



# Amethyst

Home Insurance Questionnaire  
Republic of Ireland



## Questionnaire

There are conditions, limitations, exclusions and excesses within the wording, a copy of which will be provided on request. You should keep a record (including copies of letters) of all the information supplied.

### Proposer

Title	Forenames	Surname
Date of Birth	Occupation	
		Telephone

### Joint Proposer

Title	Forenames	Surname
Date of Birth	Occupation	
		Telephone

**Please Note:** If you want to include additional policyholders please enter their details in the information box overleaf

### Address Details

Address to be insured

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

Correspondence Address  
(If different from address to be insured)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

### Third Party Financial Interest

Where buildings insurance is required state any Building Society, Bank or other financial institution that is providing you with a mortgage or loan on your property:

Name of Company

\_\_\_\_\_

Address including postcode

\_\_\_\_\_

\_\_\_\_\_

Account number/reference

\_\_\_\_\_

Postcode

### Declaration Statements about You

	YES	NO
Have you or any other persons living with you ever been convicted of or charged with any offence (other than motoring offences or spent convictions)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any other persons living with you ever been made bankrupt or entered into a bad debt arrangement with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any other persons living with you ever had insurance cancelled, refused, declined or voided?	<input type="checkbox"/>	<input type="checkbox"/>



**Property Details**

Approximate year of build			
Construction of Walls			
Construction of Roof			
Number of Bedrooms			YES
			NO
Is the home a Protected Structure		<input type="checkbox"/>	<input type="checkbox"/>
House - Detached	<input type="checkbox"/>	Flat - Ground Floor	<input type="checkbox"/>
Bungalow - Detached	<input type="checkbox"/>	House - Terraced	<input type="checkbox"/>
Flat - Basement	<input type="checkbox"/>	Bungalow - Terraced	<input type="checkbox"/>
House - Semi Detached	<input type="checkbox"/>	Flat - Other	<input type="checkbox"/>
Bungalow - Semi Detached	<input type="checkbox"/>	Other (please give details)	<input type="checkbox"/>

**Security Details**

		YES	NO
Are final exit doors secured by mortice deadlocks with a least 5 levers or a rim deadlock conforming to British Standard 3621 or, if the door(s) are UPVC or double glazed, a multi-point locking system with either a lever or built-in deadlocking cylinder?		<input type="checkbox"/>	<input type="checkbox"/>
Are all other external doors secured by a mortice deadlock or a deadlock conforming to British Standard 3621 or by a multi-point locking system with either a lever or built-in deadlocking cylinder or key-operated security bolts fitted internally to the top and bottom?		<input type="checkbox"/>	<input type="checkbox"/>
Are all opening sections of the basement, ground floor and easily accessible windows, fanlights and skylights to the buildings secured by key-operated window locks?		<input type="checkbox"/>	<input type="checkbox"/>
Is the home fitted with a burglar alarm? (If No, please proceed to Safe Questions)		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, who installed alarm?			
Is the alarm maintained under a contract?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how often is it maintained?	Every 6 Months	<input type="checkbox"/>	
	Every 12 Months	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
What type of signalling does the alarm use?	Bells Only	<input type="checkbox"/>	Central Station <input type="checkbox"/>
	Packnet	<input type="checkbox"/>	Digital Communicator <input type="checkbox"/>
	Connected to Police	<input type="checkbox"/>	Redcare <input type="checkbox"/>
	BT Redcare GSM	<input type="checkbox"/>	Dual Communicator <input type="checkbox"/>
	Other	<input type="checkbox"/>	Eircom Phonewatch <input type="checkbox"/>
Is there a safe in the home? (If No, please proceed to next section)		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what type?	Wall Safe	<input type="checkbox"/>	Under Floor Safe <input type="checkbox"/>
	Free Standing Safe	<input type="checkbox"/>	Other <input type="checkbox"/>
What is the model of the safe?			
What is the make of the safe?			

**If you have ticked any of the shaded boxes please give further details.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Sums Insured

You must take reasonable steps to ensure that your sums insured are adequate at all times otherwise we do not have to pay a claim under this policy.

### Section 1 - Your Buildings

Buildings Sum Insured (INCLUDING outbuildings) €

Outbuildings Sum Insured €

The default excess is €250, you may reduce this to €100 (this will increase your premium) or you can increase the excess which will reduce your premium.

Please select your excess €250  €500  €1,000  €2,500  €5,000

In the event of a claim where the incident of loss or damage that falls for consideration is covered under more than one section of cover and you have chosen a different excess under that section, it is the highest applicable excess that will be deducted from the total settlement of any claim.

If we impose a compulsory increased excess you will not be entitled to a discount. You will be advised by your broker if this applies to your policy.

### Section 2 - Your Contents including Fine Art, Antiques and Valuables

General Contents Sum Insured €

Total Fine Art & Antiques Sum Insured €

Fine Art is defined as: Individual items, collections and sets which are of artistic merit, historical value, novel, rare and/or unique including, antique and designer-made furniture, paintings, drawings, etchings, prints, photographs, tapestries, carpets, rugs, books and manuscripts, sculptures, ornaments, porcelain and glass, clocks, barometers, mechanical art and objects d'art, stamp and coin collections, wines, memorabilia and other collectables such as models and dolls.

Total Valuables Sum Insured €

Valuables are defined as: precious metals, gemstones, jewellery, watches, furs and guns which belong to you. Precious metals means gold, silver, and platinum, including gold and silver plate.

#### Please specify any Fine Art & Antique Items over €15,000:

Description	Sum Insured (€)

Please provide valuations or purchase receipts of not more than 5 years old for all Fine Art & Antique specified items

#### Please specify any Valuable Items over €5,000:

Description	Sum Insured (€)

Please provide valuations or purchase receipts of not more than 5 years old for all Valuables specified items

Total Valuables in the Bank €

#### Excess

The default excess is €250, or you can increase the excess which will reduce your premium.

Please select your excess €100  €250  €500  €1,000  €2,500  €5,000

In the event of a claim where the incident of loss or damage that falls for consideration is covered under more than one section of cover and you have chosen a different excess under that section, it is the highest applicable excess that will be deducted from the total settlement of any claim.

If we impose a compulsory increased excess you will not be entitled to a discount. You will be advised by your broker if this applies to your policy.

Claims History	YES	NO
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Has the proposer or any member of the family or any person normally residing at the premises sustained any loss or damage during the last 5 years which would have been covered under this insurance, whether claimed or not?



If yes, please give details including a brief description, location of the loss (at a previous address or away from the home) amount and status of the claims (settled, declined, outstanding or not claimed for)

Date of Loss	Brief Description of Loss/Damage	Location	Amount	Status

Total number of years since your last claim

Previous Insurance
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Please provide the name of your previous insurer

Total number of years you have held home insurance:	Buildings
	Contents

Declaration
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**Subject to acceptance by Underwriters, when would you like the insurance to commence? (DD/MM/YYYY)**

**Signature of Proposer(s)**

**Date of Proposal (DD/MM/YYYY)**