



**SUBMISSION FORM FOR ADVERSE POSSESSION INDEMNITY INSURANCE  
(WHERE CONTACT HAS BEEN MADE)**

Proposers name in full:	
Postal Address:	
Address of Property to be insured:	
Phone & e-mail:	
Current market value of land:	
What is the current and intended use of the adversely possessed land:	
How long has the proposer possessed the land:	
Will any further contact be made with the owner of the land:	
How does the owner still have an interest in the land being adversely possessed (vacant or leased out):	
Please give details of the charge over the property to be insured that is owned by the owner of the adversely possessed land:	
Please give a full description of what you perceive the risk to be:	
What cover is required:	
Is there a proposed change of use or re-development planned:	
Any additional information that you have to hand that may be useful:	



## Checklist

**Please supply the following along with your submission:**

- ✓ A map of the area with the relevant property/land highlighted
- ✓ A note from the proposers Solicitor outlining the position generally

Signed:

Date:

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Capacity of Signatory:  
(i.e. solicitor/proposer)

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Print Name:

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Solicitor Contact Name:

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Email Address:

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Telephone Number:

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**Please email the completed submission along with the above documents to:**

Bernie Niland: [bniland@burkeins.ie](mailto:bniland@burkeins.ie)  
Paul Cawthorne: [pcawthorne@burkeins.ie](mailto:pcawthorne@burkeins.ie)  
Seán Burke: [sburke@burkeins.ie](mailto:sburke@burkeins.ie)

**or post to:**

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