

Proposal Form

Directors and Officers Liability Insurance FOR RESIDENTS ASSOCIATIONS, COMMITTEES, OWNERS AND RESIDENTIAL PROPERTY MANAGEMENT COMPANIES

IMPORTANT NOTICE TO THE APPLICANT

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. Insurers rely upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Applicant, and if so, on what terms. The Proposal Form applies to the "Applicant" which includes all person(s) or businesses applying for insurance.

This Proposal Form is ONLY suitable for Residents Associations, Committees, Owners and Residential Property Management Companies within the Republic of Ireland. If you are unsure if this Proposal is suitable, you should seek advice from a professional insurance advisor before proceeding.

SECTION 1 - ABOUT THE APPLICANT (Please write in block capitals or cross the appropriate boxes as required)

Applicant Name:					
a)	Applicant Organisation is a:				
	Residents Association Residential Property Management Company		Residents Committee Residential Property Owner		
b)	Applicant Organisation is:				
	Registered at CRO as Limited by Guarantee (Not for Profit) Unincorporated (Not for Profit)		Registered at CRO as a Private Limited Company		
Prin	ciple address: (also include any other office locat	ions)			
_	e established: son to contact about insurance and contact telepl	none number(s	:		
Pers		none number(s	:		
Pers Com	son to contact about insurance and contact telepl	none number(s	:		
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Pers Com Prop (12 n	son to contact about insurance and contact telephannels (if applicable) posed inception date for policy: nonth policy period is assumed)		Estimate for Current Financial Year End	ing	



SECTION 2 – APPLICANT INFORMATION STATEMENTS

The A	Applicant can confirm that:	
9.	The Applicant's turnover is, and always has been, derived solely from the Republic of Ireland.	True False
10.	The Applicant's business is a going concern and its latest financial statements do not show a loss.	True False
11.	The Applicant has been in continuous operation for more than 12 months.	True False
12.	The Applicant's latest financial statements are audited or if not required to be audited are prepared by a qualified accountant and are less than 18 months old.	True False
13.	The Applicant's latest financial statements are not qualified.	True False
14.	The Applicant has not acquired any other organisation or concerns since its last financial year end which have increases its total assets by 50% or more.	True False
15.	The Applicant does not have any mergers or acquisitions planned.	True False
16.	The Applicant has procedures in place to control all incoming and outgoing money and carries out checks at regular intervals to ensure all cheques and other outgoing funds have been properly drawn and correctly accounted for.	True 🗌 False 🗌
If the	response to any of statements 10 to 16 is False please provide details in the Additional Information Section	
SECT	ION 3 – EMPLOYMENT PRACTICES STATEMENTS (OPTIONAL COVERAGE)	

The A	Applicant can confirm that:	
18.	All the Applicant's employees* are based in the Republic of Ireland.	True False
19.	The Applicant's total annual wages divided by its total number of employees* is €50,000 or less.	True False
20.	The Applicant's total number of employees* is not expected to exceed 100 in the next 12 months.	True False
21.	The Applicant ensures that all new and existing employees* have a signed contract of employment.	True False
22.	The Applicant has a written grievance procedure in place which is communicated to all employees*.	True False
23.	The Applicant is NOT currently undergoing or contemplating any redundancies or terminations.	True ☐ False☐
24.	The Applicant has NOT dismissed any emplyee(s)* or made any redundancies in the last six months.	True False
25.	The Applicant always consults with a human resources consultant, qualified employment consultant or a law firm specialising in employment law prior to the dismissal of any employee(s)*, making any employee(s)* redundant or carrying out any disciplinary action or suspension of an employee*.	True
	*Employees include part time and seasonal workers.	
If the	response to any of statements 18 to 25 is False please provide details in the Additional Information Section	1.

SECTION 4 - PREVIOUS EXPERIENCE STATEMENTS

The Applicant can confirm that:						
26.	The Applicant, or its Trustees, Directors, Officers, Committee Members or Managers, are NOT aware of any claim(s) that have been made in the past, or any circumstances(s) that could give rise to a claim being made in the future, against the Applicant Company or its Trustees, Directors, Officers, Committee Members or Managers involving the following:				True	
	 its employees (including but not limited to Employment Tribunals) its customers 					
	 its shareholder 	rs				
	 its former or cu Shareholders 	its former or current Trustees, Directors, Officers, Committee Members, Managers or				
	 Government a 	uthorities				
	 accountants, li 	quidators or receivers	3		J	
	or any other perso	on or entity not mention	oned above.			
	Regardless of what to a current or pr		im(s) or circumsta	nce(s) was/is i	nsured or has been notified	
If the	response to stateme	ent 26 is False please	e provide details in ti	he Additional In	formation Section.	
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SECT	ION 5 – SELECT L	IMIT OF INSURANC	E			
28.		Insurance required:				
	€250,000		€500,000	Ш	€1,000,000	Ш
	€2,000,000		€3,000,000		€5,000,000	
	OTHER	€				
SECT	ION 6 – ADDITION	AL INFORMATION				

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Note: Additional information is subject to further consideration by Insurers. Use separate sheet if necessary.
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PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION
Similar to other professional insurances, the Angel Directors and Officers Liability Policy for Residents Associations, Committees Owners and Residential Property Management Companies is underwritten on what is known as a 'claims made basis.' This mean that the policy will only provide cover against those claims or circumstances that are discovered and notified to the Insurers during th period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefor important the Applicant ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.
Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management is an intermediary which is authorised an regulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 Gracechurch Street, London, EC3V 0BG.
DATA PROTECTION
By signing this Proposal Form the Applicant consents to the Insurer or its representatives using the information Insurers may hol about the Applicant for the purpose of providing insurance and handling claims and to process sensitive personal data about th Insured where this is necessary in compliance with the provisions of the Data Protection Act 2018 (DPA 2018). This may necessitat providing such information to third parties.
MATERIAL FACTS
All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contact of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptanc or assessment of the risk by Insurers. If the Applicant is in any doubt as to what constitutes a material fact they should consult the insurance broker.
DECLARATION
The undersigned declares on behalf of the Applicant that to the best of their knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the proposal form together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal Form on behalf of the Applicant.
☐ More information is attached to this Proposal Form
Signature: Dated:

Print Name:

Position*:

^{* (}Must be Chairman, Managing Partner, Managing Director or other Director responsible for insurance)