



PUBLIC HOUSE PROPOSAL FORM PROPERTY INSURANCE

General Information

Broker Contact Name		
Holding Broker	Yes/No	
Current Insurer		
Renewal Date		
Current Premium	Current Excess	

Proposers Details

Name of Proposal in full		
Postal Address		
Contact Phone Number		
Website		
Full Business Description (if more than one state all)		
How long have you been in Business?		

General Risk Information

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MATERIAL DAMAGE SECTION

Standard Cover is Commercial All Risks

Sums Insured

Buildings - Including Landlords Fixtures & Fittings (Owned by Directors)	€0
Tenants Improvements	€0
Contents (means business equipment computers plant machinery furniture fixtures and fittings and all other contents)	€0
General Stock & Materials in trade the property of the Insured or held in trust for which they are responsible	€0
Stock of Beers/Wines/Spirits	€0
Fire Brigade Charges - Standard €7,500	€0
Glass - Standard if Buildings Covered	€0
Frozen Food - Standard €3,750	€0
	€0
	€0
	€0
Total Sum Insured	€0

BUSINESS INTERRUPTION SECTION

Gross Profit	€0
Increased Cost of Working	€0
Rent Receivable	€0
Rent Payable	€0
Indemnity Period (ensure Sum Insured is adequate for indemnity Periods required)	Select
Is Loss of Licence required?	YES/NO
Loss of Licence Limit Required	Select Option

Money

Estimated Annual Cash Carryings	€0
Cash in Transit Limit Required	€6,500
Cash on Premises During Busines Hours	€6,500
Cash in Locked Safe/Stongroom	€6,500
Details of Safe	

5 Years Gross Claims/Accident History

Date	Full Details	Amount
		€0
		€0
		€0
		€0
		€0

GENERAL DETAILS

Year of Construction of Property	0
Construction of Walls	
Construction of Floors (If Timber state %)	
Construction of Roof (If Flat state %)	
Has the premises ever been affected by flood and/or subsidence? If Yes please provide details	YES/NO
Method of Heating	
Age of Electrics	
Number of Floors	
Adjoining Property	
Are Sprinklers Installed?	
What Fire Protection Systems are in place? (e.g. Extinguishers/Fire Blankets, details of monitoring contracts)	
Fire & Burglar Alarms (advise if linked to Monitoring Station &/or Monitoring Arrangements)	
Nearest Fire Station	
Where is nearest Fire Hydrant?	
Details of CCTV in place	
Is any portion of the premises ever used as a nightclub?	YES/NO
Is there a Dance Floor/Discos?	YES/NO
If Yes to above is there a late licence/hours?	YES/NO

Is there Deep Fat Frying?	YES/NO
Is there an Ansul Fire Suppression System fitted?	YES/NO
Where there are frying facilities at the premises please confirm that within the last 12 months:	
The appliances have been serviced by a qualified person in accordance with manufacturers instructions with a service record or certificate kept in a safe place and available for inception	Yes/No
The internal surfaces of the ducting and extraction fan have been cleaned, preferably by a specialist contractor	Yes/No

Risk Management Details

Date of Last Survey	
Outstanding Requirements	Yes/No
If "YES" Please Detail:	

DECLARATION

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 or Court Judgements?	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 in.

If you have answered yes to any of the above, please provide full details below and/or on a separate page.

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: _____