

**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 redevelopment planned:	
Any additional information that you have to hand that may be useful:	

Checklist

Please supply the following along with your submission:

1. A map of the area with the relevant property/land highlighted
2. A note from the proposers Solicitor outlining the position generally

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Woodquay, Galway, Ireland
H91 HTT2

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Email: info@burkeins.ie
Web: www.burkeins.ie

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 or

Paul Cawthorne: pcawthorne@burkeins.ie

Or post to: Burke Insurances 6 St Brendan's Road Woodquay Galway

T: 091 - 563518