

Home Insurance

Proposal Form

Agent's Name

Agent's Number

Policy Number

Note:
Please use BLOCK
CAPITALS, insert YES
or NO where
appropriate and
initial amendments.

Personal Details

1st Proposer

Title (Mr, Mrs, Miss etc.)

First Name

Surname

Date of Birth

Occupation

Telephone (Home)

Telephone (Work)

Telephone (Mobile)

Email

Postal Address

Risk Address (if different from Postal Address)

2nd Proposer (if applicable)

Title (Mr, Mrs, Miss etc.)

First Name

Surname

Date of Birth

Occupation

Note:
If Occupation is
Company Director,
Manager or similar,
please state the
nature of business.

Date Cover Required From:

To:

If your Buildings have an Interested Party (Building Society, Bank etc.) please state their name and address:

.....

.....

.....

.....

Please tick the type of Policy required:

Homestar

Homestar 25plus

Homestar 30

Homestar 50

Construction

House Type: Please tick as appropriate

Detached

Semi Detached

Terraced

Bungalow

Flat

Apartment

Holiday Home

Guest House

Please state:

Number of Bedrooms

Number of Storeys

On which floor flat/apartment is situated

Year Built

Please answer Yes or No, as appropriate

1. Is the dwelling built of brick, stone or concrete and roofed with slates, tiles or concrete?

Yes

No

If any part of the dwelling is roofed with mineral felt on timber, please state:

(a) percentage in relation to the total roof area

%

(b) approximate age

yrs

2. Is the premises in good repair?

Yes

No

If the answer to any of the above is No, please provide details:

Note:
A bedroom means a room used as, or originally designed as, a bedroom, even if it is currently used for a different purpose.

Occupancy

1. Is the dwelling your permanent residence and occupied solely by you and members of your family?

Yes

No

If No, please provide details:

2. Is any part of the premises used for business or professional purposes?

Yes

No

3. Is any part of the premises let or sublet?

Yes

No

If Yes, how many tenants?

4. Do you provide accommodation for paying guests?

Yes

No

If Yes, how many?

5. Is the dwelling left unoccupied regularly during the day or night?

Yes

No

6. Is the dwelling left unoccupied for more than 30 consecutive days in any one period of insurance?

Yes

No

7. Is the premises particularly exposed to damage by Storm, Flooding, Subsidence or Landslip?

Yes

No

If the answer to any of the above is Yes, please provide details:

Security

1. (a) Are all external doors fitted with a five lever mortise deadlock and/or a deadlocking nightlatch?

Yes

No

(b) Are sliding patio doors fitted with a key-operated security lock?

Yes

No

2. Are all accessible windows fitted with a key-operated security lock or other effective locking mechanism?

Yes

No

3. Is the dwelling fitted with two or more Smoke Detectors? Yes No

4. Is an intruder alarm installed? Yes No

If Yes, please state manufacturer's name

(a) Does it conform to EN50131 or IS199 Standard and protect all external doors and accessible windows? Yes No

(b) Is the alarm maintained in efficient working order? Yes No

(c) Is the alarm connected to a central monitoring station? Yes No

Property to be Insured

A. Buildings

Is cover required? Yes No

State your sum insured

€

(Minimum Sum Insured €145,000 in Dublin, the satellite towns of Ashbourne, Blessington, Celbridge, Clane, Clonee, Dunboyne, Dunshaughlin, Enniskerry, Greystones, Kilcock, Leixlip, Maynooth, Naas, Newbridge and Sallins and the cities of Cork, Galway, Limerick and Waterford. Elsewhere minimum sum insured €125,000.)

B. Contents

Is cover required? Yes No Only complete for Homestar or Homestar 25plus.

Homestar – (minimum sum insured applies – refer to Broker)

State your Sum Insured

€

Homestar 25plus – select Sum Insured

€35,000

€40,000

€45,000

€50,000

€55,000

€60,000

€65,000

Homestar 30 – limit – 30% of the sum insured on buildings.

Homestar 50 – limit – 50% of the sum insured on buildings.

Valuable items – if the total value exceeds $\frac{1}{3}$ of the contents sum insured or any single item exceeds €4,000, please provide details.

a)

€

b)

€

Voluntary excess (Applicable to sections A to G). Discounts available. Select excess required: €500 €1,000

C. Personal accident

Is cover required? Yes No Limit €6,500

D. All risks

1. Unspecified Personal Possessions (Policy provides automatic cover for €1,275 – Single Article Limit €650)

Is additional cover required? Please state sum insured

€

(Single article limit $\frac{1}{3}$ of the combined Sum Insured or €1,275, whichever is less)

2. Specified Personal Possessions (Please provide Valuations for items over €3,000)

Sum Insured

a)

€

b)

€

c)

€

E. Sports equipment

Equipment for which cover is required:

Sum Insured

a)

€

b)

€

F. Pedal Cycles

Please state make and model:

Sum Insured

a)	<input type="text"/>	€	<input type="text"/>
b)	<input type="text"/>	€	<input type="text"/>

G. Trailer Caravans

Make/Model Year of Manufacture

Caravan Sum Insured € Personal Possessions Sum Insured (Single Article Limit €130) €

Is the Caravan: permanently sited? Yes No
let for Hire or Reward? Yes No
used as a permanent residence? Yes No

Please state address of site

H. Boats

Type of Boat

Item 1 – the craft, trolley, life jackets, buoyancy aids and water skis €

Item 2 – the outboard motor € Item 3 – the trailer €

I. Family Legal Protection

Is cover required? Yes No Limit €65,000

General Questions

1. Have you in the past 5 years been insured for the risks being proposed? Yes No
If Yes, please provide name of insurance company below

2. Have you or any member of your household been cautioned for, convicted of, or charged but not yet tried for, any criminal offence other than a motoring offence? Yes No

3. In connection with all the insurance cover you now require, have you or any member of your household:

(a) had any insurances declined, made subject to special terms and conditions, or been requested to take additional precautions? Yes No

(b) made any claims, suffered any losses, or been involved in any accident, whether insured or not, in the last five years? Yes No

If the answer to any of the above questions is Yes, please provide details:

4. If you hold any of the following insurances with Zurich, please state policy number

Private Car Commercial Vehicle Travel Shop
 Office Commercial Other

Data Protection

Zurich Insurance plc ('Zurich') will hold your details in accordance with our Data Protection and Privacy Policy together with all applicable data protection laws and principles.

Information you supply may be used by us for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Insurance Group and our partners inside and outside the European Economic Area.

We may share with our agents and service providers, members of the Zurich Insurance Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing and regulatory bodies (of which we are a member or by which we are governed) information we hold about you and your claims history. This includes the Insurance-Link database and the Irish Insurance Federation's anti-fraud claims matching database. We may also in certain circumstances use private investigators to investigate a claim.

We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise.

Unless you have advised us otherwise, we may share information that you provide to companies within the Zurich Insurance Group and with other companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Please tick here if you do not wish your information to be utilised for these purposes

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Zurich Insurance, PO Box 78, Wexford, Ireland. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Zurich.

By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).

Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.zurichinsurance.ie or requested by writing to our **Data Protection Officer, Zurich Insurance, PO Box 78, Wexford, Ireland.**

Declaration

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect.
2. I/We declare that if anything on this form was written by another person he or she acted as my/our agent for this purpose.
3. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurer.

Signature

Date

Important notice: Failure to disclose material facts could result in your contract being invalidated/cancelled, a claim not being paid or difficulty in obtaining insurance in the future. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal. Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes.

The Insurer reserves the right to decline any proposal.

Zurich Insurance

PO Box 78, Wexford, Ireland.

Telephone: 01 667 0666 Fax: 01 667 0644 Website: www.zurichinsurance.ie

Zurich Insurance plc is regulated by the Central Bank of Ireland.

