

Home Insurance Questionnaire Republic of Ireland







Questionnaire

There are conditions, limitations, exclusions and excesses within the wording, a copy of which will be provided on request. You should keep a record (including copies of letters) of all the information supplied.

| Proposer | | | | | | |
|--|---|---|--|--|--|--|
| Title | Forenames | Surname | | | | |
| Date of Birth | Occupation | | | | | |
| | | Telephone | | | | |
| Joint Proposer | | | | | | |
| Title | Forenames | Surname | | | | |
| Date of Birth | Occupation | | | | | |
| | | Telephone | | | | |
| Please Note: If you want to include | e additional policyholders please enter their | details in the information box overleaf | | | | |
| | | | | | | |
| Total number of years since your las | st claim | | | | | |
| Address Details | | | | | | |
| Address to be insured | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | Postcode | | | | |
| Correspondence Address (If different from address | | | | | | |
| to be insured) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Postcode | | | | |
| Construction of Walls | | | | | | |
| Construction of Roof | | | | | | |
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Sums Insured You must take reasonable steps to ensure that your sums insured are adequate at all times otherwise we will only pay a proportion of your claim as detailed below: If your Buildings are under-insured, which means the cost of rebuildings the buildings at the time of loss or damage is more than your sum insured for the buildings, then we will only pay a proportion of the claim. For example if your sum insured only covers one half of the cost of rebuilding the buildings, we will only pay one half of the cost of repair or replacement. If your Contents are under-insured, which means the cost of replacing or repairing the contents at the time of the loss or damage is more than your sum insured for the contents, then we will only pay a proportion of the claim. For example if your sum insured only covers one half of the cost of replacing or repairing the contents, we will only pay one half of the cost of repair or replacement. Buildings Buildings Sum Insured (INCLUDING outbuildings) € (full cost of reconstruction in it's present form. This amount must include all outbuildings, garages, domestic oil & gas pipes, domestic fuel oil tanks, swimming pools, tennis courts, drives, paths, patios, terraces, walls, gates & fences, septic tanks, lamp posts and ornamental fountains & ponds). Do you require Accidental Damage cover? YES NO The default excess is €100 you can increase the excess which will reduce your premium. €100 €250 €500 €1,000 €2,500 €5,000 Please select your excess In the event of a claim where the incident of loss or damage that falls for consideration is covered under more than one section of cover and you have chosen a different excess under that section, it is the highest applicable excess that will be deducted from the total settlement of any claim. If we impose a compulsory increased excess you will not be entitled to a discount. You will be advised by your broker if this applies to your policy. Approximate year of build Is the home a protected structure? YES NO **Contents** i) General Contents within the home, (excluding gold & silver and gold & silver plated articles, jewellery & furs) € NO Do you require Accidental Damage cover? YES The default excess is €100 you can increase the excess which will reduce your premium. Please select your excess €100 €250 €500 €1,000 €2,500 In the event of a claim where the incident of loss or damage that falls for consideration is covered under more than one section of cover and you have chosen a different excess under that section, it is the highest applicable excess that will be deducted from the total settlement of any claim. If we impose a compulsory increased excess you will not be entitled to a discount. You will be advised by your broker if this applies to your policy. Please complete this section where you require cover away from the home. The excess you have chosen for CONTENTS will apply to these covers. Personal Possessions € Jewellerv € Furs € Guns € Gold & silver articles and gold & silver plated articles (excluding jewellery) €.

Sum Insured (€)

€

Pictures, paintings

Description

Valuables in the Bank

Please specify any individual items over €2,500

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| Additional Covers | | | | YES | NO |
|---|---|--------------------------------------|-----------------|-----|----|
| Domestic freezer contents cover? | | | | | |
| If Yes, please state sum insured | € | | | | |
| Pedal cycles cover anywhere in the United Kingdo | m? | | | | |
| If Yes, please state sum insured | € | | | | |
| Please specify any pedal cycles with a value | of more than €1,000 in the are | ea below: | | | |
| Description | | | Sum Insured (€) |) | |
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| Do you require cover for your Personal money? | | | | | |
| If Yes, please state sum insured | € | | | | |
| Do you require cover for your Credit cards? | | | | | |
| If Yes, please state sum insured | € | | | | |
| Property Details | | | | | |
| Number of Bedrooms | | | | | |
| House - Detached | Flat - Ground Floor | | | | |
| Bungalow - Detached | House - Terraced | | | | |
| Flat - Basement | Bungalow - Terraced | | | | |
| House - Semi Detached | Flat - Other | | | | |
| | | | | | |
| Bungalow - Semi Detached | Other (please give details) | | | | |
| Bungalow - Semi Detached Declaration Statements about You | Other (please give details) | | | YES | NO |
| | | rith any offence (other than motorin | g offences | YES | NO |
| Declaration Statements about You Have you or any other persons living with you even | r been convicted of or charged w | | g offences | YES | NO |
| Declaration Statements about You Have you or any other persons living with you ever or spent convictions)? | r been convicted of or charged w r been made bankrupt or entered | d into a bad debt | g offences | YES | NO |
| Declaration Statements about You Have you or any other persons living with you ever or spent convictions)? Have you or any other persons living with you ever arrangement with creditors? | r been convicted of or charged w r been made bankrupt or entered | d into a bad debt | g offences | YES | NO |
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| Declaration Statements about You Have you or any other persons living with you ever or spent convictions)? Have you or any other persons living with you ever arrangement with creditors? | r been convicted of or charged w r been made bankrupt or entered | d into a bad debt | g offences | YES | NO |

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| Declaration Statements about the Home to be Insured | YES | NO |
|--|-----|----|
| Is the home built of brick, stone or concrete and roofed with slate, tile or concrete? | | |
| Is the home in a good state of repair and regularly maintained? | | |
| Is the home built in an area historically free from flooding and coastal or river erosion and not within 200 metres of any river, stream or tidal waters? | | |
| Is the home free from signs of internal or external stepped or diagonal cracking? | | |
| Is the home being monitored for subsidence, heave or landslip; has it ever been monitored for subsidence, heave or landslip, or suffered from subsidence, heave or landslip? | | |
| Are you aware of any survey carried out on your home which mentions subsidence, settlement or movement of the buildings? | | |
| Are you aware of any neighbouring buildings that have been the subject of an occurrence of subsidence, heave or landslip? | | |
| Are there any building works in progress or planned in the next 12 months? | | |
| Is the home to be insured your main and permanent place of residence? | | |
| Is the home used for any business, trade or profession? | | |
| Is the home regularly left unattended other than during daytime working hours? | | |
| Is the home left unoccupied for periods in excess of 60 consecutive days? | | |
| Where you have ticked any of the shaded boxes above, or would like to add additional proposers, please provide full information in the space below: | | |
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| Claims History | | | | | YES | NO | |
|---|---|--|---|---|---------------|-----|----|
| Has the proposer or any member of the family or any person normally residing at the premises sustained any loss or damage during the last 5 years which would have been covered under this insurance, whether claimed or not? | | | | | | | |
| If yes, please give details including a brief description, location of the loss (at a previous address or away from the home) amount and status of the claims (settled, declined, outstanding or not claimed for) | | | | | | | |
| Date of Loss | Brief Description of Loss/Damage | | Location | Amount | Amount | | |
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| Security Details | | | | | | YES | NO |
| Are final exit doors secure if the door(s) are UPVC or | ed by mortice deadlock double glazed, a mult | s with a least 5 levers or a rim of i-point locking system with eith | deadlock conform ner a lever or built- | ing to British Standard 3621 or in deadlocking cylinder? | Γ, | Ш | |
| Are all other external doo locking system with either | rs secured by a mortice r a lever or built-in dead | e deadlock or a deadlock confo dlocking cylinder or key-operat | rming to British St ed security bolts fi | andard 3621 or by a multi-poi | nt oottom? | | |
| Are all opening sections o secured by key-operated | of the basement, groun window locks? | d floor and easily accessible wi | ndows, fanlights a | and skylights to the buildings | | | |
| Is the home fitted with a l | burglar alarm? (If No, p | please proceed to Safe Question | ns) | | | | |
| If Yes, who installed alarm | n? | | | | | | _ |
| Is the alarm maintained u | nder a contract? | | | | | | |
| If Yes, how often is it main | ntained? | Every 6 Months | | | | | |
| | | Every 12 Months | | | | | |
| | | Other | | | | | |
| What type of signalling do | oes the alarm use? | Bells Only | | Central Station | | | |
| | | Packnet | | Digital Communicator | | | |
| | | Connected to Police | | Redcare | | | |
| | | BT Redcare GSM | | Dual Communicator | | | |
| | | Other | | Eircom Phonewatch | | | |
| Is there a safe in the home? (If No, please proceed to next section) | | | | | | | |
| If Yes, what type? | | Wall Safe | | Under Floor Safe | | | |
| | | Free Standing Safe | | Other | | | |
| What is the model of the | safe? | | | | | | |
| What is the make of the safe? | | | | | | | |
| If you have ticked any of the shaded boxes please give further details: | | | | | | | |
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| Third Party Financial Interest | | | | | | | |
|--|--------------------|-----------------|-------------------|----------------|---------------|---------------|--------------|
| Where buildings insurance is required state any Building Society | , Bank or other fi | nancial institu | ution that is pro | viding you wit | th a mortgage | or loan on yo | ur property: |
| Name of Company | | | | | | | |
| Address including postcode | | | | | | | |
| | | | | | | | |
| Account number/reference | | Postcode | | | | | |
| Previous Insurance | | | | | | | |
| Please provide the name of your previous insurer | | | | | | | |
| Total number of years you have held home insurance: | Buildings | | | | | | |
| | Contents | | | | | | |
| Declaration | | | | | | | |
| Subject to acceptance by Underwriters, when would you | like the insura | nce to comm | mence? (DD/N | IM/YYYY) | | | |
| Signature of Proposer(s) | | | | | | | |
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| Date (DD/MM/YYYY) | | | | | | | |
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