors within the last 5 years sustained any loss or damage which would have been covered by this type of insurance had it been in force, whether or not a claim was paid? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please give details below:
23	Has any insurer or underwriter ever declined, cancelled or withdrawn cover, refused to renew, or imposed special terms? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please give details below:

DECLARATION

- (I)** I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts.
- (II)** I/We agree that this proposal together with any other information supplied by/me/us shall form the basis of any Contract of Insurance effected thereon.
- (III)** I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.

Signature of Proposer/Partner/Director (Please delete as appropriate)	
Name of signatory (Please Print)	
Date	

A COPY OF THIS PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS