



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

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

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 _____