

General Details

- 3** (i) Current market value of property to be insured €
- (ii) Indemnity limit required (if different please give reason) €
- 4** Please tick type of Insurance required
- | | | | | | |
|---|--------------------------|--|--------------------------|---------------------------------------|--------------------------|
| Section 1 Defective Title/
Adverse Possession | <input type="checkbox"/> | Section 2 Rights of Way
Easements of Service | <input type="checkbox"/> | Section 3 Restrictive Covenant | <input type="checkbox"/> |
|---|--------------------------|--|--------------------------|---------------------------------------|--------------------------|

Please complete the appropriate section of the proposal form and then complete the Declaration

- 5** Do you require an escalator clause providing a simple percentage increase of the limit of indemnity for 5 or 10 years from the date of policy issue? YES NO
- If 'yes', please tick appropriate box
- | | | | | | | | | | |
|---------|--------------------------|----|--------------------------|----------|--------------------------|-----|--------------------------|--------------------------|--------------------------|
| 5 years | <input type="checkbox"/> | 5% | <input type="checkbox"/> | 10 years | <input type="checkbox"/> | 10% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------|--------------------------|----|--------------------------|----------|--------------------------|-----|--------------------------|--------------------------|--------------------------|
- 6** Has this risk been proposed elsewhere? YES NO
- If 'yes', state name of the company and result of application
-
-

Defective Title

A Lost Title Deeds

- 1** Please list the documents which have been lost:
-
-
-
- 2** When and under what circumstances were they lost?
-
-
-
- 3** Do you have copies (certified or otherwise) of any of the deeds? If so, which? Please indicate which documents are certified
-
-
-
- 4** Has any person(s) or corporation challenged the title or claimed to be entitled to any prior estate right title or interest in to or over the property? YES NO
-
- If 'yes', please give full details
-
-
-
-

Material Facts

State any other material facts here. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an Insurer in the assessment and acceptance of the proposal. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer.

Checklist

Please supply

- an explanatory letter from the Proposer's solicitor explaining the position generally
- draft statutory declaration(s) describing the Proposer's purchase and occupation of the property, the circumstances leading to the loss of the documents and confirming the Proposer's title has not been challenged. The declaration should also confirm the property is not mortgaged or charged
- relevant exhibits e.g. photocopies of documents, bills of sale etc.

B Miscellaneous Defects

Please state the precise nature of defect(s) in title

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Checklist

Please supply

- an explanatory letter describing fully the defect(s) in the title to property
- plans and other exhibits relevant to the risk

Defective Title (contd/)

C Adverse Possession of Land

State:

1	(a) when the land was first fenced		<input type="text"/>
	(b) the nature of the fencing		<input type="text"/>
	(c) whether the land has been completely and continuously fenced and fencing maintained in good condition since erection	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2	(a) The use of the land since it was fenced		<input type="text"/>
	(b) whether any building has been constructed on part or all of the land	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>
3	Whether any other acts of possession adverse to the legal owner have been carried out	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>
4	Whether the Proposer has:-		<input type="text"/>
	(a) acknowledged or purchased any other party's interest in the land	<input type="checkbox"/> YES <input type="checkbox"/> NO	(a) <input type="text"/>
	(b) received an approach from any other party claiming to have a prior right title or interest in the land	<input type="checkbox"/> YES <input type="checkbox"/> NO	(b) <input type="text"/>
	(c) any knowledge of the possible identity of the legal owner of the land	<input type="checkbox"/> YES <input type="checkbox"/> NO	(c) <input type="text"/>
5	Has an application for Possessory Title to the land been made to the Land Registry?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>

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

Checklist

Please supply

- a letter from the Proposer's solicitor explaining the position generally
- draft statutory declaration(s) with plan describing the Proposer's occupation of the land (with dates), the use since occupation and full details of fencing on all boundaries
- a search in the Land Registry including a Land Registry mapping search and a search in the Registry of Deeds
- photographs of the land including all boundaries

Rights of Way/Easements for Services

A Rights of Way

1	(a) How long has the right of way been used by the Proposer?		<input type="text"/>
	(b) Has usage been with vehicles in addition to passage on foot?	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
	(c) Have other persons used the right of way without interference both on foot and with vehicles?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>
2	(a) Is the owner of the soil of the right of way known to the Proposer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>
	(b) Has the consent of the owner to use the right of way been obtained?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>

Rights of Way/Easements for Services (contd/)

- | | | YES | NO |
|----------|--|--------------------------|--------------------------|
| 3 | (a) Is the right of way made up to Local Authority standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) If not, what is the nature of the surface? | <input type="text"/> | |
| 4 | Has the proposer or a predecessor in title contributed towards the upkeep of the right of way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Is the right of way:- | | |
| | (i) a bridleway? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (ii) a public footpath? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (iii) over common land? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (iv) designated as a footpath on the definitive map held by the Local Authority? | <input type="checkbox"/> | <input type="checkbox"/> |

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Checklist

Please supply

- a letter from the Proposer's solicitor explaining the position generally
- a plan of the property and surrounding area showing the location of the right of way and indicating any use by owners of other properties
- draft statutory declaration(s) in support of use of the right of way including confirmation that such use has not been challenged
- a search in the Land Registry including a Land Registry mapping search and a search in the Registry of Deeds

B Easements for Services

- Please specify the services to which this proposal relates
- When were the services installed?
- Has any person or corporate body attempted to restrict or deny use of the services?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If 'yes', please give full details

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Checklist

Please supply

- a letter from the Proposer's solicitor explaining the position generally
- a plan of the property and surrounding area showing the location of the services and indicating any use by owners of other properties
- draft statutory declaration(s) in support of use of the services including confirmation that such use has not been challenged

Restrictive Covenants

State:

- The date(s) of the Deed(s) imposing the covenant(s)
 - the full names of all parties to the conveyances
 - the covenants for which cover is required

(1)
(2)
(3)
(4)

(3)
(4)

Restrictive Covenants (contd/)

2	(a) The existing use of the property			
	(b) whether the covenant(s) have already been breached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If 'yes', in what manner? <input type="text"/> <input type="text"/>
	(c) whether any objection has been raised as a result of the breach	<input type="checkbox"/>	<input type="checkbox"/>	If 'yes', please supply details <input type="text"/> <input type="text"/>
3	Has an approach been made to the covenantee(s) or any other party who may have the benefit of the covenant?	<input type="checkbox"/>	<input type="checkbox"/>	If 'yes', with what result? <input type="text"/> <input type="text"/>
4	If a new breach is planned state:-			
	(a) (i) type and number of properties	<input type="text"/>		
	(ii) number of storeys of each type	<input type="text"/>		
	(iii) market value of each type	<input type="text"/>		
	(b) (i) whether the development has been advertised	<input type="checkbox"/>	<input type="checkbox"/>	If 'yes', in what form and when? <input type="text"/>
	(ii) whether there has been any adverse reaction	<input type="checkbox"/>	<input type="checkbox"/>	If 'yes', please supply details <input type="text"/>
	(c) whether planning consent for the development has been obtained	<input type="checkbox"/>	<input type="checkbox"/>	
	If 'yes', state:			
	(i) the date of application	<input type="text"/>		
	(ii) whether any objection has been received by the Planning Authority	<input type="checkbox"/>	<input type="checkbox"/>	
	(iii) the grounds of any objection received	<input type="text"/> <input type="text"/>		
	(d) whether an application has been made to the Land Registry for removal or modification of the covenant(s)	<input type="checkbox"/>	<input type="checkbox"/>	If 'yes', please give full details <input type="text"/>
	(e) the extent of the land subject to the covenant(s) and that owned by the covenantee at the time of conveyance if known	<input type="text"/> <input type="text"/>		
	(f) whether local solicitors consider the covenants to be enforceable	<input type="checkbox"/>	<input type="checkbox"/>	

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Checklist

Please supply

- a letter from the Proposer's solicitor explaining the position generally
- a copy of the Deed or Land Registry entry together with a copy of the official Land Registry Instrument imposing the restriction(s)
- instructions to Counsel and Counsel's opinion (if taken)
- site plan and elevations if available
- copies of letters of objection (if any) to the planning application

Additional Information (if any) (contd/)

Declaration

Important: You must tell us any other facts which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance. If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, your policy may not provide you with the cover you need, or the policy could be declared invalid and void.

Under the third EU Non-life Directive we must give you the following information before you buy your policy.

The law that applies to the contract - Under the relevant European and Irish laws, we, Hibernian General Insurance Limited and you, the proposer, are free to choose the law that will apply to the contract. We propose that Irish law will apply to the contract. We, Hibernian General Insurance Limited, will provide the insurance under this policy.

Complaints procedure - We will do our best to deal with your complaint as effectively and quickly as possible. If you arranged your cover through an agent or adviser, please direct your complaint to them. If your complaint is not sorted out to your satisfaction, please contact:

Customer Feedback Team, Hibernian General Insurance Limited, One Park Place, Hatch Street, Dublin 2;

CallSave 1850 36 37 38

Email complaints@hibernian.ie

Website www.hibernian.ie

You can also write to the Managing Director, Hibernian General Insurance Limited, One Park Place, Hatch Street, Dublin 2, or you can contact:

- **Irish Insurance Federation's Insurance Information Service**, 39 Molesworth Street, Dublin 2.

Telephone 01 676 1914

Fax 01 676 1943

Email iis@iif.ie

Website www.iif.ie

- **Financial Services Ombudsman Bureau**, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2.

Telephone 01 662 0899

LoCall 1890 88 20 90

Fax 01 662 0890

Email enquiries@financialombudsman.ie

Website www.financialombudsman.ie

You will not lose your right to take legal action if you contact any of the above.

Data protection: We will keep the information you provide about yourself and about third parties confidential. We may use it to provide and administer insurance products and financial services provided by Hibernian and sometimes with our affiliates and/or commercial partners. We may pass the information, in confidence, for these purposes to agents or service providers we have appointed, regulatory organisations, other insurance and financial services companies (directly or via a central register), other Aviva group companies and as required by law. We will process this information and store it on our computer and manual record systems.

If you would like a copy of the details we hold about you, please write to the Regulation & Compliance Manager, Hibernian General Insurance Ltd., One Park Place, Hatch Street, Dublin 2. Please enclose the correct fee (€5). You also have the right to correct any errors in the information held about you, block certain uses or object to the processing of your personal data.

Important: Some of the questions on this form ask for details about your health and convictions and the health and convictions of third parties material to this risk. This information is important for underwriting purposes and will remain confidential. By signing the declaration below, you are giving us permission to process these details for the above purposes, including checking with third parties or accessing State or other official records to verify whether the details you have given are accurate and complete. By signing below, you are confirming that you have fully explained to each person who requires this insurance cover why we asked for this information and what we will use it for. You are also confirming each person has agreed to this.

ONLY SIGN THE FOLLOWING DECLARATION IF YOU FULLY UNDERSTAND, AND HAVE MET, ALL OF THE ABOVE REQUIREMENTS.

Declaration: I/We confirm that, all the details, answers and information given in this proposal are true, accurate and complete. I acknowledge that this proposal will form the basis of my/our contract with Hibernian General Insurance Limited. I/We confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Data Protection section above.

Signature of Proposer or Proposer's Agent:

Date:

We would like to use the details to provide you with information about other products and services either from us or other Aviva group companies, or products or services which any member of the Aviva group has arranged for you with a third party. If you choose not to receive this information, this will not affect any of the services we provide to you, now or in the future.

Please tick here if you do not wish to receive information on other products, services and special offers.

