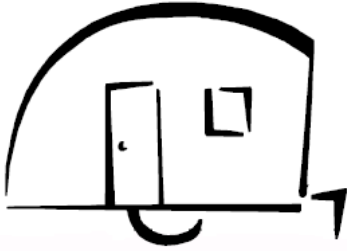




Lloyd's London
Proposal for Insurance
of Mobile Homes &
Caravans (Ireland)



ALL Questions must be answered in full AND please complete in capital letters

Proposer:	
Proposer's Full Name(Mr/Mrs/Ms):	Proposer's Occupation/Business: (please note Director / Self Employed is not sufficient)
Postal Address:	
Phone Number:	Email Address:

Schedule:			
Make/Model of Mobile Home or Caravan	Year Of Make	Sums to be Insured	
		Structure/Fixtures Fittings & Equipment	Contents/Personal Effects Therein
Do you require new for old cover on the mobile home (not available where the structure is more than 5 years old or on Caravans)? Sum Insured must represent the replacement cost at all times while this cover operates.			Yes <input type="checkbox"/> No <input type="checkbox"/>

Details	
If any Lending Institution's Interest is to be noted, please give details:	
1. Is the structure a mobile home or caravan?	Mobile <input type="checkbox"/> Caravan <input type="checkbox"/>
2. What type of heating is used?	
3. Will the structure be let out on hire or for reward?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you a member of the ICCC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Will the structure be on a permanent site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) If "yes" to last, where is it situated (Exact Address Please)	
b) Have there been any incidents of flood at this site, or in the immediate neighbourhood?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes" to last, give full details:	
6. Is the structure used as a permanent residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Will the structure be securely anchored or stayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Is the structure in good condition and will it be so maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you or any other persons to whom the insurance would apply had any insurance declined, cancelled or made subject to special terms? (If yes give details in the space below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Has the proposer or any other person to whom this insurance would apply, sustained any loss or damage under similar insurance in the past five years (If yes give details, in the space below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you or any person residing with you, ever been convicted of arson or any offence of dishonesty, e.g. fraud, theft, or handling stolen goods? (if yes give details in the space below)	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered "Yes" to any of questions 9, 10, or 11 please provide details here.

The parties are free to choose the law applicable to the Insurance Contract, Unless specifically agreed otherwise this contract shall be subject to Irish Law.

Declaration

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in this space below).

This proposal and the information provided in connection with this proposal, therewith contain statements upon which Underwriters will rely in deciding to accept this Insurance. Should a contract of insurance be concluded this proposal and any additional information provided by you in connection with this insurance will form the basis of the insurance.

Subject to acceptance by Underwriters, when would you like the insurance to commence?

Date: _____

Signature of Proposer: _____

Date: _____

Managed By



KIDD INSURANCES

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Regulated by the Financial Regulator