



Property Owners Submission Form

Proposers Details

NAME OF PROPOSER IN FULL	<input type="text"/>		
POSTAL ADDRESS	<input type="text"/>		
CONTACT NO	<input type="text"/>	EMAIL	<input type="text"/>
FULL BUSINESS DESCRIPTION (If more than one, state all)	<input type="text"/>		

Location(s) of Property to be Insured

1.	<input type="text"/>
2.	<input type="text"/>

Trades of ALL Occupiers

1.	<input type="text"/>
2.	<input type="text"/>

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