



Property Owners Submission Form

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.

Trades of ALL Occupiers

1.

2.

MATERIAL DAMAGE SECTION

Please indicate cover required (Commercial All Risks OR Fire & Special Perils)

Commercial All Risks	Yes/No	Fire & Special Perils	Yes/No
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Property to be Insured

1	Buildings – Including landlord’s fixtures and fittings	€ <input type="text"/>
2	Landlords Fixtures & Fittings	€ <input type="text"/>
2	Contents - excl landlords fixtures & fittings or property more specifically specified	€ <input type="text"/>
3	Fire Brigade Charges	€ <input type="text"/>
4		€ <input type="text"/>
5		€ <input type="text"/>
6		€ <input type="text"/>
7		€ <input type="text"/>
Total Sum Insured		€ <input type="text"/>

LIABILITY SECTION

Property Owners Liability

Limit of Indemnity Required

€2,600,000

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			€	€

5 Years Claims/Accident History

PLEASE DETAIL ALL CLAIMS FOR THIS TYPE OF INSURANCE OVER THE PAST 5 YEARS

Year	Claim Details	Claim Amount
		€
		€
		€
		€
		€

GENERAL DETAILS

CONST OF WALLS

CONST OF ROOF

CONST OF FLOORS

METHOD OF HEATING

AGE OF ELECTRICS

Years

NO OF FLOORS

One

ADJOINING PROPERTY
(LEFT)

ADJOINING PROPERTY
(RIGHT)

SPRINKLERS

Yes/No

EXTINGUISHERS

Yes/No

FIRE ALARM

Yes/No

NEAREST FIRE
STATION

Miles Away

FIRE HYDRANT	Yes/No
BURGLAR ALARM	Yes/No
LINKED TO MONITORING STATION	Yes/No
CCTV	Yes/No
ROLLER SHUTTERS	Yes/No
SAFETY STATEMENT	Yes/No

Additional Information