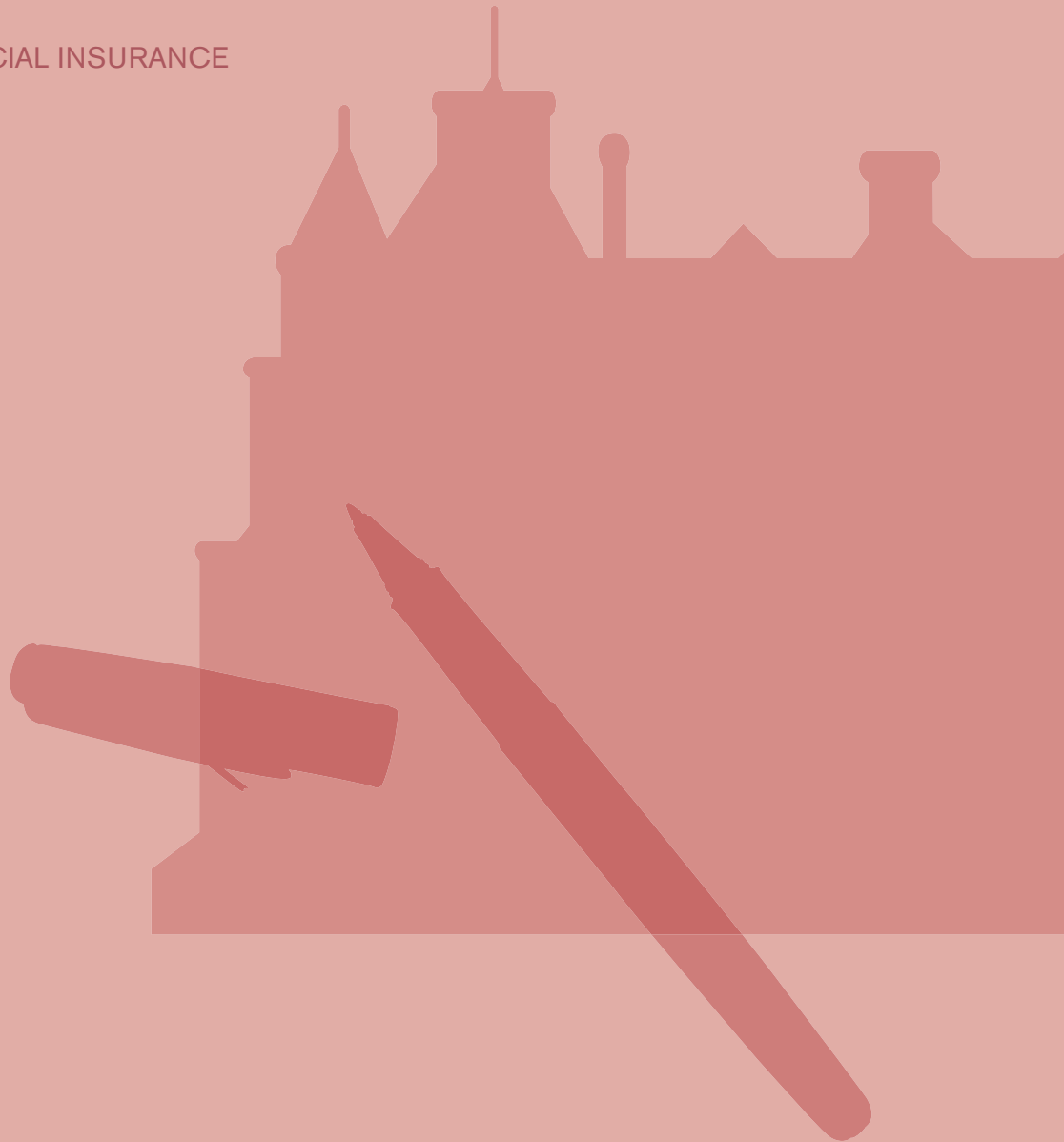


application form

HERITAGE COMMERCIAL INSURANCE



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

2 Trading name

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.

Premises to be insured**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 on the Record of Protected Structures?

If 'Yes' please give details of the Planning Authority

Yes

No

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)

3 Sums to be insured

(Please refer to page 4 of the Summary of cover for information regarding the sums to be insured)

(a) Buildings

€

The buildings of the premises include 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, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred i.e. 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

€

Note: If you want optional cover to insure your specialist fine art, collections or antiques on a market or agreed value basis, refer to the Fine Art and Collections section. If on the other hand a 'modern replacement' basis is acceptable, then this section should suffice and your sum insured under (b) should allow for these items.

(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)

€

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

(i.e. an uplift to the insurance values applying on the first day of insurance)

Yes No

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

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 Fine art and collections section

2 Extended cover for specified items

Note: you only need to 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. 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 7 years old)	Limit per unit
		Yes/No/NA*	€
		Yes/No/NA*	€
		Yes/No/NA*	€
		Yes/No/NA*	€

*delete as applicable

Fine art and collections

1 Is cover required? Yes No

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

The cover is available in two parts, the second part is for exhibits in a museum, gallery or similar institution that is open to the public. The first part is for art, furniture, china, coins and stamp collections and jewellery and watches that are not in such an institution.

2 Art, jewellery and watches

(a) Art

- (i) Please specify below all items of art, furniture, china, coins and stamp collections you wish to insure on an agreed value basis.

Note: a valuation is required for all items insured on this basis.

Item	Agreed Value
Paintings, prints and drawings	€ <input style="width: 100%;" type="text"/>
Antiquarian books and manuscripts	€ <input style="width: 100%;" type="text"/>
Antique furniture	€ <input style="width: 100%;" type="text"/>
Rugs and tapestries	€ <input style="width: 100%;" type="text"/>
Mirrors and mirror paintings	€ <input style="width: 100%;" type="text"/>
Non-fragile sculptures and bronzes	€ <input style="width: 100%;" type="text"/>
Ceramics, glass and other brittle items	€ <input style="width: 100%;" type="text"/>
Clocks and barometers	€ <input style="width: 100%;" type="text"/>
Gold, silver and plate	€ <input style="width: 100%;" type="text"/>
Coins stamps and medals	€ <input style="width: 100%;" type="text"/>
Other (please specify)	
<input style="width: 100%;" type="text"/>	€ <input style="width: 100%;" type="text"/>

Please attach copy of valuation or other listing.

- (ii) Please provide a sum insured for art, furniture, china, coins and stamp collections you wish to insure on a market value basis.

Unspecified art €

(b) Jewellery and watches

- (i) Please specify the following details for your jewellery and watches

For which you have an itemised list

€

Note: all items in excess of €7,500 should be itemised. We may require a valuation

For which you do not have a list

€

- (ii) Of your jewellery or watches, what is the maximum value that you will have at any one time out of a safe or bank vault?

€

- (iii) Please specify the amount of jewellery that is kept when not being used in

Bank vault

€

Safe depository

€

Safe

€

3 Exhibits (for museums and galleries)

- (i) Please specify below all exhibits you wish to insure on an agreed value basis.

*Note: a valuation is required for all items insured on this basis***Item****Agreed value**

Paintings, prints and drawings

€

Antiquarian books and manuscripts

€

Antique furniture

€

Rugs and tapestries

€

Mirrors and mirror paintings

€

Non-fragile sculptures and bronzes

€

Ceramics, glass and other brittle items

€

Clocks and barometers

€

Gold, silver and plate

€

Coins stamps and medals

€

Other (please specify)

€

Please attach copy of valuation or other listing.

- (ii) Please provide a sum insured for items you wish to insure on a market value basis

Unspecified exhibits

€

Business interruption

1 Is cover required? Yes No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to 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 for your organisation to resume normal activities 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 activities. 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.

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

Item	Is cover required?	Sum insured	Indemnity period
Additional cost of working only (ie. 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, e.g. the cost of moving to and operating from temporary premises and moving back again once repairs are complete.

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' name and address

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

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

Yes

No

If 'Yes' please give customers' name and address

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

%

Liabilities

1 Is cover required?

Yes

No

If 'Yes' complete questions 2 to 8 below. If 'No' please proceed to Money (with assault extension) section

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

Cover

Limit of Indemnity

Employers' liability

(standard limit of indemnity
€13,000,000)

Yes

Yes

Public liability and Products liability

(standard limit of indemnity
€6,500,000)

Yes

No

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
Directors, clerical and management employees (no manual work)		€
All other employees (please list occupations and split numbers and wages between each category)	1	€
	2	€
	3	€
	4	€
	5	€

4 Do you engage voluntary helpers?

Yes No

If 'Yes' please advise

Nature of duties	Total number of active volunteers engaged	Maximum number at any one time	Average weekly hours donated by each volunteer

5 Are your premises open to the public?

Yes No

If 'Yes' please estimate the number of visitors per year

Number of days per year

Percentage of the premises open to the public

6 Health & Safety

(a) Do you have a written Safety Statement?

Yes No

(b) Is responsibility for Health & Safety issues designated to a Senior Manager?

Yes No

If 'No' please give details of arrangements

7 Product description

(a) Do you sell supply repair or manufacture products or goods?

Yes No

If 'Yes' please state fully the type of products you are involved with and any associated services or treatments you provide

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

Yes No

If 'Yes' please give details

(c) Please state annual turnover

(i) Republic of Ireland

€

(ii) USA and Canada

€

(iii) Rest of the world

€

Total

€

8 Events

(a) Please give the following details of any events held at your premises?

Event	Approx numbers attending each activity	Number per year	Duration
Fêtes			
Concerts			
Country fairs			
Banquets			
Steam rallies			
Antiques fairs			
Other (please specify)			

(b) Do you organise the events?

Yes No

If 'No', and the events are organised by another company, do you check that public liability insurance is in force and covering the period of the event at least at the same level as your cover for public liability insurance?

Yes No

(c) What services if any do you provide at events?

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

€

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

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

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) 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 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.*

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 to 3 below. If 'No' please proceed to 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	€ <input type="text"/>
Limit required any one vehicle (including trailer)	€ <input type="text"/>

(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 Loss of licence 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, trustees 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

 Yes

 No

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

Loss of licence

The optional cover provided by this section is for the depreciation in value of your premises and/or the loss of gross profits following the loss of the licence held by you. The loss must be fortuitous ie a loss not caused by your own acts or omissions.

1 **Is cover required?** (standard limit €150,000)

Yes

No

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, carried out a fire risk assessment and drawn 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

Law applicable

It is our intention to apply the law 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

Charity
Care sector
Heritage
Education
Commercial bespoke
Property Owners
Apartment blocks
Schemes
Shops
Offices
Faith

For further information on any
of our products or services,
please speak to your broker.

Or visit us at

www.ecclesiastical.ie



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