

**RISK MANAGEMENT COMPANY for INDEPENDENTS (IRELAND) LTD.**

Mount Corballis C. 4, Rathdrum, Co. Wicklow Tel.: 0404 43166 Fax: 0404 43167 E-mail: rmci@unison.ie

**C.B.A.I. - Commercial Property Insurance Application Form**

*The information provided to RMCI in writing or otherwise by or on behalf of the client is the basis of and will be deemed to be part of the contract.*

*RMCI and/or the Company will be entitled to void any insurance where the information provided is incorrect.*

**SECTION A**

**DETAILS OF INSURED**

**Name: Mr./Mrs./Ms.** \_\_\_\_\_

**CBAI Aff.No.:** \_\_\_\_\_

**Address:**

**E-Mail:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**Tel. No.** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Fax. No.** \_\_\_\_\_

**County:** \_\_\_\_\_

**Trading Name:** \_\_\_\_\_

**Occupancy/Trade:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Claims History ( last 5 years):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Renewal Date of Existing Policy:** \_\_\_/\_\_\_/\_\_\_

**Inception Date (if new):** \_\_\_/\_\_\_/\_\_\_

**Current Insurer:** \_\_\_\_\_

**Current Premium: €** \_\_\_\_\_

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**SECTION B:**

**DETAILS OF PROPERTY**

**Risk Address (if different from above):**

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**Cover Required: Fire/ Extended Coverage/ Other** \_\_\_\_\_

**Construction:**

**Walls** \_\_\_\_\_

**Floors** \_\_\_\_\_

**Roof** \_\_\_\_\_

**Age of Buildings:** \_\_\_\_\_

**Protection:**

**Alarm: Y/N**  
**Details** \_\_\_\_\_

**Smoke Detection: Y/N**

**Fire Extinguisher(s): Y/N**

**Hydrant(s) Y/N**

**Sprinklers Y/N**

**Guards Y/N**

**Total Sum Insured:**

**Key Value a/o**

**Top Location (if applicable):**

**Comments:**

**Buildings** € \_\_\_\_\_ € \_\_\_\_\_ \_\_\_\_\_

**Contents** € \_\_\_\_\_ € \_\_\_\_\_ \_\_\_\_\_

**Computer(s)** € \_\_\_\_\_ € \_\_\_\_\_ \_\_\_\_\_

**Business Interruption** € \_\_\_\_\_ \_\_\_\_\_

**Total** € \_\_\_\_\_ € \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_

