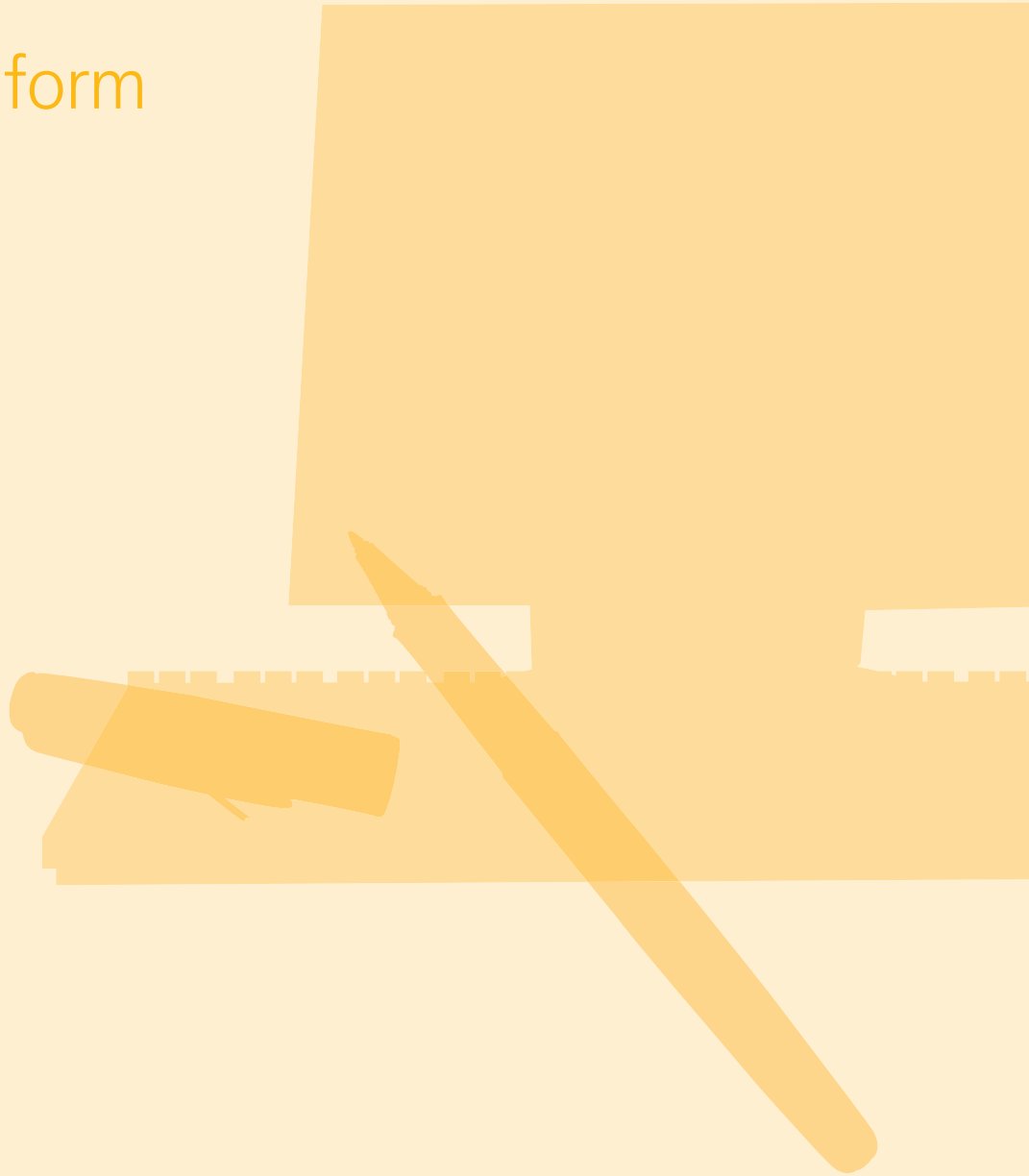


application form

EDUCATION INSURANCE



Republic of Ireland

Version 1

To Ecclesiastical Insurance Office plc, Fitzwilliam Business Centre, 77 Sir John Rogerson's Quay, Dublin 2.

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. All material facts must be disclosed. Failure to do so may result in the policy being inoperative. Material facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is material it should be disclosed. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this application form is available on request within three months of completion. A specimen policy document is also available.

Please complete in BLOCK CAPITALS and tick where indicated.

Applicant details

1 Name of applicant(s)

Please clearly define all parties to be insured identifying any holding/subsidiary company relationships

2 Name of establishment to be insured

3 Full address(es) of premises to be insured

 Telephone

4 Postal address

 Telephone
 Email Website

5 Does the business cater for students with special needs?

 Yes No

If 'Yes' please give details

6 Please indicate

Number of students Residential Non-residential

Age range of students

7 Please give a full description of the business including any ancillary activities

(eg facilities open to the general public)

8 Have you been granted charitable tax exemption by the Revenue Commissioners?

Yes No

If so please confirm your charity reference number

9 Date upon which the insurance is to commence

Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application

Property damage

1 Do you require cover for subsidence, heave or landslip?

Yes No

If 'Yes' complete question 2 below. If 'No' please proceed to question 3.

2 If subsidence cover has been requested please answer the following questions

Note: it may be necessary to complete a separate subsidence questionnaire.

(a) Is the property currently insured against subsidence, heave, landslip or settlement?

Yes No

(b) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement?

Yes No

(c) Has the property been underpinned or provided with other means of structural support?

Yes No

(d) Is the property situated on made-up ground, underground workings or near a cliff?

Yes No

If 'Yes' to any of the above please give details

3 Flood risk

(a) Does the land bounding the property contain any watercourses, ponds, lakes, other areas of water, quarries, mineral extraction pits, mines, caves or tips?

Yes No

(b) Is the property on a site which has suffered from flooding at anytime in the past 10 years?

Yes No

If 'Yes' to either (a) or (b) please give details

4 Are the external walls and roof coverings of each premises to be insured constructed solely of brick, stone, concrete, slates or tiles?

Yes No

If 'No' please give details

5 Are the premises listed in the 'Record of Protected Structures'?

Yes No

If 'Yes' please provide details

6 Do you require the 'Day One' method of inflation protection?

Yes No

(See the Summary of cover for full explanation)

If 'Yes' please select the percentage uplift you require

15% 25%

7 Sums to be insured

(a) Buildings (excluding private dwelling houses)

€

This is the cost of rebuilding the insured property – not the market value. The buildings of the premises including landlords fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires, and associated control gear and accessories on the premises and extending to the public mains but only to the extent of your responsibility, fixed aerials and satellite dishes, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus and artificial playing surfaces. Also allow for any fees incurred eg architects and surveyors fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

(b) Private dwelling houses

€

This is the cost of rebuilding the insured property – not the market value.

(c) Contents

€

Contents belonging to the business including visual aids, office equipment, computers, sports equipment, scientific equipment, musical instruments, cups and trophies.

(d) Students' personal belongings

Limit per student €

Including sports equipment but excluding money, jewellery and furs and pedal cycles.

(e) Tenant's improvements and decorations for which you are responsible

€

(f) Boats and associated equipment

€

(g) Groundsmen's machines and equipment

€

8 Are any additional interests to be noted on the policy such as bank, mortgagee, freeholder or lessor?

Yes No

If 'Yes' give names, addresses and nature of interest

Property damage plus ('all risks' for specified items)

Note: only complete this if your requirements for property 'away from the premises' are not met by the cover provided by the Property damage section – see the Summary of cover for details.

Description of property	Location (Republic of Ireland, Europe, Worldwide)	Sum insured
		€
		€
		€
		€
		€
		€
		€
		€

Business interruption

1 Is cover required?

Yes No

If 'Yes' complete questions 2 – 4 as follows. If 'No' please proceed to Liabilities section

2 Indemnity period required

12 months (standard) 18 months 24 months 36 months

Note: The indemnity period should represent the time it would take to get your business back to normal trading after a loss.

3 Tick which option you require and complete as necessary

(a) Loss of revenue

Yes No

including additional costs incurred to reduce loss of revenue

Sum insured €

This should represent your anticipated income, less an amount for any costs that you would not incur whilst the business was not operating eg the cost of food and drink etc. If your selected indemnity period is greater than 12 months, increase the sum insured in proportion remembering to allow for factors such as increases in fees and expansion of the business.

(b) Additional cost of working onlyYes No

no revenue cover

Sum insured (minimum €15,000)

€

This should cover all your costs in continuing to operate for the duration of the indemnity period eg the cost of moving to, and operating from, temporary premises.

Liabilities**1 Is cover required?**Yes No

If 'Yes' complete questions 2 to 6 as follows. If 'No' please proceed to Legal expenses section

2 Please indicate the cover(s) required by ticking the box(es)**Cover****Limit of indemnity**

Employers' liability

€13,000,000

(a higher limit can be considered on request)

Public liability and Products liability

€2,600,000

€6,500,000

€10,000,000

(In respect of products liability this will be the maximum amount payable any one period of insurance)

3 Please give details of the estimated salaries, wages and other payments for the next 12 months for each of the following

Category	Numbers	Employees earnings or, for sub-contractors, Annual payments made
Teachers		€
Clerical, managerial and administrative		€
Groundsmen and maintenance		€
Matrons and care staff		€

4 Are any activities away from the premises planned for the next 12 months?Yes No

If 'Yes' please give details of types of locations within the Republic of Ireland and abroad, the countries concerned, the approximate periods and the numbers of students/staff involved

5 Do you engage any personnel who are ordinarily resident within the United States of America or Canada?

Yes No

6 Health & Safety

(a) Do you have a written Safety Statement?

Yes No

(b) Who is responsible for Health & Safety matters?

Name
Position
Relevant qualifications

Money with assault extension

1 Is cover required?

Yes No

If 'Yes' complete questions 2 to 4 below. If 'No' please proceed to Personal accident section

2 What is the estimated total amount of money carried annually?

€

3 Cash

(a) State the maximum cash on the premises during business hours

€

(b) State the maximum cash in transit

€

(c) State the maximum cash in the following locked safe(s) out of business hours

Make of safe	Model	Age	Location and how fixed	Maximum contained
				€
				€

4 Assault extension

This extension covers all your staff and volunteers for injuries if attacked whilst carrying your money.

Is cover required?

Yes No

If 'Yes' please state number of units required*

units

**One unit provides €3,750 in permanent disablement benefits, €37.50 per week for temporary total disablement. The maximum number of units you can choose is ten.*

10 Have you or any principal, governor, director, bursar, employee, board member or representative ever been

(a) prosecuted under the Factories Act? Yes No

(b) served with a Prohibition Notice under the Safety, Health and Welfare at Work Act 2005? Yes No

If 'Yes' to either (a) or (b) please give details

11 Have you or any director or partner ever

(a) been convicted of (or charged with but not yet tried for) any offence other than a driving offence? Yes No

(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved? Yes No

(c) had any Court Judgments made

(i) against you in a personal capacity? Yes No

(ii) against any company, business or firm in which any of you have been involved as a director or partner or in a similar capacity? Yes No

If 'Yes' to any of the above please give details

12 Disclosure of additional material facts

Please read the paragraph about material facts which appears at the head of this application form. If there are any material facts that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

13 Have you been supplied with a summary of cover in respect of this insurance? Yes No

Law applicable

The policy shall be governed by and construed in accordance with the laws of the Republic of Ireland.

Declaration

I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.

I/We agree to accept a policy in the Company's usual form for this class of business.

Name

Signature

Position

Date

Name

Signature

Position

Date

FOR OFFICE USE ONLY

Initials

Date



Fitzwilliam Business Centre,
77 Sir John Rogerson's Quay,
Dublin 2, Ireland

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