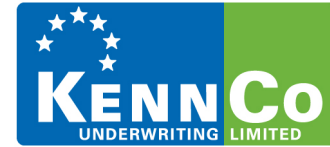


# Unoccupied Commercial Property Proposal Form



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

Name of Proposed Insured: Name in full: \_\_\_\_\_

Full Details of Business Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risk Address: \_\_\_\_\_  
\_\_\_\_\_

Current Insurer: \_\_\_\_\_ Date cover to commence: \_\_\_\_\_

## Cover Required

1 Material Damage  
Cover - Fire, Lightning Explosion and Aircraft only Yes  No

2 Property Owners Liability  
Limit of Indemnity €6,500,000 Yes  No

## Sums Insured

Buildings - including landlord's fixtures and fittings € \_\_\_\_\_

## Property Details

Type of Property: Office  Warehouse  Commercial

Number of Floors \_\_\_\_\_ Year Property Built: \_\_\_\_\_

When was the property last occupied? \_\_\_\_\_

## Construction Details

Walls: \_\_\_\_\_

Floor: \_\_\_\_\_

Roof: \_\_\_\_\_

Note: Please provide details of the construction of each floor

## House Keeping

Have all contents, machinery, stock and waste been removed from within and around the premises? Yes  No

\* Have all Fuel supplies gas, water & electricity been shut off? Yes  No

Are fuel oil tanks for heating drained and secured? Yes  No

Are there any external or internal dangerous or unsafe areas including external excavations? Yes  No

Are the premises checked internally and externally at least once a week? Yes  No

\* If the premises has a fire or security alarm or has sprinklers it is in order to maintain a supply to these systems only.

## Mortgage Details

Is there a mortgage on the property? Yes  No

Please provide details \_\_\_\_\_  
\_\_\_\_\_

## Security

Are the premises protected by intruder alarm? Yes  No

Was the alarm installed by a National Authority of Ireland (NSAI) certified Company? Yes  No

Is there a maintenance contract in force? Yes  No

Is it linked to a Central station? Yes  No

Physical Security

Doors secured by: \_\_\_\_\_

Windows secured by: \_\_\_\_\_

## Fire Protection

Are there Smoke Detectors? Yes  No

Linked to a central monitoring station Yes  No

Nearest Fire Brigade: \_\_\_\_\_

Is it a Full Time Station? Yes  No

## Adjacent Property

Please provide details of the adjacent properties left and right and advise if they are occupied:

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

Future Plans for the Property: \_\_\_\_\_

## 5 Year Claims Details

Year Type of Claim Amount Paid Amount outstanding

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

## Additional Information (if any)

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

**Important** – Any other facts known to you, which are likely to affect acceptance or assessment of the risks proposed for insurance, must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us, or your insurance broker. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may invalidate the policy altogether.

### DECLARATION

I/we accept that completion of this proposal form does not bind the Proposer or Insurer to effect a contract of insurance. I/we agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon and shall be incorporated therein. I/we hereby declare that the above statements and particulars are true and complete and that full enquiry has been made to ensure their accuracy and I/we have not omitted, suppressed or misstated any material facts, which may be relevant to underwriters' consideration of this proposal. I/we undertake to inform of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_