# Flex

Home Insurance Policy v 01/23

DOLMEN UNDERWRITING

## 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

### Address Details

| | |
|---|---|
| Address to be insured | |
| | Eircode |
| Correspondence Address (If different from address to be insured) | |
| | Eircode |

### 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 | Eircode |

### Declaration Statements about You

| 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 offenses or spent convictions)? | ○ | ○ |
| Have you or any other persons living with you ever been made bankrupt or entered into a bad debt arrangement with creditors? | ○ | ○ |
| Have you or any other persons living with you ever had insurance cancelled, refused, declined or voided? | ○ | ○ |

| 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:

## Property Details

| | | | | | |
|---|---|---|---|---|---|
| Approximate year of build | | | | | |
| Construction of Walls | | | | | |
| Construction of Roof | | | | | |
| Number of Bedrooms | | | | YES | NO |
| Is the home a protected structure? | | | | ◯ | ◯ |
| House - Detached ◯ | Flat - Ground Floor ◯ | Basement, cellar or low ground floor | | ◯ | ◯ |
| Bungalow - Detached ◯ | House - Terraced ◯ | Heating Type | | | |
| | | If rented | | | |
| Flat - Basement ◯ | Bungalow - Terraced ◯ | Tenant Type | | | |
| House - Semi Detached ◯ | Flat - Other ◯ | Number of adult tenants | | | |
| | | Tenancy Agreement for min of 6 months | | ◯ | ◯ |
| Bungalow-Semi Detached ◯ | Other (please give details) ◯ | | | | |

## 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:

## 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.

## Contents

| | |
|---|---|
| i) General Contents within the home, (excluding gold & silver and gold & silver plated articles, jewellery & furs) | € |
| ii) Gold & silver articles and gold & silver plated articles, (excluding jewellery) | € |
| iii) Pictures, paintings | € |

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.

**Items with a value more than €2,500 forming part of (ii) and (iii) to be specified below. If you require cover for your jewellery and furs please complete the next section.**

| Description | Sum Insured (€) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**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 | € |

**Please specify any individual items over €2,500**

| Description | Sum Insured (€) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

| Additional Covers | | YES | NO |
|---|---|---|---|
| Domestic freezer contents cover? | | ○ | ○ |
| If Yes, please state sum insured | € | | |
| Pedal cycles cover anywhere in Ireland? 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? | | ○ | ○ |
| If Yes, please state sum insured | € | | |
| Do you require cover for your Credit cards? | | ○ | ○ |
| If Yes, please state sum insured | € | | |

| Claims history - Including uninsured losses and for risk not being proposed under this policy. | YES | NO |
|---|---|---|
| In connection with any property (including properties not being presented), have you or anyone associated with the properties suffered any loss or damage or made any claim in the last 5 years, whether insured or not?ot? | ○ | ○ |

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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of years since your last claim

## 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 of Proposal (DD/MM/YYYY)