

RISK MANAGEMENT COMPANY for INDEPENDENTS (IRELAND) LTD.

Mount Corballis C.4, Rathdrum, Co. Wicklow Tel. 0404 43166 Fax 0404 43167 E-mail rmci@unison.ie

CBAI-Homeowners/Household Insurance Application Form

SECTION A

DETAILS OF INSURED

Name: Mr./Mrs./Ms. _____

CBAI Aff. No. _____

Address:

E-Mail: _____

Street: _____

Tel. No. _____

Town: _____

Fax. No. _____

County: _____

Occupation: _____

Claims History (last 5 years):

Renewal Date of Existing Policy: ___/___/___

Inception Date (if new): ___/___/___

Current Insurer: _____

Current Premium: € _____

SECTION B:

DETAILS OF PROPERTY

Risk Address (if different from above):

Cover Required: Fire/ Extended Coverage/ Other _____

Construction:

Walls _____

Floors _____

Roof _____

Age of Buildings: _____

Total Sum Insured:

Buildings € _____

Contents € _____

Computer(s) € _____

Valuables € _____

Total € _____

Protection:

Alarm: Y/N
Details _____

Smoke Detection: Y/N

Fire Extinguisher(s): Y/N

Details: _____

Details: _____

Signed: _____

Date: ___/___/___

The information provided to RMCI in writing or otherwise by or on behalf of the client is the basis of and will be deemed to be part of the contract.

RMCI and/or the Company will be entitled to void any insurance where the information provided is incorrect.

