



Flex

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 additional policyholders please enter their details in the information box overleaf

Total number of years since your last claim

Address Details

Address to be insured

<hr/> <hr/> <hr/>	Postcode
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Correspondence Address
(If different from address
to be insured)

<hr/> <hr/> <hr/>	Postcode
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Construction of Walls

Construction of Roof

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 rebuilding 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.

Please select your excess €100 €250 €500 €1,000 €2,500 €5,000

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) €

Do you require Accidental Damage cover?

YES NO

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 €5,000

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	€
Jewellery	€
Furs	€
Guns	€
Gold & silver articles and gold & silver plated articles (excluding jewellery)	€
Pictures, paintings	€
Valuables in the Bank	€

Please specify any individual items over €2,500

Description	Sum Insured (€)

Additional Covers		YES	NO
Domestic freezer contents cover?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please state sum insured		€	
Pedal cycles cover anywhere in the United Kingdom?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please state sum insured		€	
Please specify any pedal cycles with a value of more than €1,000 in the area below:			
Description		Sum Insured (€)	
Do you require cover for your Personal money?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please state sum insured		€	
Do you require cover for your Credit cards?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please state sum insured		€	
Property Details			
Number of Bedrooms			
House - Detached	<input type="checkbox"/>	Flat - Ground Floor	<input type="checkbox"/>
Bungalow - Detached	<input type="checkbox"/>	House - Terraced	<input type="checkbox"/>
Flat - Basement	<input type="checkbox"/>	Bungalow - Terraced	<input type="checkbox"/>
House - Semi Detached	<input type="checkbox"/>	Flat - Other	<input type="checkbox"/>
Bungalow - Semi Detached	<input type="checkbox"/>	Other (please give details)	<input type="checkbox"/>
Declaration Statements about You		YES	NO
Have you or any other persons living with you ever been convicted of or charged with any offence (other than motoring offences or spent convictions)?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you or any other persons living with you ever been made bankrupt or entered into a bad debt arrangement with creditors?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you or any other persons living with you ever had insurance cancelled, refused, declined or voided?		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	Status

Security Details

YES **NO**

Are final exit doors secured by mortice deadlocks with a least 5 levers or a rim deadlock conforming to British Standard 3621 or, if the door(s) are UPVC or double glazed, a multi-point locking system with either a lever or built-in deadlocking cylinder?

Are all other external doors secured by a mortice deadlock or a deadlock conforming to British Standard 3621 or by a multi-point locking system with either a lever or built-in deadlocking cylinder or key-operated security bolts fitted internally to the top and bottom?

Are all opening sections of the basement, ground floor and easily accessible windows, fanlights and skylights to the buildings secured by key-operated window locks?

Is the home fitted with a burglar alarm? (If No, please proceed to Safe Questions)

If Yes, who installed alarm?

Is the alarm maintained under a contract?

If Yes, how often is it maintained?

Every 6 Months

Every 12 Months

Other

What type of signalling does 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:

Third Party Financial Interest

Where buildings insurance is required state any Building Society, Bank or other financial institution that is providing you with a mortgage or loan on your 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 insurance to commence? (DD/MM/YYYY)

Signature of Proposer(s)

Date (DD/MM/YYYY)