

Management Liability

Management Companies Proposal Form

IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all reasonable enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Coverage Details:

Policy wording:

TMHCC ML Res Assoc Wording

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax. For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

Please provide the following details:

Name of Management Company:

Main Address:

Number of individual flats and /or houses managed by the Management Company:

Please confirm the following statements :

	YES	NO
The Management Company is registered in Ireland as a limited liability company or a company limited by guarantee, or the Management Company is organised on a formal basis with an agreed constitution and has elected committee members		
The Management Company's principle function is the management of services and maintenance of its shareholders' or members' residential flats or houses		
The Management Company's latest annual report and accounts show positive net funds (total assets minus total liabilities)		
The Management Company does not manage any high rise apartments with five floors or more (if NO please provide full detail)		
No claim has been brought against any past or present director, officer or committee member of the Management Company		
The Management Company has no previous claims and the directors, officers or committee members are not aware, after enquiry of any circumstances which may lead to claims against any past or present director, officer or committee member of the Management Company or against the Management Company.		

If NO, please provide full information so that we can consider your proposal

Coronavirus Risk Management Statements of Fact

The Proposer confirms that:

- a. they will follow and act upon government Coronavirus advice and guidelines insofar as they relate to the health, safety and wellbeing of employees or other third parties, and ensure you keep up to date with any changes to such advice and guidelines, and you will cease all business activities if instructed to do so by the relevant authorities. Yes ☐ No ☐
- b. You will ensure your premises, including regularly touched surfaces and tools / equipment, are regularly cleaned. Yes ☐ No ☐
- c. You will take reasonable steps to minimise the risk to vulnerable employees, visitors and customers Yes ☐ No ☐

If No to any of a. to c. above then please provide an explanation as to why not.

Do you have employees? Yes ☐ No ☐

If you have answered Yes please answer the following questions , If you have answered No please proceed to declaration page

- d. You will follow the guidelines on social distancing for your employees. Yes ☐ No ☐
- e. You will provide your employees with appropriate facilities / products for hand washing / sanitising. Yes ☐ No ☐
- f. You will provide employees with information and training relating to Coronavirus, ensure they are aware of the symptoms they should look out for and what to do if they or anyone they live with becomes ill with Coronavirus symptoms and you will ensure that employees with symptoms or who live with someone who has symptoms do not attend work. Yes ☐ No ☐
- g. You will carry out, keep updated and act upon an assessment of the risks to employees arising from Coronavirus. Yes ☐ No ☐
- h. Where your employees undertake work at premises or contract sites that you do not control, you will take reasonable steps to ensure as far as possible that those responsible for such locations have adequate procedures in place to minimise the risk to your employees Yes ☐ No ☐

If No to any of d. to h. above then please provide an explanation as to why not.

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so may in certain circumstances entitle the Insurers to avoid the contract of insurance from inception and repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC International Insurance Company PLC may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC International Insurance Company PLC in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC International Insurance Company PLC.

Signature

Date

Name of Signatory

Position in Company

A copy of this proposal should be retained by you for your own records.

All questions must be answered fully, and those questions not relevant to you should be marked N/A. If there is insufficient space, please provide details on your letterhead.