



**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:

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:

info@burkeins.ie

Stephanie Burke smburke@burkeins.ie

Martin Flanagan mflanagan@burkeins.ie

Paul Cawthorne: pcawthorne@burkeins.ie

Seán Burke: sburke@burkeins.ie

or post to:

Burke Insurances
6 St Brendan's Road
Woodquay
Galway

T: 091 - 563518