

Underwritten by **Zurich Insurance plc**

This Proposal Form is an agreement between you and the Insurer whose name is shown above. This and other information provided in connection with the Proposal Form forms the basis of the contract between you and Insurers. Wrightway Underwriting Ltd will act in accordance with an authorisation granted under contract on behalf of the Insurer named above.

Important notes - Please read the following information carefully.

1. Failure to disclose material facts could result in your contract being invalidated/cancelled, a claim not being paid, a claim payment being reduced, difficulty in obtaining insurance in the future and failure to have property insurance in place could lead to a breach of the terms and conditions attaching to any loan secured on the property.
2. Any false information you provide could invalidate your insurance.
3. Check the following information carefully as it is a record of statements you have given and constitutes the basis of your contract of insurance. This is an important document. Please keep it in a safe place along with your policy documents. Only return this form if any of the details appear to be incomplete or incorrect. Please advise any amendments within 7 days of receipt of the statement. We will advise you of any changes to the premium terms and conditions of the insurance that may result from the amendments you make and send a new statement.
4. Please ensure that you read the Declaration at the end of this Proposal Form as failure to comply could invalidate this insurance.

PERSONAL DETAILS

NAME(S) OF PROPOSER(S) _____

DATE OF BIRTH _____ / _____ / _____ **OCCUPATION(S)** _____

RISK ADDRESS _____ **POSTAL ADDRESS** (IF DIFFERENT FROM RISK ADDRESS) _____

NAME AND ADDRESS OF ANY FINANCIAL INSTITUTION THAT HAS AN INTEREST IN THIS PROPERTY: _____

PROPERTY TO BE INSURED

A BUILDINGS SUM INSURED € _____

The replacement value should represent the cost of rebuilding, professional fees, site clearance etc.

B CONTENTS SUM INSURED € _____

The most We will pay for any of the following listed items is one third of the Contents Sum Insured stated above but not more than €4,000 for any one article, set or collection:

Jewellery, items of gold, silver or other precious metals, watches, photographic equipment, binoculars, paintings, works of art, curios, antiques, furs, musical instruments, radios, televisions, other audio or video equipment and computer equipment.

Any items above this amount should be referred to Wrightway

GENERAL QUESTIONS

A House Type (please tick) Detached House Semi Detached House Terraced House Bungalow Apartment

What year was the property built? _____

Number of bedrooms: _____

Name of previous insurers _____

Previous policy expiry date _____ Start date of this policy _____

Voluntary Excess _____ Claims Free Years _____

B Type of Heating _____ Listed Building _____ Yes No

C Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this Insurance would apply? Yes No

If YES, give details _____

D Have you or anyone living with you been convicted of a criminal offence excluding motor and Spent Convictions per The Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 or have a prosecution pending, or have ever been declared bankrupt? Yes No

If YES, give details _____

THE HOME

A (i) Are the premises being used in any way as part of a business, trade or profession? Yes No

(ii) Is the home being used solely as a holiday home for family use only? Yes No

(iii) Is the home being let, either short term or long term? Yes No

B Is the home regularly left unattended at night? Yes No

C (i) Are the buildings built of brick, stone or concrete and roofed with slate, tiles, concrete or asphalt? Yes No

(ii) What percentage of the roof is flat, if any? _____ %

D Is the home in a good state of repair? Yes No

E Are the premises free from flooding, in an area which is free from flooding and not within 200 metres of any rivers, streams or tidal waters? Yes No

F Are the buildings being monitored for subsidence, heave or landslip or have they ever been monitored for subsidence, heave or landslip, or suffered any subsidence, landslip or heave or are you aware of any survey carried out on your home which mentions subsidence, settlement or movement of the buildings and there are no signs of internal or external stepped or diagonal cracking? Yes No

If YES, give details _____

G Are you aware that any neighbouring buildings have been the subject of an occurrence of subsidence, heave or landslip? Yes No

H Is your home an apartment? Yes No

(i) is it self-contained having its own lockable entrance under your sole control? Yes No

(ii) is it a purpose built apartment? Yes No

(iii) which floor is it on? _____

If any of the shaded boxes above have been ticked please state full details in the space below & refer to Wrightway

Question No.	Details

CLAIMS HISTORY - Please provide details of any claims or losses on any property within the last 3 years

Date of Loss	Description of Claim	Amount Paid	Claim Settled

SECURITY AND SAFETY

- A** Is your home fitted with two or more operating smoke detectors? Yes No
- B** (i) Do you have an intruder alarm installed to EN50131 European Standards? Yes No
(ii) If so, Is it connected to a central station? Yes No
- C** Are all external doors fitted with a five lever mortise deadlock? Yes No
- D** Are all patio / French / sliding doors secured with key operated security locks? Yes No
- E** Are all garages and outbuildings fitted with locks and / or padlocks? Yes No
- F** Are all ground floor and other accessible windows fitted with key operated security locks, or other equally effective locking mechanisms / security locks? Yes No

DECLARATION AND OTHER INFORMATION

YOU MUST READ THIS STATEMENT OF FACTS TOGETHER WITH YOUR SCHEDULE AND POLICY DOCUMENT AS ONE CONTRACT. YOU MUST TELL US IMMEDIATELY IF ANY OF THE INFORMATION ON WHICH THIS INSURANCE IS BASED CHANGES OR IS INCORRECT. FAILURE TO DO SO MAY RESULT IN YOUR INSURANCE NO LONGER BEING VALID AND CLAIMS NOT MET.

I/WE ALSO DECLARE THAT IF ANYTHING ON THIS FORM WAS WRITTEN BY ANOTHER PERSON HE OR SHE ACTED AS MY/OUR AGENT FOR THIS PURPOSE.

I/WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE COMPANY.

I/WE CONSENT TO ZURICH INSURANCE PLC DISCLOSING MY DATA TO OTHER COMPANIES WITHIN THE ZURICH GROUP AND/OR TO THIRD PARTIES SUCH AS AGENTS OR SERVICE PROVIDERS APPOINTED BY ZURICH, REGULATORY BODIES, LEGAL ADVISORS, AND/OR TO OTHER INSURANCE COMPANIES FOR THE PURPOSES OF PROCESSING MY INSURANCE, PROCESSING CLAIMS, STATISTICAL ANALYSIS, UNDERWRITING PURPOSES, FRAUD PREVENTION, MARKET RESEARCH, RISK MANAGEMENT AND ADVISORY PURPOSES.

I/WE CONSENT TO ZURICH INSURANCE PLC, OR ANY OTHER COMPANY WITHIN THE ZURICH GROUP, USING MY PERSONAL DATA FOR MARKETING PURPOSES. I UNDERSTAND THAT AT ANY TIME IN THE FUTURE I CAN ASK NOT TO RECEIVE DIRECT MARKETING AND INFORMATION ABOUT NEW PRODUCTS AND SERVICES FROM ZURICH BY WRITING TO ZURICH INSURANCE PLC, BALLSBRIDGE PARK, DUBLIN 4, IRELAND

I/WE CONSENT TO TRANSMISSION OF MY PERSONAL DATA OVERSEAS.

I/WE ACKNOWLEDGE THAT I HAVE THE RIGHT TO APPLY FOR A COPY OF MY FILE (FOR WHICH ZURICH INSURANCE PLC MAY MAKE A SMALL CHARGE) AND TO HAVE ANY INACCURACIES CORRECTED.

SIGNATURE: _____

DATE: _____

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 GARDA SIOCHANA
- 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.