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Proposal Form

Mobile Home, Caravan, System Building, Insurance

Finsure

Arranged exclusively by *Finsure* with certain underwriters at Lloyd's

Notes

Cover on the Structure and its contents is subject to the terms and conditions of the policy. The insurance will not be in place until the proposal form has been accepted by Finsure who reserve the right to decline any proposal. A copy of this form is available on written request by you or on your behalf within three months of the date of completion. If you would like to examine the cover in more detail a specimen policy is available free on request. Finsure draws your attention to the serious consequences of failure to disclose all material information. Such information is that which we would regard as likely to influence our assessment and acceptance of this insurance. If you are in any doubt as to whether or not any information is material, it should be disclosed.

Structure

The Structure includes fixtures, fittings aerals, satellite dishes, any verandah, decking or shed. The sum insured should be calculated accordingly.

Audio Visual Equipment

The limit is €1,900

The Law Applicable To The Contract

Under the relevant European and Irish legal provisions, the parties to the contract of insurance, Finsure and you, the Proposer, are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract.

Complaints Procedure

Any enquiry or complaint should be addressed in the first instance to Finsure. If you are not satisfied with the way a complaint has been dealt with you may ask the Lloyd's Underwriters' Sole General Representative in Ireland to review your case without prejudice to your rights in law. Please refer to:

Mr Raymond McGovern

Lloyd's Underwriters' Sole General Representative for Ireland,
W. G. Bradley, Alexandra House,
The Sweepstakes, Ballsbridge, Dublin 4
t +353 1 670 0800
f +353 1 829 1444

Finally, if the complaint has not been resolved you can refer the matter to the:
Financial Services Ombudsman Bureau of Ireland
32 Upper Merrion Street,
Dublin 2.
t +353 1 662 0899

Unoccupancy

Damage as a result of bursting or overflowing of water tanks apparatus or pipes between 1st October and 31st March annually is excluded unless the water system is fully drained down (including water heater) and turned off by a stopcock. Where the stopcock is not situated wholly within the Structure you must take reasonable steps to protect the stopcock against unauthorised access or interference. If no stockcock is fitted, all water damage is excluded where the Structure is unoccupied for more than 7 (seven) consecutive days;

Reinstatement

Reinstatement available to all units up to 5 years old or less for the full cost of replacement subject to policy conditions.

Public Liability

Standard Limit of Indemnity — €1,300,000

Excesses

A. Standard excess €63.50 increasing to €130 in respect of storm damage.
B. Where the unit is 10 years and over an all claims excess of €260 applies.

For further information contact:

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e info@finsure.ie
w www.finsure.ie

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Policy number

Client reference

Broker reference

Broker name

Period of insurance

From:

To:

Total premium

€

Replacing policy numbers

Endorsements

Proposal Form

(PLEASE COMPLETE IN BLOCK CAPITALS ONLY. YOU SHOULD READ THE NOTES CAREFULLY BEFORE COMPLETING THIS FORM)

1a. Name Mr/Mrs/Ms

1b. Postal address

1c. Telephone number

1d. Mobile phone number

1e. Fax number

1f. Email

1g. Employment status (Employed, retired, housewife, self-employed etc.)

1h. Occupation

DETAILS OF JOINT INSURED — IF REQUIRED

2a. Full name

2b. Employment status (Employed, retired, housewife, self-employed etc.)

2c. Occupation

2d. Relationship to proposer

RISK DETAILS

3a. Please state if a mobile home or caravan

3b. Make

3c. Model

3d. Year of make

STRUCTURE

4. Do you require replacement as new?
(Only available for units five years old or less
— see notes).

yes | no

Sum Insured

€

AWNING

5. Is cover on any awning required?
(Must be insured separately)

yes | no

If so, please state sum to be insured

€

CONTENTS

6. (Including shed contents)

yes | no

Please state sums insured

Minimum sum insured €500

€

N.B. The limit in respect of Audio Visual Equipment is €1,900

CLAIMS

7. Have you had any loss or damage in the past 5 years which would have been covered by this type of insurance had it been in force, whether or not a claim was paid? If yes, please give full details.

yes | no

8. Will the unit be securely anchored or stayed?
(If no, storm cover will be excluded in respect of mobile homes)

yes | no

9. Is the unit used as a permanent dwelling?

yes | no

10. Is the unit used for holiday purposes only?

yes | no

11. Will the unit be used for hire and reward?

yes | no

12. Is towing cover required?

yes | no

13. Type of heating

14a. Please state permanent site address or winter storage address

14b. What are the protections at this location?

15. Name of site owner

N.B. BEFORE SIGNING THE FORM PLEASE ENSURE THAT ALL THE QUESTIONS HAVE BEEN CORRECTLY ANSWERED.

Data Protection Act — Information uses

For the purpose of the Data Protection Act, the Company is the Data Controller in relation to any personal data supplied by you (being the insured person(s) specified in this proposal).

Information you supply may be used for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention) by the Company and its agents, by reinsurers and your intermediary. In assessing any claims made, insurers may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy and repossessions. We may share with other insurers/their agents, intermediaries acting for you, and recognized 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.

DECLARATION

I/We declare that the information given in this proposal is true in every respect and have not withheld or misrepresented any material fact. I/We agree that this proposal will form the basis of the contract with **Finsure**. I/We further declare that the following statements are true.

Neither I nor any member of my household has;

- A. Been declared bankrupt or charged or convicted with arson or any offence involving dishonesty of any kind including fraud or handling stolen goods.
- B. Had any insurance or proposal form insurance declined or made subject to special terms.

The premises described is;

- 1. Not in an area with a history of flooding and not near any rivers or streams.
- 2. In good repair and will be so maintained.

If any one of the above statements are incorrect, or require clarification, please provide full details here or on a separate page:

Proposer's Signature

Date

**PAYMENT
(BLOCK CAPITALS ONLY)**

Payment can be made by Laser/Visa/Mastercard. €5 handling applies to credit card payments. No charge applies to Laser cards.

I wish to pay by

I authorise you to debit my Laser/Visa/Mastercard account with the amount of

€

My Laser/Visa/Mastercard number is

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name AS ON YOUR CARD

Cardholders address

Date card expires

<input type="text"/>	<input type="text"/>
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Security number

(Last 3 digits printed over signature bar on reverse of card)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signed

Date

FOR OFFICE USE ONLY

Policy number

Processed by

Client Reference Number