

Property Damage Submission Form

Broker Details

Broker: _____ **Contact Name:** _____
Telephone No: _____ **Email Address:** _____

Client Details

Insured(s) full trading name (include names of all subsidiary companies to be insured):

Postal address of the Business:

Does the Business trade from any additional locations? If so, please state addresses:

Year that the Business commenced trading: _____

Business Description: _____

Please provide the following details of the Insured(s) existing/previous insurance policy:

- Name of Insurer: _____
- Renewal Date of policy: _____

History and Claims

Have you ever sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force? Yes/No

If YES state:

(a) approximate date of each loss or damage _____
(b) circumstances and amount thereof _____

(c) with whom the property was insured _____

Has the Proposer(s):

- a) Ever been convicted of, charged (but not tried) with, a criminal offence (other than motoring offences)? **Yes/No**
- b) Received an official caution for a criminal offence (other than motoring offences) within the last three years? **Yes/No**
- c) Ever been declared bankrupt whilst a director of any company which went into liquidation or receivership? **Yes/No**
- d) Been involved or subject to pending bankruptcy or proceedings for failure to pay debts? **Yes/No**
- e) Ever been the subject of HM Customs or Inland Revenue investigations or are any pending? **Yes/No**
- f) Has any Insurer ever declined your Proposal, refused to renew or cancelled your policy, increased your premium or imposed special terms or restrictions? **Yes/No**
- g) Ever been prosecuted under the Health and Safety at Work Act, Food Safety Acts, Data Protection Act, Environmental Protection Act or any Statute or Regulation? **Yes/No**

Property Damage

	Sums Insured
Buildings, walls, gates and fences	€
Machinery and plant	€
Fixtures & Fittings	€
Stock	€
Work in Progress	€
Contents	€
Value of Glass and/or signs	€
Alcohol	€
Other	€
<i>details</i>	

Construction of the Building

Roof	
Floor	
Walls	
Stairs	
AGE of Building	

If flat roof, give percentage of total area, condition and age _____ %

- Are the premises in a good state of repair? **Yes/No**
- Are the premises unoccupied for more than 30 days a year? **Yes/No**
- Are the premises protected by a sprinkler system? **Yes/No**

If yes, please give details of edition, installer etc

Cover for Fire Brigade Charges? **Yes/No** Amount: € _____
 Fire Precautions: Alarm **Yes/No** Fire Blankets **Yes/No** Fire Extinguishers **Yes/No**

If Fire Extinguishers are present, give details of Maintenance Contracts

Do the premises have any undue exposure to storm, Flood or Subsidence? **Yes/No**
 Do you live on the premises? **Yes/No**
 Are the premises Multi Tenure? **Yes/No**
 If yes, please give details of other occupants

Age of Premises: _____ years No. of storeys: _____
 What is your distance (in miles) from the nearest:
 Police Station _____ Fire Brigade _____

Has a fire certificate been issued in accordance with fire regulations? **Yes/No**

Protection of the Building/Electronic Security

Is there a Burglar Alarm? **Yes/No** Is the installer NACOSS approved? **Yes/No**
 Name of Installer & Maintenance company: _____
 Alarm signal: **Yes/No**
 Are the premises installed with CCTV? **Yes/No**
 Are there Security Guards? **Yes/No**
 Are the premises occupied overnight? **Yes/No**
 If yes, please give details _____

Protection of the Building/Physical Security

Details of window protection: _____
 Details of door protection: _____
 Details of skylight protection: _____
 Does the property have grilles installed: **Yes/No**
 Does the property have shutters installed: **Yes/No**

Electrical System

Has the electrical system been checked in the last three years/ **Yes/No**
 Is the electrician approved by NICEIC? **Yes/No**
 Has the electrician issued a certificate stating that the electrical installation is from departures from the IEE standard? **Yes/No**

Business Interruption

Estimated Gross Profit € _____
 Indemnity Period _____ months (select 12/18/24/36)
 Increased Cost of Working € _____
 Denial of Access **Yes/No**
 Murder, Suicide, Vermin Extension **Yes/No**
 Public Utilities **Yes/No**
 Is your business currently trading in profit? **Yes/No**

Has there been an increase in profit from the previous trading year?

Yes/No

Loss of Rent

Estimated Rent Receivable €
 Indemnity Period months (select 12/18/24/36)

Deterioration of Freezer Stock

Is there a Maintenance Contact in force **Yes/No**
 Are the units alarmed if change in temperature **Yes/No**
 Excess applicable to this section €

Loss of Money

Money in Transit to Bank/Night safe €
 When open for business €
 Out of safe out of business hours €
 In safe out of business hours €
 Make/Model of safe _____
 In coin, vending and slot machines €
 Own Employees Annual Carryings €
 Security Company Annual Carryings €
 Excess applicable to this section €

Book Debts

On outstanding Book Debit balances €
 Excess applicable to this section €

Goods in Transit

Estimated Annual Carryings €
 Haulier Carryings €
 Any one vehicle/consignment €
 Any one package €
 Any one loss €
 Territorial Limits **UK** Y/N **Ireland** Y/N **Europe** Y/N
 Means of conveyance **Own vehicles** Y/N **Hauliers** Y/N **Rail** Y/N **Post** Y/N
 Excess applicable to this section €

All Risks to Business

Total Sums Insured €
 Excess applicable to this section €