



Please Complete, Sign and return to your O'Leary contact as soon as possible

1. DETAILS

Contact Name: _____ Date: ___/___/___ (DD/MM/20YY)
Proposer: _____
Risk Address: _____

Telephone Number: _____
Business Description: _____

Renewal Date: ___/___/___

2. PROPERTY

Buildings: € _____
Stock: € _____
Machinery, Fixtures and Fittings: € _____
Contents: € _____
Tenants Improvements: € _____

3. MONEY

On the insured premises during working hours: € _____
In locked safe: € _____

4. EMPLOYERS LIABILITY

Wage roll: € _____
Directors: € _____
Clerical / Administration: € _____
All other Employees: € _____

5. PUBLIC/PRODUCTS LIABILITY

Turnover: € _____
Limit of Indemnity: € _____
Work away Wages: € _____

6. CONSEQUENTIAL LOSS

Gross Profit: € _____
Indemnity Period: Months: _____

7. COMPUTER INSURANCE

Computer Equipment:
Hardware: € _____
Laptops: € _____



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8. GENERAL

How Long in Business: _____

5 Year Claims Experience: _____

Current Insurer: _____

Present Premium: _____ €

Renewal Date: ___ / ___ / ___

9. CONSTRUCTION

Construction

Roof: _____

Walls: _____

Floor: _____

Age of Building: _____

10. SECURITY

Security

Alarm: _____

Linked: _____

Other Occupancy: _____

Name: _____ Date: ___ / ___ / ___

11. DECLARATION

I/We declare the foregoing particulars to be correct according to my/our information and belief

Date: ___ / ___ / ___ Your signature: _____

12. OTHER COVERS

Do you require a quote for:

- | | | | |
|--------------------------------|--------------------------|-----------------------------|--------------------------|
| Directors and Office Liability | <input type="checkbox"/> | Credit Insurance | <input type="checkbox"/> |
| Employers Practice Liability | <input type="checkbox"/> | Marine and Goods in Transit | <input type="checkbox"/> |
| Corporate Legal Liability | <input type="checkbox"/> | Engineering | <input type="checkbox"/> |
| Pensions Trustees Liability | <input type="checkbox"/> | Motor | <input type="checkbox"/> |
| Professional Indemnity | <input type="checkbox"/> | Personal Accident | <input type="checkbox"/> |