



**SUBMISSION FORM FOR POSSESSORY TITLE INDEMNITY INSURANCE**

Proposers name in full:	
Postal Address:	
Address of Property to be insured:	
Phone & e-mail:	
Current market value of property (developed value if relevant):	
Property Type (Commercial/Residential/Other):	
Type of house (Semi detached, Two Storey, apartment etc)	
Is planning permission or building regulations lacking:	
Indemnity Limit Required:	
Please state the reason for no title:	
Please confirm that the local authority will not be contacted and that there is no development planned	
Please provide details of the continued/intended use of the property:	
Please provide confirmation that there have been no third party challenges to title to date:	
In your opinion, how would a third party challenge the title:	
Do you require the PRA or any other State Body to be named on the policy:	
Do you require the interest of any other party to be noted:	
Any additional information that you have to hand that may be useful:	



## CHECKLIST

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

- ✓ A copy memorial of the missing deed/s
- ✓ Statutory Declaration confirming that there has been no contact or issue regarding the concerned area
- ✓ A map of the area with the relevant property highlighted
- ✓ A note from the proposers Solicitor outlining the position generally

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Solicitor Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**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:**

Burke Insurances  
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Galway

T: 091 - 563518