

(This statement of facts is attached to and forms part of the policy numbered below. It replaces any previous Statement of Facts which my have been issued in connection with this policy)

Date of Issue: 02/08/2023

#### **IMPORTANT INFORMATION - YOUR STATEMENT OF FACT**

Important Information Statement of Fact

This Statement of Fact is a record of the information provided by you in relation to your risk. TBC Insurance has relied upon the information supplied by you when deciding whether to accept the risk, what terms to apply to the risk and what premium should be charged.

You are under a duty to answer all questions which we ask with reasonable care and honesty. The answers completed in any document which include a Statement of Fact or proposal form must be completed honestly.

If you do not provide us with correct and full information or advise us of any changes, we may refuse part of or all of your claim. If you require any advice on this topic please contact your broker for guidance.

You may lose the benefit under this policy should you fail to advise us of any material change in your circumstances which alter the subject matter of this policy or the risk being underwritten. We would strongly advise you to tell your broker of any changes in circumstances relating to you, members of your household or your property.

This document is not confirmation that cover is in force. Cover will only be confirmed when a policy has been put in place and a valid Schedule of Insurance issued.

Should any changes be required to this Statement of Fact please ensure to note these changes in the document below

This insurance is managed and provided by Ivernia Insurance and underwritten by TBC Insurance

PROPOSER DETAILS			
Proposer's Name			Andrew Test
Date of Birth			01/01/1985
Employment Status			Employed
Occupation			Accountant
Insured Address (Permanent site or winter storage a	ddress)		1 Main Street Balla Co. Mayo F23VH94
Correspondence Address			1 Main Street Balla Co. Mayo F23VH94
Are there Additional Proposers? (If	yes, provide details)		YES
Name: Other Proposer	<b>DOB</b> : 01/01/1990	Occupation: Actress	Employment Status: Employed
Residency Type			Owner Occupied
PERIOD OF INSURANCE			
From			02/08/2023
То			01/08/2024



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		02/08/2023			
EQUESTED COVER					
Your Buildings Cover					
Do you require Buildings	Cover?			YES	
Sum Insured				€300,000	
Your Contents Cover					
Do you require Contents	Cover?			YES	
Sum Insured				€35,000	
Your Home Office Cove	r				
Do you require Home Offi	ce Cover?			NO	
Fine Painting:			•	7,000	
<del>-</del>	Covers		•	7,000	
<del>-</del>			•	€2,000	
Your optional All Risks Unspecified Items Sum Ins		(If so, please provide det		,	
Your optional All Risks Unspecified Items Sum Ins	sured	(If so, please provide det €12,000 €1,500		€2,000 YES	
Your optional All Risks Unspecified Items Sum Ins Do you require cover for s Jewellery: Musical Instrument:	sured specified items outside the home? Diamond Rings My Blue Drum Kit	€12,000	<i>ails below)</i> Valuation year - 2	€2,000 YES	
Your optional All Risks Unspecified Items Sum Ins Do you require cover for s Jewellery: Musical Instrument:  Your optional Pedal Cy Do you require cover for a	sured specified items outside the home? Diamond Rings My Blue Drum Kit	€12,000 €1,500	<i>ails below)</i> Valuation year - 2	€2,000 YES	

PROPERTY DETAILS	
What type of property is your home?	Detached House
In what year was the property originally built?	2000
Does the property meet the minimum security requirements?	YES
What is the current method of heating?	Gas
Normal day occupancy?	YES
What type of Burglar Alarm is installed and in working order at your home?	Installed to EN50131 Standard (Not Connected to Central Station)
Is your home a listed building or a protected structure?	NO
Is the roof construction 100% pitched and covered with Tiles or Slates? (If no, please provide details below)	YES
Is the wall construction 100% made with Brick, Stone or Concrete? (If no, please provide details below)	YES
How many bedrooms are in the home?	3
How many bathrooms are in the home?	1
Number of paying guests?	0
Will the premises be used in any way as part of a business, trade or profession?	NO



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YOUR COVER HISTORY AND PREVIOU	JS CLAIMS					
Who is your current property / home insurer?				Aviva		
What is the expiry date of your current insurance?				01/08/2023		
How many years are you claims free?						
Have you (or any member of your household) in the past n years ever made a home insurance claim or had a claim made against you (or any member of your household)?						
Previous Claims						
Claim Date	01/12/2019	Claim Type		Falling	g Trees	
Total Claim Cost €	€2,000	Is the claim settled?		YES	(This Property)	
Claim Description	Tree fell on garden shed					
ADDITIONAL QUESTIONS						
Declaration Question 1		No	)			

Declaration Question 2	No
Declaration Question 3	No
Declaration Question 4	Yes
Declaration Question 5	Yes
Etc	No

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#### ADDITIONAL INFORMATION

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Some Additional Information for the Attention of the Underwriter

THE FOLLOWING POLICY EXCESSES APPLY (UNLESS OTHERWISE AMENDED BY ENDORSEMENT DETAILED BELOW)		
Standard Policy Excess	€xxx	
Escape of Water	€ууу	
Subsidence, Landslip and Ground Heave	€zzz	
Voluntary Excess	€0	



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ENDORSEMENTS ATTACHING TO THIS INSURANCE	
H02 - Alarm Clause Endorsement wordings	

#### **Data Protection Policy**