

PROPERTY OWNERS STATEMENT OF FACT

For the purposes of this Statement of Fact, you, the Broker are acting at all times as the agent of the Client and not of Robertson Low, and you have no authority to act on behalf of Robertson Low. When completing this form, you are confirming on behalf of the Proposer/your Client, that the statements are true, and if this quote is converted to an insurance policy, it will form the basis of any contract of insurance affected thereon. To that end, by completing this Statement of Fact, you the Broker warrant that **a)** you are aware of and understand, and **b)** you have ensured the Proposer/your Client is aware of and understands, the following:

1. When taking out insurance wholly or mainly for purposes related to their trade, business or profession, the proposer/client have a duty to make a fair presentation of the risk. This means that they must disclose every material circumstance which they and/or their senior management and/or anyone responsible for arranging their insurance know or ought to know. Alternatively, they must disclose sufficient information which would put the insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances. They and You are expected to carry out a reasonable search in order to make a fair representation of the risk and will be deemed to know what should reasonably have been revealed by the search. Their duty of fair representation applies at the start of the policy, at renewal and when any variation of the policy is arranged. If they or you fail to make a fair representation, the insurer may refuse to pay their claim or reduce the settlement amount, depending on the circumstances.		
2. You are solely responsible for identifying your Clients demands and needs		
3. You are solely responsible for providing your Clients professional insurance or risk management advice		
4. You are solely responsible for checking all documentation to ensure it is correct in line with your Clients requirements.		
5. You will promptly pass any Material Information to us and ensure that any changes in the facts or circumstances are also advised to us promptly. In the event of you being aware of any non-disclosure of materially important information, you will either inform us or decline to act on behalf of the Client. For the purpose of this clause You remain the Client's Broker and notification by the Client to You will not constitute as notification to Us.		
6. You shall ensure that Data Subjects, including potential Policyholders, are provided with sufficient fair processing notices and that it has obtained all appropriate consents required to allow it to transfer the Personal Data to Robertson Low and to enable Robertson Low (and any third parties to whom Personal Data may be transferred including Insurers) to process the Personal Data in connection with this Agreement.		
No director or partner in the business have ever: -		
Had an insurance contract cancelled by an insurer	Yes	No
Had an insurance contract declared void by an insurer	Yes	No
Had different terms applied to an insurance contract by an insurer due to misrepresentation by: - Providing misleading or incorrect information, - Deliberately or recklessly withholding information, - Providing false documents,	Yes	No
Had insurance cover restricted or cancelled due to non-compliance with risk improvement requirements	Yes	No
Been convicted of or charged with but not yet tried for a criminal offence other than motoring offences. (NOTE: Spent convictions (as defined under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 or any similar or subsequent legislation) do not need to be declared.)	Yes	No

No director or partner in the business either personally or in connection with the business or in any other business capacity have ever been:		
Convicted of (or charged but not yet tried with) a breach of any health and safety legislation by any official body regulatory authority or enforcing authority	Yes	No
Served with a prohibition notice or improvement notice in connection with any health and safety legislation by any official body regulatory authority or enforcing authority	Yes	No
Served with a clean-up notice in connection with any health and safety legislation by any official body regulatory authority or enforcing authority	Yes	No
Can you please confirm that the client complies with the following:		
All lifting plant and pressure vessels/boilers which are subject to Statutory Regulations are regularly inspected by qualified engineers as required by the legislation	Yes	No
To the best of our knowledge we comply with our legal obligations under health and safety legislation	Yes	No
No director or partner in the business or in the name of any other business which any of them had an interest have:		
Been declared bankrupt or insolvent either as private individuals or in connection with any business within the last ten years	Yes	No
Been disqualified from holding a directorship	Yes	No
Been the subject of a Court Judgement in respect of debt as private individuals or in connection with any business within the last six years	Yes	No
Been a director or partner in a business that has been the subject of a Court Judgement in respect of debt within the last six years	Yes	No
Been officers of a company that has been declared insolvent, or had a receiver or liquidator appointed, or entered into arrangements with creditors in accordance with the Insolvency legislation within the last ten years	Yes	No

RISK INFORMATION - PROPERTY OWNERS

Client Details	
Renewal Date:	
Proposers name and trading name in full	
Business Status (Sole Trader, Partnership, Limited Company, etc):	
Is there a Third-Party Interest to be noted?	
If yes, please advise Third Party	
Correspondence Address:	
Property Owners Liability (€)	
Risk Address with Eircode:	
Classification of premises to be insured? (Commercial, Residential or both)	
Please describe the type of premises to be insured. (High Street, Industrial Unit, Business Park, other) <ul style="list-style-type: none"> Please provide details 	
Number of Commercial Units	
Number of Residential Units	
Please detail all occupants of the premises to be insured? <ul style="list-style-type: none"> NOTE: Insurers require location/floor of each occupation, e.g. Ground Floor – Café, 4th Floor – Residential Student, 6th Floor – Residential Professional, etc 	
Is the tenant responsible for the costs of repairs and insurance under the tenancy agreement?	<div>Yes</div> <div>No</div>
Number of years this premises has been owned	
Buildings Sum Insured (€)	
Signs (€) 2500 as standard	
Playing Surfaces, Artificial Surfaces and Floodlights Maximum Sum Insured in respect of Floodlights is €15,000	
Loss of Rent	
Indemnity Period 12, 24, 36 Months	
Property in the Open (€) 2500 as standard	
Alternative Accommodation (€)	

PREMISES

The Premises / Buildings of the Business being proposed (including outbuildings):		
Have walls built of brick, stone or concrete? <ul style="list-style-type: none"> If no, please provide full details Please note if there are any composite or insulation panels on the premises, this question must be 'No' and full details must be given 		
Have a roof of slate, tile, metal or concrete, excluding any flat roof area? <ul style="list-style-type: none"> If no, please provide full details 		
Has a flat roof percentage of? <ul style="list-style-type: none"> If there is a flat roof, can you please advise the construction details? If there is felt involved in the construction of the flat roof, can you please confirm the felt has been professionally inspected within the last 2 years? 		
Are in a good state of repair and kept in a like manner? If the property has been affected by pyrite or mica or showing evidence of cracking or movement which may be caused by pyrite or mica this would be considered "not in a good state of repair".		
Is currently undergoing any renovations / refurbishment? <ul style="list-style-type: none"> If yes, please provide full details (work being undertaken, how long this is expected to last, etc.) 		
Have a listed status? If Yes what grade (Local, National, Regional)		
Were built in what year?		
Are entirely self-contained? (with a separate lockable entrance and exit) <ul style="list-style-type: none"> If no, please provide full details 		
Protected by an automatic fire alarm?		
What is the distance to the nearest whole-time fire services?		
Is there any of the following fire safety equipment on site:		
Fire Extinguishers to scale?	Yes	No
Smoke Detectors to scale?	Yes	No
Sprinklers?	Yes	No
Other?	Yes	No
Is Deep Fat Frying carried out at the property?	Yes	No
Has the electrical system been checked within the last 5 years?	Yes	No

SECURITY

Does the proposed premises comply with the minimum-security requirements described below?

1. The Final Exit Door of the premises is fitted with either a mortice deadlock / hook lock, which has 5 or more levers with matching boxed striking plate and conforms to BS3621 standard, or a cylinder operated deadlock or a deadlocking multi-point locking system. Timber doors frames to be at least 45mm thick. All aluminium framed doors are to be fitted with a swing bolt type mortice deadlock.
2. All other external doors and all internal doors giving access to any part of the building not occupied by the insured for the purposes of the business, are fitted with either, the security detailed in 1), or two key operated security bolts of doors, fitted approximately 30cm from both the top and bottom of the door
3. All Cellar Flaps are fitted with the security as detailed in 1), or 5 lever close-shackle padlocks, together with substantial locking bars
4. All ground floor and basement opening windows and skylights and all other opening windows and skylights, accessible from roofs, balconies, decks, canopies, down pipes or canopies must be fitted with key operated window locks or permanently fixed shut

Any door or window officially designated to be a Fire Exit by the Fire Authority is excluded from these requirements

Does the premise comply with the above?

Yes

No

CLAIMS

Has the Proposer(s), Partner(s) or Directors(s) suffered a loss, claim or incident (which may give rise to a claim) at these premises, or any other premises, whether insured or not within the last 5 years?

Dates	Type of claim	Details	Paid	Reserve	Measures taken

Please provide a copy of the verified claims experience for the past five years along with this submission.

ADDITIONAL INFORMATION:

Are you the holding broker?	
Current insurer:	
Target premium:	
<p>When answering the above questions, you are confirming on behalf of the Proposer that the statements above are true and if this quote is converted to an insurance policy, it will form the basis of any contract of insurance affected thereon. Please provide all details relevant to the quotation.</p>	

Signed:		Dated:	
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