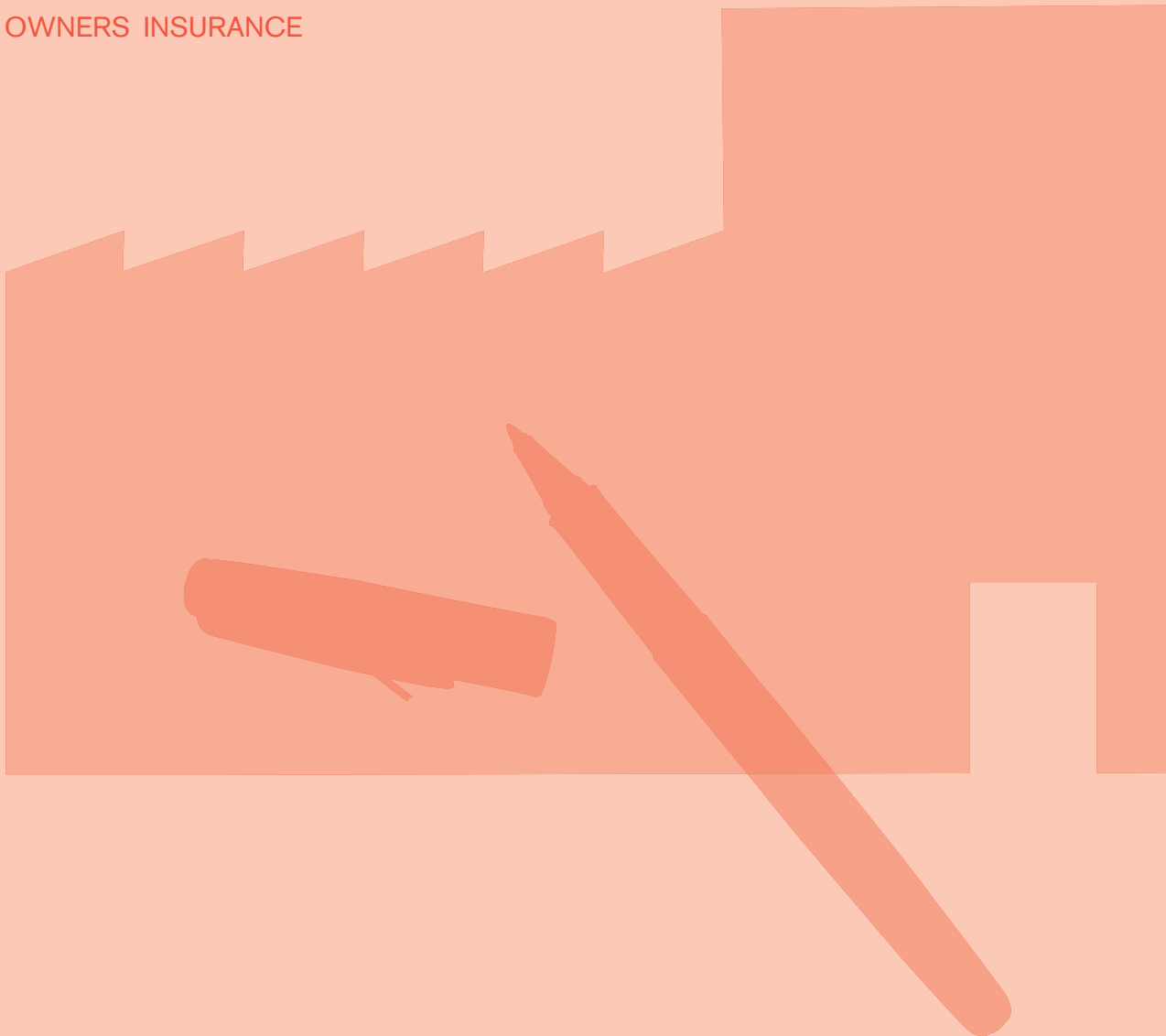


# application form

PROPERTY OWNERS 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. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. 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 you should include it. 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 and use additional sheets if necessary.**

**Applicant details**

**1 Name of applicant(s)**  
 Please clearly define all parties to be insured identifying any holding/subsidiary company relationships.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2 Owners’/Directors’/Partners’ full names (if not shown above)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3 Postal address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**4 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.*

## Properties to be insured

Note: List each block of buildings separately. Please continue on a separate sheet if necessary.

Address and age of property	Type of property See Note 1	Trade or business of occupier
<input type="text"/> <input type="text"/> <input type="text"/> <b>Age</b>		
<input type="text"/> <input type="text"/> <input type="text"/> <b>Age</b>		
<input type="text"/> <input type="text"/> <input type="text"/> <b>Age</b>		
<input type="text"/> <input type="text"/> <input type="text"/> <b>Age</b>		
<input type="text"/> <input type="text"/> <input type="text"/> <b>Age</b>		

Note 1: eg Shop, office, warehouse, factory, land. If any property to be insured includes land of more than one hectare, please give details.

Note 2: This should represent the full rebuilding costs including an allowance for VAT if appropriate, architects' and surveyors' fees, legal charges, debris removal and the cost of meeting public authority requirements.

<b>Rebuilding sum insured (declared value)</b> See Note 2	<b>Annual rental income</b> See Note 3	<b>Construction</b> See Note 4	<b>Condition of premises</b> See Note 5
€	€  months		Condition  Maintenance schedule
€	€  months		Condition  Maintenance schedule
€	€  months		Condition  Maintenance schedule
€	€  months		Condition  Maintenance schedule
€	€  months		Condition  Maintenance schedule

*Note 3: And indemnity period required – 12, 18, 24 or 36 months. Please note no rental income cover applies if premises are unoccupied.*

*Note 4: If all external walls and coverings are constructed solely of brick, stone, concrete, slates or tiles, state 'standard'. If otherwise please give details.*

*Note 5: If good state 'good' if not please provide details. Also provide details of maintenance schedule ie how often inspection and repairs are carried out, and by whom.*

## Properties to be insured continued

**1 Is each property subject to a full repairing lease (repairs being the responsibility of the occupier, tenant or sub lessee)?**

 Yes

 No

If no, please provide brief details eg Landlord responsible for all repairs, Landlord responsible for common parts etc.


**2 Are any of the premises listed in the 'Record of Protected Structures'?**

 Yes

 No

If 'Yes' please provide details


## Property damage – options

**1 Please tick if any of the following options are required**

Discount in premium for €1,000 all claims excess?

Discount in premium for €5,000 all claims excess?

**2 Optional insured events**

*Note: The standard cover includes: fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, storm, flood, escape of water, impact, falling trees, falling aerials, escape of oil, theft damage to the buildings if you are responsible for repairs and theft of contents of common parts.*

Please tick if any of the following optional insured events are required.

Accidental damage to glass and sanitary fixtures  
(Please answer question 3 if required)

Accidental damage

Subsidence (Please answer question 4 if required)

Subterranean fire

Sprinkler leakage

**3 If you have ticked to include accidental damage to glass and sanitary fixtures please answer the following question**

Is any of the glass to be insured not of ordinary glazing quality eg stained, bent or other ornamental glass?

Yes  No

If 'Yes' please give details and approximate replacement cost

**4 If you have ticked to include subsidence cover please answer questions (a) and (b) below**

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

**(a) Has any part of any of the properties to be insured ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement?**

Yes  No

**(b) Has any property to be insured been underpinned or provided with other means of structural support?**

Yes  No

If 'Yes' please give details

**Property owners' liability**

**Please indicate the limit of indemnity you require below**

€2,600,000 (standard)  £6,500,000

**Employers' liability**

**Is Employers' liability required (limit of indemnity €13,000,000)?**

Yes  No

If you have ticked to include Employers' liability, please provide the following details

Occupation/Nature of work undertaken	Number of employees	Estimated total annual wages/salaries and other earnings
Clerical/Administrative staff		€
Any staff using cradles or external window cleaning		€
Caretakers and routine maintenance staff		€
Others (please describe occupations)		€

**General questions**

**1 In respect of the premises to be insured:**

**(a) Do you know of any damage to third party property resulting from tree root encroachment?**

Yes  No

If 'Yes' please give details

**(b) Are all trees that bound your properties regularly inspected and maintained by suitably qualified personnel?**

Yes  No

**(c) Are you aware of any trade or business of any current or past occupier which presents an undue risk of pollution to the property itself or the land surrounding it or to the property or land of third parties?**

Yes  No

If 'Yes' please give details

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

Yes  No

If 'Yes' please give details

**2 Are the buildings being used for the purpose for which they were built?**

Yes  No

If 'No' please state their original purpose

**3 In respect of the risks to be insured whether at the premises or elsewhere has any:**

**(a) loss, damage, injury or liability arisen during the past 5 years whether insured or not?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**(b) company or underwriter declined to issue or renew a policy or imposed special terms?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' please give details


**4 Have you or any director, partner, employee or representative ever been:**

**(a) convicted of (or charged with but not yet tried for) any offence other than a driving offence?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**(b) prosecuted under the Factories Act or the Safety Health and Welfare at Work Act 2005 or any similar legislation?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

**(c) served with a Prohibition Notice under the Safety Health and Welfare at Work Act 2005 or any similar legislation?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

**(d) 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	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes' please give details


**5 Have you or any director, partner or representative ever had any Court Judgments made:**

**(a) against you in a personal capacity?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**(b) 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	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' please give details


**6 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.

**7 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(s)

Signature

Date





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

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