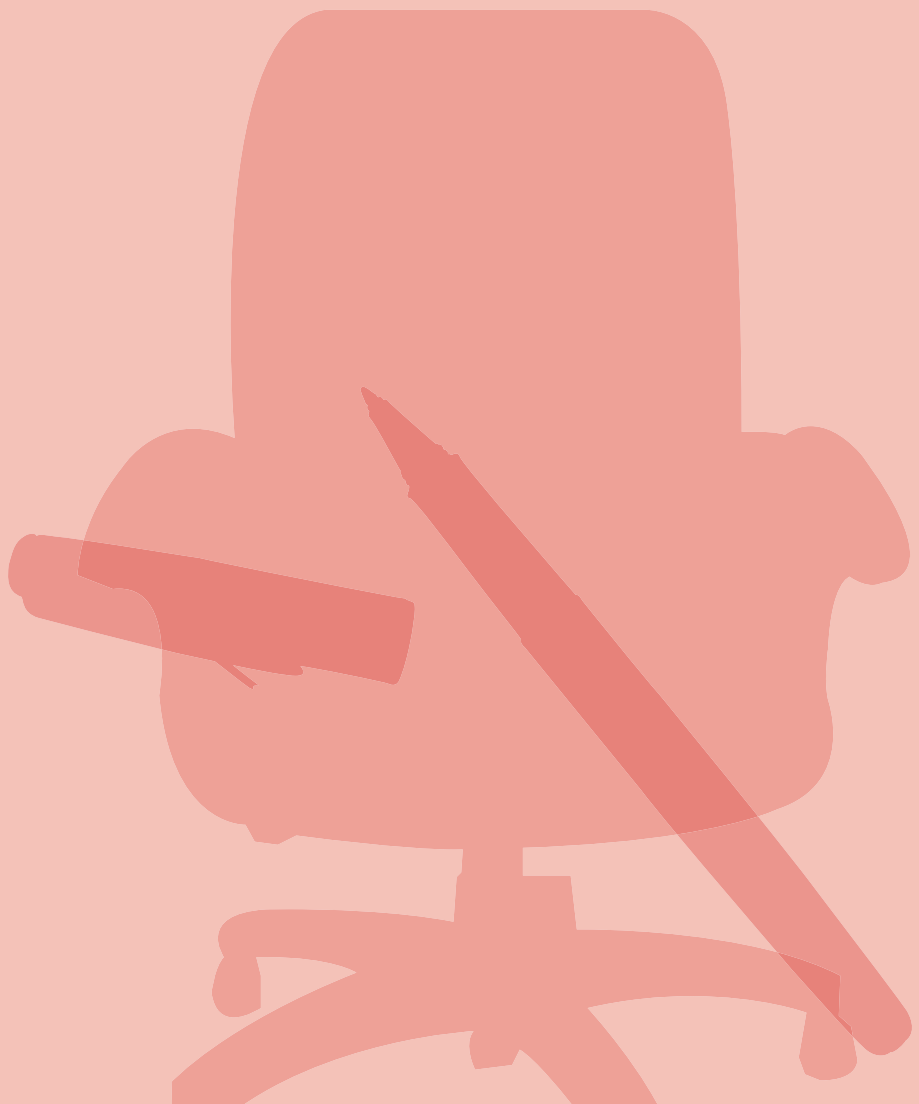


application form

COMMERCIAL 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, use additional sheets if necessary.

Applicant details**1 Name of applicant(s)**

(Please list all parties to be insured, the policy will be issued in the name or name(s) you state)

2 Trading name of establishment to be insured

3 Business description (to be shown on the policy document)
4 Postal address

Telephone

Email

Website

5 Date upon which the insurance is to commence

Note: this insurance will not be, or continue to be, in force until this application form has been accepted by the Company.

Property damage**1 Full address(es) of premises to be insured**

Telephone

2 General description of the premises to be insured

(Please include its original date of construction and purpose)

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

Yes No

If 'Yes' please provide 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 Is the property on a site which has suffered from flooding at any time in the past ten years?

Yes No

If 'Yes' please give details

6 Does the building incorporate any basement area used for storage?

Yes No

If 'Yes' please give details

7 Please give details of the occupation of any adjoining premises

8 Are the premises protected by an intruder alarm or fire alarm?

Yes No

If 'Yes' please give details of the alarm system(s) and attach a copy of the specification(s)

9 Please tick if any of the following covers are required

Sprinkler leakage

Theft of contents (following forced entry/exit)

Subsidence

Glass and sanitary fixtures

Accidental damage

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

(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

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

11 Sums to be insured

(a) Buildings

€

Include the buildings of the premises, 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. Also allow for any fees which may be incurred ie architects' and surveyors' fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

(b) Business contents and equipment plant and machinery

€

(c) Stock in trade

(i) Cigarettes and tobacco

€

(ii) Wines and spirits

€

(iii) Audio and visual equipment: radios, televisions, computers and cameras etc

€

(iv) Clothing

€

(v) Non-ferrous metals

€

(vi) All other stock

€

(vii) Stock debris removal

€

(d) Tenant's improvements and decorations

(for which you are responsible)

€

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

(ie an uplift to the insurance values applying on the first day of insurance)

Note: Day One basis does not apply to stock in trade.

Yes No

If 'Yes' please select the percentage uplift you require

15%

25%

50%

Other limit %
(please specify)

Property damage plus

This section provides 'all risks' cover for specified items and/or top-up cover for deterioration of stock.

1 Is cover required?

 Yes

 No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to the Business interruption section.

2 Extended cover for specified items

Complete this if you require 'all risks away from the premises' for specified items. The extended cover will only apply to Contents insured under the Property damage section.

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

3 Deterioration of stock

Note: you only need to complete this if your requirements are not met by the cover provided by the Property damage section – up to €3,750 any one unit and €15,000 in total in any one period of insurance.

Description of unit (including make and reference number)	Year of make	Maintenance contract in force? (for units that are over seven years old)	Limit per unit
		Yes/No/NA*	€
		Yes/No/NA*	€
		Yes/No/NA*	€
		Yes/No/NA*	€

*delete as applicable

Business interruption

1 Is cover required? Yes No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to the Liabilities section.

2 Please advise the annual sum(s) to be insured and the maximum indemnity period(s) required below.

Note: the maximum indemnity period should represent the time it would take to get your organisation back to normal trading after a loss. Where your maximum indemnity period exceeds 12 months we will increase your annual sum insured proportionately.

Item	Is cover required?	Annual sum insured/ Estimated sum insured for declaration linked basis*	Maximum indemnity period
Gross Profit/Revenue/ Rent Receivable*	Yes/No*	€	Months

*delete as applicable

The sum insured should represent your anticipated annual revenue, gross profit or rent receivable, allowing for any anticipated expansion of your business. You should not include any costs you would not incur whilst your organisation is not operating. Our standard gross profit wording takes into account purchases (less discounts) and bad debts. Please specify below any other working expenses to be excluded.

Item	Is cover required?	Sum insured	Indemnity period
Additional cost of working only (eg no revenue cover)	Yes/No	€	Months

The sum insured should cover all your additional costs in continuing to operate for the duration of the indemnity period, eg the cost of moving to and operating from temporary premises and moving back again once repairs are complete.

Note: the following cover is only suitable for businesses where no reduction in income can be expected following a loss.

Item	Is cover required?	Sum insured	Indemnity period
Additional increase in cost of working	Yes/No	€	Months

The sum insured should represent the additional costs likely to be incurred during the maximum indemnity period which are over and above the amount of gross profit, revenue, or rent you have saved.

3 Extensions required

The policy automatically includes €15,000 for unspecified suppliers. If you require more cover please specify suppliers below.

(a) Do you require cover for specified suppliers? Yes No
(interruption caused by insured events at the premises of a named supplier)

If 'Yes' please give suppliers' names and addresses

What percentage of your gross profit or revenue would be affected? %

The policy automatically includes €15,000 for unspecified customers. If you require more cover please specify customers below

(b) Do you require cover for specified customers?

Yes

No

(interruption caused by insured events at the premises of a named customer)

If 'Yes' please give customers' names and addresses

What percentage of your gross profit or revenue would be affected?

%

Liabilities

1 Is cover required?

Yes

No

If 'Yes' complete questions 2 to 18 below. If 'No' please proceed to Legal expenses section

2 Please indicate the cover(s) required by ticking the box(es) where applicable

Cover

Limit of Indemnity

Employers' liability

€13,000,000 (standard)

Public and Products liability

€2,600,000

€6,500,000

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

3 Wageroll information

Note: the following allows us to provisionally assess the premium we require. When the policy is renewed, you should tell us the actual figure so that we can make the necessary additional premium charge or refund and create a new estimate for the year ahead.

The estimate for wages, should include total remuneration by way of overtime, value of board and lodgings, housing accommodation, bonuses or other payments in kind or money. No deduction from such total remuneration should be made in respect of Pay Related Social Insurance, Income Tax, and Holidays with Pay or Contributory pensions.

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

Category	Numbers	Annual wages etc.
Principles / partners		€
Directors, clerical and management employees (no manual work)		€
Employees using hazardous machinery		€
All other employees (please list occupations and split numbers and wages between each category)	1	€
	2	€
	3	€

4 Do you use sub-contractors?

Yes No

If 'Yes' please complete the table below

Numbers	Annual Payments made to them	Description of work
	€	
	€	
	€	

Please give details of how you ensure that sub-contractors have adequate liability insurance

5 Do you undertake work or visits away from the premises?

Yes No

If 'Yes' does this involve:

- (a) The application of heat (eg use of welding, flame cutting equipment, blowlamps or hot air strippers)?**
- (b) Any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries?**
- (c) Any work outside the Republic of Ireland or UK?**
- (d) Work at height above 10 metres or underground?**

Yes No

Yes No

Yes No

Yes No

If you answered 'Yes' to questions (a), (b), (c) or (d) please give details and indicate the approximate proportion of work away wages

	%	Nature of work
(a)		
(b)		
(c)		
(d)		

6 Do you use (or have you used in the past) any of the following in your business

- (a) Asbestos, silica or any chemicals, acids, gases, explosives or any materials containing such substances?**
- (b) Radioactive substances or devices?**
- (c) Power-driven machinery (other than hand tools)?**
- (d) Lifts, cranes or power-operated lifting equipment, steam or other pressured vessels?**

Yes No

Yes No

Yes No

Yes No

If you answered 'Yes' to questions (a), (b), (c) or (d) please give details

7 Health & Safety

(a) Do you have a written Safety Statement?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(b) Is responsibility for Health & Safety issues designated to a Senior Manager?

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

8 Product description

(a) Please state fully the type of products you are involved with and any associated services or treatments you provide

(b) Do you issue brochures, pamphlets, or other literature describing the products you are involved with? (If 'Yes' please provide copies.)

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

(c) Describe the main uses or functions of the products

(d) Identify who will be the final user (eg food industry, domestic use)

(e) Will your products

(i) form a component part?

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

(ii) be mixed with other products (eg dyes, bleaches, food colourings, etc.)?

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

If 'Yes' to (i) or (ii) please give details

(f) Do you alter any product or its packaging, labelling or instructions that is not produced by you?

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

(g) Do you put your own name, trademark, logo or other distinguishing mark on any product that is not produced by you?

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

If 'Yes' to (f) or (g) please give details

(h) Are any products prototypes, experimental or single production items?

Yes No

If 'Yes' please give full details including nature and function of goods

(i) Do you have a quality control system and keep records for at least 10 years of all goods and materials supplied to you?

Yes No

9 Please state your turnover for each of the following territories

Territory	Current year	Last 3 years	For the next 12 months (estimated)
Republic of Ireland/UK	€	€	€
European Union	€	€	€
Exports to the USA & Canada (Note: the policy excludes these)	€	€	€
Exports to the rest of the world	€	€	€

10 Of your turnover please state what percentage relates to goods

(i) imported from outside the European Union %

(ii) obtained by you from within the European Union %

11 Risk Assessments

(a) In respect of your business, have you completed all risk assessments as required by relevant legislation or regulations eg Safety, Health and Welfare at Work (General Applications) Regulations 2007 and Safety, Health and Welfare at Work Act 2005?

Yes No

(b) Following completion of risk assessments, have you implemented all necessary remedial action?

Yes No

(c) Please outline your programme to review assessment survey(s), indicating frequency of review

12 Do you engage personnel who are not ordinarily resident within the Republic of Ireland?

Yes No

13

Have you accepted

(a) Additional liabilities by agreement or contract with any customers, suppliers or sellers?

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

(b) Restrictive contract conditions limiting recovery rights from suppliers or sellers?

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

If 'Yes' please give details below

14

Are you registered with the appropriate bodies to comply with legislation?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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eg Local Authorities, Factories Act 1955, Safety, Health and Welfare at Work (General Application) Regulations 2007, Safety, Health and Welfare at Work Act 2005

15

Are employees now, or have they ever been, exposed to noise levels above 85db?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' please give details below including the precautions taken to prevent impairment of hearing

16

Have you ever carried out an environmental assessment?

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

17

Do you have an environmental policy?

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

18

Does your trade or business involve the discharge of or disposal of effluent, fumes, waste, waste substances or anything of a noxious nature?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Don't know		<input type="checkbox"/>	

If 'Yes' please advise type of waste and give full details of

Storage and disposal methods

Treatment of waste

Disposal licences held

Legal expenses

1 Is legal expenses insurance required? Yes No
 If 'Yes' please complete questions 2 to 6 if 'No' please proceed to Money (with assault extension)

2 Limit of indemnity required €75,000 €150,000

3 Please tick if any of the following covers are required

(a) Statutory licence protection

(b) Contract disputes

(c) Debt recovery

If you have ticked (c) Debt recovery please answer the following questions, if not please proceed to question 4

(i) What is the maximum credit limit? €

(ii) What is the maximum credit period allowed?

(iii) Please give full details of your credit control procedures

(iv) What is the credit limit allowed without credit checks being carried out? €

(v) Please state the total

- amount of debt within the last financial year	€ <input type="text"/>
- average size of debts	€ <input type="text"/>
- amount recovered	€ <input type="text"/>
- cost of recoveries	€ <input type="text"/>

(vi) Please give the name and address of any outside agency used for the collection of outstanding debts

4 Total estimated annual wages €

Total estimated turnover €

5 Is there any work undertaken, or are visits made, away from the premises?

 Yes

 No

If 'Yes' please provide details

(i) Total estimated wages and payments for such work/visits

€

(ii) Please provide details of work/visits

6 Redundancies, mergers and legal disputes

(a) Are any redundancies envisaged in your business within the next twelve months?

 Yes

 No

(b) In the last three years have you been taken over by, merged with, acquired or disposed of any companies or made significant changes to your business activities, or are any such developments currently under consideration?

 Yes

 No

(c) Have you or any director, partner, employee or representative been involved in any legal disputes during the past five years in connection with any company, business or firm with which any of you have been involved?

 Yes

 No

If 'Yes' to (a), (b) or (c) above please provide full details

Money (with assault extension)

1 Is cover required? Yes No

If 'Yes' complete questions 2 to 5 below. If 'No' please proceed to Goods in transit section

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

3 Cash

(a) Please state the maximum cash on the premises during business hours €

(b) Please state the maximum cash in transit by you or your employees (an escort warranty will apply for amounts over €3,750) €

(c) Please 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
				€ <input type="text"/>
				€ <input type="text"/>

4 Is money carried by a security company? Yes No

If 'Yes' please give the following details

(a) Name of company

(b) Does the company accept liability for loss of money from their custody? Yes No

(c) Is the company a member of the Irish Security Industry Association (ISIA)? Yes No

(d) What is the estimated amount of money (other than non-negotiable money) carried annually by the Security company? €

5 Assault extension

This extension covers all your employees for injuries if attacked whilst carrying your money

Is cover required? Yes No

If 'Yes' please state number of units required*

**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.*

Goods in transit

This section covers your general business stock whilst in transit by road vehicles operated by you or a haulier, parcel post, courier or rail.

1 Is cover required?

 Yes

 No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to the Personal accident section

2 Please provide details of the type of goods to be sent

3 Estimated annual carryings

Please complete the tables (a) and (b) below as applicable.

Note: the estimated figures you supply allow us to provisionally assess the premium we require. When the policy is renewed you should tell us the actual figure so that we may make the necessary premium charge or refund and create a new estimate for the year ahead.

(a) If you require cover for goods carried in your own vehicles please complete the following

Estimated annual carryings

Limit required any one vehicle (including trailer)

(b) If you require cover for goods carried other than in your own vehicles please complete the following

Carrier	Limit	Type	Estimated annual carryings
Hauliers	€	any one parcel/consignment*	€
Parcel	€	any one parcel/consignment*	€
Rail	€	any one parcel/consignment*	€
Couriers	€	any one parcel/consignment*	€

**delete as applicable*

Personal accident

1 Is cover required? Yes No

If 'Yes' complete questions 2 to 4 below. If 'No' please proceed to the General questions section.

2 If you require cover on the 'unit' basis, please fill in the table below

Note: one unit of cover provides €3,750 in permanent disablement benefits and €37.50 per week for temporary total disablement. The maximum number of units you can choose is ten.

Alternatively, cover is available on a 'selected benefits' or 'wages and salaries' basis. If cover is required on this basis please contact your insurance broker or Ecclesiastical.

Individual cover is available for directors and permanent employees only.

Name or positions of persons to be insured	Occupation	Cover required	No. of Units (see note above)
		Whilst at work only/24-hour*	
		Whilst at work only/24-hour*	
		Whilst at work only/24-hour*	

*delete as applicable

3 Deferment period

The standard deferred period (before weekly benefits become payable) is two weeks. In exchange for a reduction in premium do you require a longer deferment period?

If 'Yes' select the number of weeks (please tick)

4 6 8 13

4 To the best of your knowledge or belief are all the persons to be insured

(a) in good physical and mental health? Yes No

(b) free from any physical disability or infirmity? Yes No

If 'No' please give details

General questions**1 Have you ever traded under another name?**Yes No

If 'Yes' please give details

2 Are all the premises to be insured in a good state of repair and will they be so maintained?Yes No

If 'No' please give details

3 Have you appointed a competent person to carry out a fire risk assessment and draw up a fire emergency plan?Yes No

If 'No' please give reasons

4 Are you now or have you previously been insured in respect of any of the risks to which this application relates?Yes No

If 'Yes' please advise name of insurer(s) and policy number(s)

5 In respect of the risks to be insured whether at these premises or elsewhere has any**(a) loss, damage, injury or liability arisen during the past five years whether insured or not?**Yes No **(b) company or underwriter declined to issue or renew a policy or imposed special terms?**Yes No

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

6 Have you or any director, partner, employee or representative ever been

(a) prosecuted under the Factories Act?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(b) served with a Prohibition Notice under the Safety, Health and Welfare at Work Act 2005?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' to either (a) or (b) please give details

7 Have you or any director, partner, employee or representative ever

(a) been 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"/>
-----	--------------------------	----	--------------------------

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

(c) had any Court Judgments made

(i) against you in a personal capacity?

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

(ii) against any organisation, company, business or firm in which you have been involved as a trustee, director or partner or in a similar capacity?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' to any of the above please give details

8 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 or continue on a separate sheet.

9 Have you been supplied with a summary of cover in respect of this insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Law applicable

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

Declaration

This declaration must be signed and dated on behalf of all the parties to be insured under this policy. In the event of joint insureds we have allowed for more than one signature.

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

Notes

Notes

Notes



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

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