

RESTRICTIVE COVENANTS QUESTIONNAIRE

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, apartment, terraced)	
Indemnity Limit Required:	
Please confirm that there has been no approach to potential benefitting parties:	

Please outline the position regarding possible site development and planning:	
Please outline the nature of the development:	
Has the surrounding area changed since the restrictive covenant was imposed:	
Has there been any previous planning history:	
Can the benefitting land be identified:	
Please provide details of the continued/intended use of the property:	
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:

1. A map of the area with the relevant property highlighted
2. Any letter of objection
3. Site layout plan and elevations
4. 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 or

Paul Cawthorne: pcawthorne@burkeins.ie

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

T: 091 - 563518