

**CONSTRUCTION COMBINED
PROPOSAL FORM**



Proposers Name/ Company Name: _____
 Proposers Address: _____
 Proposers Occupation _____
 Name of Holding Broker: _____ Number of years in business: _____
 Renewal date: _____ If VAT Registered please advise number: _____

GENERAL INFORMATION (THIS SECTION MUST BE COMPLETED)

Have you or any other Director/Partner been involved in any other business in the last 5 years? Yes No
 If yes please give details of company and any claims or incidents that have been reported to you: _____
 Have you ever been convicted of a criminal offence e.g. Fraud? Yes No
 Have any claims or incidents been reported to you in the last 5 years? Yes No
 If yes, provide details _____

DATE	DETAILS OF LOSS	TYPE OF LOSS	SETTLED	AMOUNT

Has any insurer ever declined to insure you, refused to renew, or terminated your insurance? Yes No
 If yes, provide details: _____
 Any Health and Safety Prosecutions or Prohibition Notices Served? Yes No
 If yes, provide details: _____
 Do all of your employees have SAFEPASS certification? Yes No
 Do you keep record of same? Yes No
 Do you have a current Health and Safety Statement / Code of Practice in place? Yes No
 If yes, is it reviewed on an annual basis? Yes No
 Do you check that all BFSC's maintain Employers & Public/Products Liability Insurances? Yes No
 Do you ever perform Roofing Work as a separate contract or on a Stand Alone basis? Yes No
 Do you handle asbestos? Yes No
 If your work is carried out at your own premises, does it involve use of machinery or manual operations? Yes No
 If yes, provide details: _____

Please provide full details of the Largest Contract you are currently working on:
 Description of the Contract: _____
 Contract Value: € _____
 Location: _____
 Start Date: _____ Completion Date: _____
 Is Contract Phased Handover? Yes No
 If Yes please state how many phases _____
 Please state the value of the Largest Phase: € _____
 Do you construct timber Frame Houses? Yes No
 If yes, provide details: _____

SECTION 3 MOTOR (SPECIAL TYPES VEHICLES ONLY) COMP, TPF&T, TPO, ADF&T, & INSP CONTINUED

What kind of goods will normally be carried? _____

Will goods of an inflammable, corrosive, explosive or dangerous nature be carried? Yes No

Will any vehicle be used "Airsides" or in close proximity to any aircraft? Yes No

Will any vehicle be used outside the Republic of Ireland/Northern Ireland for business purposes? Yes No

Do you, or any person to your knowledge that may drive, suffer from any loss, or loss of use, of limb or eye, defective vision or hearing, a Heart/Diabetic/Epileptic condition or from any other infirmity? Yes No

If Yes, advise driver and full details. _____

Date of onset of disability _____

Have you notified the Licensing Authority? Yes No If No please give reason _____

Has the vehicle(s) ever been modified or altered from the manufacturer's original specification? Yes No

If Yes, give details. _____

If you are not the registered owner/keeper of all the vehicles listed above please advise _____

Have any of the vehicles been fitted with anti-theft device such as Tracker/Electronic Alarm / Immobiliser? Yes No

If Yes, give details. _____

Is the vehicle left hand drive? Yes No

Do any of the listed vehicles have a hoist or crane fitted? Yes No

If Yes, give details _____

Where is/are the vehicle(s) generally based? _____

How many vehicles are garaged at any one location? _____

What is the total number of vehicles owned and/or used by you? _____

SECTION 4 TRADERS TRANSIT COVER COVER REQUIRED YES NO

IF REQUIRED PLEASE COMPLETE QUESTIONS UNDER MOTOR SECTION
PLEASE TICK SUM INSURED REQUESTED PER VEHICLE

Please give details of the type of goods to be carried _____

MAKE & MODEL	REGISTRATION	€5,000	€10,000	€20,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GAP IN COVER

I/we _____ have not held Motor Insurance since the expiry of my/our policy on _____ covering registration number _____

Because _____

During this time I have not been involved nor have I had any accidents, claims or convictions nor are there any prosecutions pending.

SIGNED _____ **DATE** _____

DECLARATION

I/We declare that I read the above questions and answers which have been completed accurately and fully be me/us or on my/our behalf with information I/we have supplied. I/we undertake that the vehicle(s) described shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or has had insurance cover cancelled. I/we declare that the statements and particulars above and to the best of my knowledge and belief true, that the vehicle(s) described is my/our property and in road worthy condition and that no information has been withheld by me/us that might influence whichever Insurer is applicable. Acceptance of this insurance (and failure to provide such information may result in a claim not being paid). I/we agree that this proposal signed or caused to be signed by me/us shall form the basis of the contract between me/us and whichever insurer is applicable and to except the policy terms, policy excess, conditions and exclusions it contains.

I/WE CONFIRM I/WE HAVE READ AND ANSWERED THE QUESTIONS AND UNDERSTOOD THE DECLARATION

SIGNATURE OF PROPOSER _____ DATE: _____

IF PROPOSAL FORM IS IN THE NAME OF A FIRM, PLEASE STATE POSITION _____

NOTE No cover commences until the Underwriters have accepted this proposal and agreed cover. You should keep copies of all correspondence in connection with this insurance. A copy of the proposal form is available on request within three months of the inception of the policy. Insurers may share information to prevent fraud.

IMPORTANT: Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may invalidate the policy altogether.

In relation to the Motor section 3 The Third EU Non-Life Directive requires us to provide you with the following information prior to purchase. THE LAW APPLICABLE TO THE CONTRACT: Unless otherwise agreed Irish Law will apply to this contract.

DATA PROTECTION

WRIGHTWAY UNDERWRITING LIMITED ("WRIGHTWAY") 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 AND OUR PARTNERS (BOTH INSIDE AND OUTSIDE THE EUROPEAN ECONOMIC AREA) FOR THE PURPOSES OF ADMINISTERING YOUR POLICY (INCLUDING UNDERWRITING, PROCESSING, CLAIMS HANDLING AND FRAUD PREVENTION).

WE MAY SHARE WITH OUR AGENTS AND SERVICE PROVIDERS, 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 INSURANCE IRELAND'S ANTI-FRAUD CLAIMS MATCHING DATABASE. WE MAY ALSO IN CERTAIN CIRCUMSTANCES USE PRIVATE INVESTIGATORS TO INVESTIGATE A CLAIM. IN ORDER TO PREVENT AND DETECT FRAUD AND THE NON-DISCLOSURE OF RELEVANT INFORMATION WRIGHTWAY (WUL) MAY AT ANY TIME:

- SHARE INFORMATION ABOUT YOU WITH OUR INSURER PARTNERS INCLUDING COMPANIES WITHIN THE ZURICH INSURANCE GROUP, OTHER ORGANISATIONS OUTSIDE OUR INSURER PARTNERS INCLUDING WHERE APPLICABLE PRIVATE INVESTIGATORS AND PUBLIC BODIES INCLUDING AN GARDÁ SÍOCHÁNA
- CHECK AND / OR FILE YOUR DETAILS WITH FRAUD PREVENTION AGENCIES AND DATABASES, AND IF YOU GIVE US FALSE OR INACCURATE INFORMATION AND WE SUSPECT FRAUD, WE WILL RECORD THIS.
- THE FOLLOWING ARE A SAMPLE OF SUCH DATABASES USED: THE INSURANCE LINK ANTI-FRAUD REGISTER (FOR MORE INFO SEE WWW.INSLINK.IE); THE INTEGRATED INFORMATION DATA SYSTEM ('IIDS') TO VERIFY INFORMATION INCLUDING PENALTY POINTS AND NCD; MIAFTR (MOTOR INSURANCE ANTI-FRAUD AND THEFT REGISTER) OPERATED BY THE ASSOCIATION OF BRITISH INSURERS IN THE UK TO LOGS ALL INSURANCE CLAIMS RELATING TO WRITTEN-OFF AND STOLEN VEHICLES IN THE UK; THE NATIONAL VEHICLE FILE MAINTAINED AND SUPPORTED BY THE DEPARTMENT OF TRANSPORT, TOURISM AND SPORT, CONTAINING DETAILS OF ALL REGISTERED VEHICLES IN THE REPUBLIC OF IRELAND; COMPANIES REGISTRATION OFFICE

THE DATABASES USED ARE NOT LIMITED TO THOSE LISTED ABOVE AND ARE SUBJECT TO CHANGE AT ANY TIME.

WUL MAY ALSO USE YOUR PERSONAL DATA, THE PERSONAL DATA OF YOUR NAMED DRIVERS OR MEMBERS OF YOUR HOUSEHOLD, INFORMATION ABOUT YOUR VEHICLE OR PROPERTY TO SEARCH THESE AGENCIES, DATABASES AND OTHER PUBLICALLY AVAILABLE INFORMATION TO:

- HELP MAKE DECISIONS ABOUT THE PROVISION AND ADMINISTRATION OF INSURANCE, CREDIT AND RELATED SERVICES FOR YOU
- TRACE DEBTORS OR BENEFICIARIES, RECOVER DEBT, PREVENT FRAUD AND TO MANAGE YOUR INSURANCE POLICIES WITH WUL

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 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, WRIGHTWAY UNDERWRITING LIMITED, LIMEKILN HOUSE, DRINAGH, WEXFORD. 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 WRIGHTWAY UNDERWRITING LIMITED.

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.WRIGHTWAY.IE OR REQUESTED BY WRITING TO OUR DATA PROTECTION OFFICER AT WRIGHTWAY UNDERWRITING LIMITED, LIMEKILN HOUSE, WEXFORD.