



APARTMENT BLOCK INSURANCE

PROPOSER

Insured Title:	
Risk Address:	
Cover Commencement Date:	
Is Insurance currently in force:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Insurer:	
Target Premium:	€

CLAIMS HISTORY

	Number
Property Claims	Number in last 3 years?
Flood Claims	Number in last 5 years?
Employers Liability and/or Public Liability Claims	Number in last 3 years?

Date & Cause of Loss	Excess Applied	Paid (net Of Excess)	Outstanding Amount	Remedial Action Taken To Prevent Recurrence

PREMISES

		Additional Information as applicable
Buildings Sum Insured	€	-
Wageroll for Property repairs	€	Employers Liability €13m will be included
Year Built		-
Number of Unoccupied Apartments		Details : If Any
Number of Retail Units Commercial Rent Receivable Indemnity Period (Months)	€ () 12 or () 24	Are all occupied? What are they occupied as?
Number of Blocks		-
Number of Apartments		-
Number of Storeys		-
Is Flood cover currently in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Flood Excess €
Confirm there is no XPS/EPS or Polystyrene insulation	<input type="checkbox"/> Yes	XPS/EPS or polystyrene insulation are not acceptable

MATERIAL FACTS

Please confirm that:

1. The floors are 100% concrete with no timber.	<input type="checkbox"/> True <input type="checkbox"/> False
2. 100% of the premises and outbuildings are steel-framed, or constructed from brick, stone, or concrete and metal-clad, with no combustible internal panels, and roofed with slates, tiles, concrete, metal or asbestos, with no more than 25% of the roof area being felt on timber?	<input type="checkbox"/> True <input type="checkbox"/> False
3. The premises is located more than one mile from the nearest waterway or body of water	<input type="checkbox"/> True <input type="checkbox"/> False
4. Battery operated smoke detectors are present in each apartment	<input type="checkbox"/> True <input type="checkbox"/> False
5. Automatic fire alarms are present in all common areas	<input type="checkbox"/> True <input type="checkbox"/> False
6. There is no other information regarding the risk being proposed that may be considered material by underwriters.	<input type="checkbox"/> True <input type="checkbox"/> False

MATERIAL FACTS (continued)

If any of the Material Facts on the previous page are answered **False**, provide full details/explanation:

MATERIAL FACT Number	Details/Explanation

DEDUCTIBLES

What level of deductible is required for:

Escape of Water	€	Storm	€
Flood	€	All Other	€

If any of the chosen deductibles are different from what was applied by current Insurer in expiring year or what will be applied by current insurer for coming year - please provide details hereunder:

Details:

SUBSIDENCE

Is Subsidence cover required? () YES () NO

Please confirm that:

The property to be insured has never shown any sign of damage by subsidence, heave or landslip, coastal or river erosion nor has it ever been underpinned	() True () False
Please confirm that the property to be insured has never been monitored for subsidence, heave or landslip, coastal or river erosion nor has it ever been subject to a survey which mentions settlement or movement of the premises, nor has it been underpinned	() True () False

PUBLIC LIABILITY

Please tick what Limit of Indemnity is required

() €1.3m () €2.6m () €6.5m () €13m () Other – specify € _____

Does the Proposer provide any play area, tennis court, basketball court, gym, communal leisure or roof garden facilities at the premises?	() Yes () No
Is the premises occupied as student accommodation?	() Yes () No
Is the premises or part thereof used as Holiday Accommodation?	() Yes () No

If Yes provide details:

MANAGEMENT LIABILITY

Is Cover Required? () YES () NO

If YES

Annual Turnover	€
Limit of Indemnity required (Tick)	() €500,000 () €1,000,000
Does Proposer currently have cover In force?	() Yes () No
If YES : Insurer	
Continuity Date	

BROKER

Are you the holding broker	() Yes () No
Form completed by	
Date	