

Select Home Insurance Proposal

Personal Details

Cover to commence from:

Full Name(s):

Occupation(s):

Date(s) of Birth:

Employment Status: Employee Unemployed Self-employed Homemaker Retired

Telephone No.:

Address:

Address of property to be insured (if different from above):

Name & address of any financial institution who has an interest in this property: Name:
Address:

Is a letter of Indemnity required? Yes No

Property to be Insured

Year Built: No. of Private Bedrooms Total Internal Floor Area Sq.ft. or Sq.m.

Type of House: Detached Bungalow Semi-detached Terraced Apartment (Contents Cover Only)

Is the property under construction? Yes No If "Yes" please indicate the anticipated completion date:

Is the premises occupied as: Your Principal Private Residence Holiday Home
Let Holiday Home (seasonal or otherwise) Let Property

If the property is let out, please state the number of units and maximum number of tenants

Sum Insured

Premises: Replacement value must include the cost of rebuilding, professional fees, statutory and site clearance costs €

Contents: Please state sum to be Insured €

Do you require Accidental Damage Cover on your contents (Please note this cover is only available if the Premises is occupied solely by you and members of your household as your principal private residence) Yes No

Your Policy automatically includes cover for up to €3,810 in respect of home office equipment
Do you wish to increase this limit to €6,350 €9,525 €12,700 Yes No

If the total value of all items, sets or collections of jewellery, precious metal, pictures, work of art, furs, stamps or coins exceed 50% of the Contents sum insured please state the total value of such items €

And list below any items, set or collection whose individual value exceeds 10% of the Contents sum insured

Item	1.	€
	<input type="text"/>	<input type="text"/>
	2.	€
	<input type="text"/>	<input type="text"/>

All Risks: Unspecified Items (minimum €2,000 with a limit of €2,000 any one item): €

Specified Items:	1.	€
Valuations required for items valued over €3,000	<input type="text"/>	<input type="text"/>
	2.	€
	<input type="text"/>	<input type="text"/>
	3.	€
	<input type="text"/>	<input type="text"/>

Specified Items Total: €

Personal Money (€765): Yes No

If you keep paying guests in your own home please state the maximum number at any one time. (Max. 12)

Is the private house regularly left unoccupied as a result of you or other members of the household working? Yes No

Are all external doors fitted with mortice deadlocks? Yes No

Are all french windows and/or patio doors (if any) fitted with security locks? Yes No

Are all ground floor and other accessible windows (excluding bedroom windows) fitted with security locks? Yes No

Do you have a burglar alarm fitted? Yes No

(Supplementary Form required for additional All Risks, Caravan/Mobile Home and Small Craft Cover).

Discounts - (Applicable to private owner occupied properties only)

Do you qualify for any of the following discounts?

Age over 60 -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Age over 50 -	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Burglar Alarm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wish to carry a voluntary excess of €250?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	or €500	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Smoke Detector/Community Alert/Neighbourhood Watch	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>										
Main Residence Cross Sell Discount (of rented property or holiday home insured with Allianz)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Policy Number	<input type="text"/>								

Declarations

1. Is the property described occupied by yourself/you as your principal private residence?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2. Is the property described constructed of brick, stone or concrete and roofed substantially (at least 70%) with slates, tiles, metal, concrete or asphalt?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
3. Is the property described in good repair and will be so maintained?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
4. Has the property ever to your knowledge suffered loss and /or damage as a result of Flood or Subsidence?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Have you or any member of your household:

a. been declared bankrupt or convicted or charged with arson or any offence involving dishonesty of any kind?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b. had any insurance declined or made subject to special terms?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
c. made a claim for any loss, damage or liability under a Home Insurance Policy which exceeded the following limits: One claim costing €10,000 or two or more claims irrespective of the total value, in the past three years?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

If you have ticked any of the shaded boxes in the Declaration above, please provide exact details in the space below.

If the details of questions a,b or c are those of any other member of your household, please have all persons confirm the details by signature and declaration below. I hereby consent to my personal data being used, processed, disclosed and retained as set out on this form.

Name of Member of Household: Signature of Member of Household:

Material Facts Declaration - Continuing Obligation

As evidenced by your signature(s) below, you declare that the information given in this Proposal Form is true and complete in every respect and that you have not withheld or misrepresented any material fact. You acknowledge the serious consequences of failure to disclose all material information and that such information is that which the Company would regard as likely to influence its assessment and acceptance of this insurance. You accept that you have a continuing obligation to disclose to the Company such material information immediately on becoming aware at any time during the period of this insurance of any material change that may affect this insurance or increase the risk of loss, damage or injury. You agree that if there is any doubt as to whether or not any information is material, you will disclose it. You agree that this proposal form will form the basis of the contract between you and the Company. If any answer has been written by a person other than the undersigned, you agree that such person shall be your agent and not an agent of the Company.

Data Protection Act - Statement and Consents

In these statements references to information include personal data and information given by you to Us, whether in your Proposal, any claim form you submit to Us or otherwise, and any information we may collect in connection with any product or service We provide, information made available to Us by recognised information exchange registers and databases and information about you disclosed to Us by another party in connection with the transfer to Us of such party's rights and duties to you under any other insurance arrangements.

Allianz is a trading division of Allianz Ireland p.l.c. and a member of the Allianz Group, and shall be the data controller in respect of all such information. References to We and Us in these statements and consents shall be construed accordingly. Allianz Ireland p.l.c. trading as Allianz is regulated by the Irish Financial Services Regulatory Authority.

- USES Information you supply may be used for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.
- DISCLOSURE We may share with our agents and service providers, members of the Allianz 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. We may disclose information about you to anyone to whom We transfer or may transfer our rights and duties under our arrangements with you, and by your signature you signify your consent to information about you held by any other party being disclosed to Us in connection with the transfer to Us of such party's rights and duties to you under any other insurance arrangements.
- DIRECT MARKETING The Allianz Group and its agents and business partners may use your information to keep you informed by post, telephone, e-mail or other means of products and services which may be of interest to you and We may disclose your information to any such Group member, agent or business partner for such purposes. Your information may also be disclosed and used for these purposes after your policy has lapsed. If you do not wish your information to be used for these marketing purposes please write to Us at Mespil Court, Mespil Road, Dublin 4.
- SENSITIVE DATA We may need to collect sensitive data relating to you (such as convictions) in order to assess the terms of insurance We issue/arrange or to administer claims which arise. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for any of the purposes outlined above.
- RETENTION We will not retain your data for longer than is necessary for the purposes for which it is obtained. If you provide personal data to Us and you do not become an insured we will not retain your data for longer than six months from the date of collection unless you have not objected to direct marketing purposes (as detailed earlier in these Data Protection Statements) in which case your data will be retained for that purpose until you write to us to withdraw your consent.
- CONSENT By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained as set out above.

 Signature of Insured: Date:

Signature of Joint Insured: Date:

Broker Name: Broker No:

First Premium Due: €

A copy of the completed Proposal Form is available on written request within 3 months from the date of this Proposal Form. A copy of the Policy is available on request

Allianz Ireland p.l.c. Burlington House, Burlington Road, Dublin 4.

Telephone: (01) 613 3000 Fax: (01) 613 4444 E-mail: info@allianz.ie website: www.allianz.ie

Allianz Ireland p.l.c. trading as Allianz is regulated by the Irish Financial Services Regulatory Authority

Proposer

Proposers name: Policy Number:
(for office use only)

If your address has recently changed: please fill in the new one below:

Card Payment

To pay by Laser, Visa or Mastercard, simply complete the authorisation form below. Policy Number:

I authorise you to Debit my Account with the amount of € Date Card Expires: /

Please tick Name (as on your card): Tel. Contact No.:

Cardholder's Address:

My Account No. is:

Cardholder's Signature: X Date: X

Direct Debit

DIRECT DEBITS: This Direct Debit facility allows you to pay for your Insurance monthly in advance over a 12 month period. To use this facility, simply complete the Direct Debit Instruction and return this entire form, before the premium due date. The monthly premiums will be automatically deducted from your account over 12 consecutive months.

MID-TERM ALTERATIONS: If any mid-term alteration to your policy results in an increase in the monthly premium we will not apply any service charge to the increase.

REFUNDS: If you receive a refund of any premium, we will also refund the applicable service charge.

DEFAULTS: If you fail to make a monthly payment, we may cease your Direct Debit facility. In that event, and if you want to continue cover under your policy, the balance of the annual premium will be payable in full and if not received we may cancel your policy.

CANCELLATIONS: You may cancel this Direct Debit at any time without penalty. To then maintain cover, all you have to do is pay the balance of the annual premium no later than your next monthly payment date.

CONTINUING DIRECT DEBIT AUTHORISATIONS: By delivering the Direct Debit Instruction to Allianz Ireland p.l.c. for the purposes of the Policy of insurance referenced therein, you hereby authorise Allianz Ireland p.l.c. to submit the Direct Debit Instruction to the Accountholder's Bank/Building Society, and to continue to request payments against the Direct Debit Instruction in respect of this Policy of insurance, for each period of insurance for which Allianz Ireland p.l.c. may issue renewal terms to you. Allianz Ireland p.l.c. shall stand so authorised for all payment dates up to and including the date you and/or the Accountholder shall notify Allianz Ireland p.l.c. that you and/or the Accountholder intends to cancel the Direct Debit Instruction.

Policy Number: Annual Premium: €

** Service Charge: € Total Due: €

To be paid in 12 monthly premiums of € Service Charge Rate 8.00%

** Charge is a service charge and not an interest charge. Equivalent to an Annual Percentage Rate of 18.6%

Proposer's Signature X Date X

BANKS/BUILDING SOCIETIES MAY DECLINE TO ACCEPT INSTRUCTIONS TO CHARGE DIRECT DEBITS TO CERTAIN TYPES OF ACCOUNTS OTHER THAN CURRENT ACCOUNTS

Policy Number: (Office use only).

INSTRUCTIONS TO YOUR BANK/BUILDING SOCIETY TO PAY DIRECT DEBITS.

- I instruct you to pay Direct Debits from my account at the requests of Allianz Ireland p.l.c.
- The amounts are variable and may be debited on various dates.
- Allianz Ireland p.l.c. may change the amounts and dates only after giving me prior notice.
- I will inform my Bank/Building Society if I wish to cancel this instruction.
- I understand that if any Direct Debit is paid which will break the terms of this instruction, the Bank/Building Society will make a refund.

Accountholder's Signature X Date X / X /

Instruction to your Bank/Building Society to pay Direct Debits

PLEASE COMPLETE IN BLOCK CAPITALS

To the Manager;

Bank/Building Society:

Address:

Name of Accountholder to be Debited:

Bank/Building Society Account No.:

Bank/Building Society Sort Code:

Originators Identification No.:

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