



## APP – AIKEN PROPERTY PROTECTION Property Owners Proposal Form

### General Information

BROKER CONTACT NAME			
HOLDING BROKER	Yes/No		
CURRENT INSURER			
RENEWAL DATE		Current Premium	€

### Proposers Details

NAME OF PROPOSER IN FULL			
POSTAL ADDRESS			
CONTACT NO		EMAIL	
FULL BUSINESS DESCRIPTION (If more than one, state all)			

### Location(s) of Property to be Insured

1.	
2.	
3.	
4.	

### Trades of ALL Tenants

1.	
2.	
3.	
4.	

**IS THE PROPERTY UNOCCUPIED:**

YES

NO

## MATERIAL DAMAGE SECTION

### Property to be Insured

<b>1</b> Buildings – Including landlord's fixtures and fittings	€
<b>2</b> Contents - excl landlords fixtures & fittings or property more specifically specified	€
<b>3</b> Fire Brigade Charges	€
<b>Total Sum Insured</b>	€

## LIABILITY SECTION

### Property Owners Liability

Limit of Indemnity Required   

### Employers Liability

Employee Category	No of Full Time Employees	No of Part Time Employees	Wage Roll	Work Away Wage-roll
Clerical/Admin			€	€
Property Repairs			€	€
All Other Manual Employees			€	€

DESCRIPTION OF WORK CARRIED OUT   

% OF WORK AT OWN PREMISES   

% OF WORK AWAY FROM THE PREMISES   

### 5 Years Claims/Accident History

**(A) Liability**

Year	E/L Claims			P/L Claims			Products Claims		
	No	Paid	O/S	No	Paid	O/S	No	Paid	O/S
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€

**(B) Material Damage plus all other covers being proposed for insurance**

Year	No	Type of Claim	Amount Paid	Amount Outstanding
			€	€
			€	€
			€	€
			€	€
			€	€

## GENERAL DETAILS of PROPERTY

INTERESTED PARTY   

STATE OF REPAIR AND YEAR OF CONSTRUCTION   

CONST OF ROOF   

CONST OF FLOORS   

METHOD OF HEATING

AGE OF ELECTRICS	<input type="text"/>
NO OF FLOORS	<input type="text"/>
WHAT IS THE ADJOINING PROPERTY TO THE LEFT	<input type="text"/>
WHAT IS THE ADJOINING PROPERTY TO THE RIGHT	<input type="text"/>
SPRINKLERS	<input type="text" value="Yes/No"/>
EXTINGUISHERS	<input type="text" value="Yes/No"/>
HOSE REELS	<input type="text" value="Yes/No"/>
FIRE ALARM	<input type="text" value="Yes/No"/>
IS THIS ALARM LINKED TO MONITORING STATION	<input type="text" value="Yes/No"/>
NEAREST FIRE STATION	<input type="text" value="Miles Away"/>
FIRE HYDRANT	<input type="text"/>
BURGLAR ALARM	<input type="text" value="Yes/No"/>
IS THIS ALARM LINKED TO MONITORING STATION	<input type="text" value="Yes/No"/>
CCTV SYSTEM	<input type="text" value="Yes/No"/>
ROLLER SHUTTERS	<input type="text" value="Yes/No"/>
24-HOUR SECURITY	<input type="text" value="Yes/No"/>
IS THE PREMISES A LISTED STRUCTURE	<input type="text" value="Yes/No"/>
IS THERE A HISTORY OF FLOODING IN THE AREA	<input type="text" value="Yes/No"/>

**Please Disclose Any Additional Information  
That The Insurers May Find Important**

# IMPORTANT – PLEASE COMPLETE THIS PAGE

HAVE YOU OR ANY OF YOUR PARTNERS OR DIRECTORS:	
1) Ever been convicted/charged but not yet tried with a criminal offence other than a motoring offence?	Yes/No
2) Ever been declared bankrupt or are the subject of any current bankruptcy proceedings?	Yes/No
3) Within the last 5 years have you 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/No
4) Has any insurer or underwriter ever declined, cancelled or withdrawn cover, refused to renew, imposed special terms, or asked you to move all or part of your insurance elsewhere?	Yes/No

**PLEASE ANSWER THE ABOVE IN RESPECT OF NOT ONLY THIS PROPOSED BUSINESS BUT ALSO IN RESPECT OF ANY OTHER BUSINESS IN WHICH YOU & OR YOUR PARTNERS &/OR DIRECTORS HAVE OR HAVE HAD AN INTEREST**

## DECLARATION

To the best of my knowledge and belief the information provided in connection with this declaration, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misinterpretation of a material fact may entitle insurers to void the insurance. (N.B. a Material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or Insurers to accept this insurance. I understand and agree that Insurers may seek information from credit and other agencies in connection with this proposal.

Signature of Proposer \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_