

HOME QUOTATION REQUEST

REQUEST DETAILS Broker name	Telephone number	Email a	ddress
INSURED DETAILS			
Name of insured			
Date of birth			
Spouse / partner name			
If occupation is director or similar, state company name / nature of business			
PROPERTY DETAILS Property to be insured		Postcode	Main residence?
			Yes O No O
Property type (flat/detached house etc.)	Property is in good state of repair?	Build date and Listed Status (if applicable)	Number of years lived at current address
	Yes No No		
Construction of brick, slate, stone or tiles?	Normally occupied daily?	Used for business purposes?	Free from flooding, subsidence cracking, landslip or heave?
Yes No No	Yes No No	Yes No No	Yes No No
Does the property include a basement?	What is the basement primarily used for?	Has a non-return valve been fitted to the property?	
Yes No No		Yes No No	
PROTECTIONS Are all external doors fitted with 5 lever mortice deadlocks?	Are all ground floor and upper accessible windows fitted with key operated window locks?	Is an approved burglar alarm fitted?	What fire protections are in place (battery operated/mains wired/CS)?
Yes O No O	Yes No No	Yes No No	
Type of signalling			
Bells Monitored Digit	tal communicator () Paknet () Redcare (Other (please s	tate)
Safe manufacturer/model	Cash/jewellery rating	Type of safe (wall safe, floor safe etc.)	CCTV
			Yes No No

Insurance provided by



OTHER INFORMATION		If you which areas	are open to the public	Numbere	f domostic omployees at the	
Property open to the public?		•	are open to the public n only, house and garden		f domestic employees at the cation?	
Yes O No O						
Is property likely to be refurbisl using external contractors?	hed within n	ext 12 months				
Yes No No						
Has the insured or anybody res	ــــــــــــــ iding with th	ne insured				
Had any loss or damage during last 5 Had insurance dec years (whether claimed or not)? cancelled or special		al terms imposed? (other to into arr		nvicted or charged with any offence han driving offences) or entered angements with creditors, been d bankrupt or been awarded a CCJ?		
Yes No		Yes No No		Yes O	Yes O No O	
Please provide details about ar	ny answers a	above where yes wa	s chosen			
COVER REQUIREMENTS Excess required for policy			Do you hold this ca	se? If yes, hov	v long have you held it?	
€500 ○ €1,000 ○ €2,500 (Other (p	lease state)				
Name of current insurer?			Inception / renewal date			
Target premium						
SUMS INSURED Jewellery items over €30,000 a submitted to us or retained by				dually with m	arket value. This list must be	
HOME			CONTENTS (COST	AS NEW)		
House	€		Contents		€	
Other permanent structures	€		Contents left in open		€	
COLLECTIONS	Specified	Unspecified	JEWELLERY			
Paintings, pictures, sketches, prints etc	€	€	Specified jewellery	(provide list)	€	
Antique furniture	€	€				
Gold, silver and precious metals (non-jewellery)	€	€	Unspecified jewelle	ry	€	
Fragile items	€	€	Jewellery to be insured in safe only at insured location €		€	
Clocks and mechanical art	€	€				
Non-fragile statues and sculptures	€	€	Jewellery/watches t		€	
Guns	€	€	in bank/safe deposit only			
Musical instruments	€	€	Other items (please	e specify)	€	
Wine	€	€		-		
Other items (please specify)	€	€	Value of jewellery w	orn daily	€	

Name and address of bank / safe deposit				
ADDITIONAL INFORMATION Please provide any additional information that may help us in underwriting this risk, including details relating to the lifestyle and risk management of this client. (Please attach additional pages if more space is required.)				

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