



# Property Owners Proposal Form



Special notes:  
Great Lakes Reinsurance (UK) PLC ('we', 'us', 'our') is your insurer.  
The insurance will not be in place until we have accepted the proposal. We have the right to turn down any proposal. You can ask us, in writing, for a copy of this form within three months of the date we put the insurance into force.

**Proposer and business details** - Please answer all questions in CAPITAL LETTERS

1. Proposer: Your name in full: \_\_\_\_\_

2. Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Situation and occupation of the property to be insured

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_

(Continue on separate sheet if appropriate)

**Section 1 - Material Damage**

**1A Material Damage Cover**  
Please indicate the basis of cover you need (commercial all risks, fire and special perils or fire only).

COMMERCIAL ALL RISKS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FIRE AND SPECIAL PERILS <i>Please indicate perils required</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aircraft, Explosion, Earthquake	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Riot and Malicious Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Storm and Flood, Escape of Water, Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sprinkler Leakage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>FIRE ONLY</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 1B Property to be insured

**Type of portfolio:**

Commercial

Residential

Mixed

### Construction - Heating - Location

Are the buildings of standard construction (constructed of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos)? Yes  No

Are they heated by low pressure hot water or steam oil fired space heaters fed from a fuel tank in the open or electrical appliances? Yes  No

Are there any portable gas heaters or portable electric heaters in the buildings? Yes  No

### If the construction or heating of any building is non-standard, please provide full details below.

Are the premises in an area previously affected by flooding or at risk of flooding? Yes  No   
If 'Yes' please provide details in the box below.

Has any property to be insured ever shown any sign of damage by subsidence, heave or landslip, coastal or river erosion or is in an area that is particularly exposed to such damage? Yes  No   
If 'Yes' please provide details in the box below.

Are the buildings on an infill site or alluvial soil liable to water seepage or constructed of pre-cast slabs? Yes  No   
If 'Yes' please provide details in the box below.

### Please give details of any mortgage or additional interests in this box

**Buildings** - including landlord's fixtures and fittings

**Contents** - the property of the insured

Property reference	Risk address	Occupation	Tenant name	Buildings sum insured	Landlords contents sum insured

Please continue on a separate sheet if necessary

**Miscellaneous property** (please specify)

**Fire Brigade charges** (up to a limit of €1,000 is automatically covered free of charge)

Please advise if a higher limit is required \_\_\_\_\_

**Note 1:** Because the 'average clause' will be applied to each item above, sums insured should represent the full value of the property insured.

**Note 2:** Professional fees necessarily incurred in reinstating buildings and machinery are automatically insured provided sufficient allowance is made in fixing the sums insured on buildings and machinery respectively.

## 1C Additional Covers

Please tick if required

### STEALING

Covers loss or damage as a result of forcible and violent entry or exit.  
Sums Insured as per section 1B

Yes  No

### GLASS

Covers malicious or accidental breakage of glass and signs as defined (other than by fire) and the cost of temporarily boarding up.

Yes  No

Sums Insured Required:

Glass

€ \_\_\_\_\_

Signs

€ \_\_\_\_\_

### SUBSIDENCE

Yes  No

## Section 2 - Business Interruption (Optional)

Do you need this cover?

Yes  No

Please provide the information we ask for below for each property. If you do not have enough space here, please continue on a separate page.

We will assume that the contingencies you ask for below under this section are the same as those indicated for the Material Damage section. If this is not the case please indicate in the box below.

This policy provides cover up to €7,500 for each of the following extensions at no extra charge.

- Prevention of access
- Failure of public utilities: water, gas, electricity

If you need higher limits or additional extensions, please give details.

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Risk address	Annual rent	Maximum indemnity period	Rent sum insured

## Section 3 - Legal liabilities (optional)

Do you need this cover? Yes  No  Employer's liability Standard limit of indemnity €13 million. Yes  No  Public liability Standard limit of indemnity €6.5 million. Yes  No

### 1. Estimated payments and turnover: Employers Liability

Category	Number	Estimated Wages/Salaries*
a) Clerical	_____	€ _____
b) All Others (describe each category)	_____	€ _____
i) _____	_____	€ _____
ii) _____	_____	€ _____

\* The term "wages, salaries and other earnings" means the employees' total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other prerequisites in kind or money received by the employees in connection with their employment. Employee includes labour masters and persons supplied by them, labour only sub-contractors and persons employed by them, self-employed persons, persons hired to or borrowed by you and persons undertaking study or work experience.

2. Have you entered into any agreement assuming a liability for injury, illness, loss or damage for which you would not have been liable in the absence of such an agreement? Yes  No   
If 'Yes', please supply a copy of the agreement.

3. How do you ensure that any sub-contractors employed by you maintain adequate liability insurance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are all inspections of lifting apparatus, boilers and steam pressure vessels carried out in compliance with statutory requirements? Yes  No

5. Have you prepared a written safety statement in line with the Safety, Health and Welfare at Work Act 2005 and Safety, Health and Welfare at Work General Application Regulations 2007? Yes  No   
If not, you should do so immediately in the interest of safety and to avoid prosecution. To help you, you can get the information booklet 'Guidelines on Safety Statements' from any office of the Health and Safety Authority.

If you answered 'No' to question 4, please give full details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 4 - General Questions

1. Have you (or any principal in the business or any company in which you have had an interest) been declared bankrupt, had bankruptcy proceedings brought against you or them or made any arrangement with creditors? If 'Yes', give details. Yes  No

2. How long have you owned these premises? Years

3. Are you at present insured or have you ever proposed for insurance for any of the perils or contingencies to which this proposal applies? If 'Yes', give details. Yes  No

4. As far as you know, have you or any other people relevant to this insurance
- a** been refused any insurance, renewal or had any special terms or conditions imposed by any insurer? Yes  No
- b** been involved in any accident or loss or have any claims been made against you or them in the past five years? Yes  No
- If 'Yes' to either **a** or **b**, please give details below.

(a) Liability claims in the last five years

Year	Employer's liability claims			Public liability claims		
	Number	Paid €	Outstanding €	Number	Paid €	Outstanding €

(b) Material damage claims

Number	Type of claim	Amount paid €	Amount outstanding €	Date of loss

5. Date cover to commence:

## Declaration

**Important:** You must tell us any other facts which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance. If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, your policy may not provide you with the cover you need, or the policy could be declared invalid and void.

**The law that applies to the contract** - Under the relevant European and Irish laws, we, Great Lakes Reinsurance (UK) PLC and you, the proposer, are free to choose the law that will apply to the contract. We propose that Irish law will apply to the contract. We, Great Lakes Reinsurance (UK) PLC, will provide the insurance under this policy.

**Complaints procedure** - The Policy is a complex document and contains a large number of specific terms relevant in specific circumstances, depending on the nature of the risks being insured and those extensions requested. The policy may also contain warranties describing actions that you must take or avoid for any cover to operate.

Our aim is to provide insurance cover and service of the highest standard. However, there may be occasions when you feel that this objective has not been achieved. If you have any complaint about the insurance contract please follow the procedure below quoting your Certificate number in all correspondence so that your complaint may be dealt with speedily.

1. In the first instance please contact the insurance intermediary who arranged the policy for you.
2. Should you remain dissatisfied please write to the Complaints Manager, KennCo Underwriting Limited, Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16.
3. If you are still unhappy with any issue connected with the handling of your insurance policy or claim then you should direct your enquiry to the Compliance Officer of Great Lakes Reinsurance (UK) PLC, Plantation Place, 30 Fenchurch Street, London EC3M 3AJ. Tel: 020 3003 7000 Fax: 020 3003 7010.
4. If you are not satisfied with the results of our investigation, you have the right to refer your complaint to an independent authority for consideration. Your complaint should be referred to the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2. This option is open only for individuals or incorporate bodies with an annual turnover of €3M or less.

Taking any of these options will not prejudice your rights to take legal action.

**Declaration:** Please read the declaration very carefully, especially if the Proposal has not been completed in your own hand.

I/We declare that the statements and particulars given in this Proposal, are, to the best of my/our knowledge and belief, true and complete and that no material facts concerning the insurance have been withheld and that the Proposal will form the basis of my/our contract.

Signed:

Date:

Position held in the company: