

REGISTRATION FORM

Ireland

Developer Details

Name of business

Parent company (if applicable)

Address

County Postcode

Contact name Email

Telephone contact number (day) (evening)

Web Site Address Fax

Type of Business (please tick one box only)

A business which is selling both the land and the housing unit(s) as well as carrying out construction.

A business which is selling both the land and the housing unit(s) but is not carrying out construction.

Further Details

Legal status of the company:

Limited Company	<input type="checkbox"/>	PLC	<input type="checkbox"/>
Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>

Company Registration Number

How long has the company been trading under the current name:

< 1 year	<input type="checkbox"/>	1 – 2 years	<input type="checkbox"/>
2 - 5 years	<input type="checkbox"/>	5 – 10 years	<input type="checkbox"/>
> 10 years	<input type="checkbox"/>		

Number of units constructed in the last financial year?

Estimated number of units to be notified in the next 12 months?

Insurance Details

Have any director or partner / principal:

- ever been refused property insurance or had any special terms imposed by any insurer? Yes No
- ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind? Yes No
- ever been prosecuted or received notification of intended prosecution under the Health and Safety at Work Act 1974 or Consumer Protection Act 1987? Yes No
- ever been involved with a house builder or construction that has gone into liquidation in the past? Yes No
- Is any director of the applicant or an associated company also a director of any house builder or construction company not referred to on this proposal form? Yes No
- During the last three years have you sustained any losses or had any claims that would be covered by this Insurance? Yes No

If you have answered “Yes” to any of the above questions, or you are aware of any facts that might be relevant please provide details in the Additional Information box and/or a separate sheet if required.

Additional Information

Declaration by the Insured

I/we declare that to the best of my/our knowledge and belief, the information I/we have given is correct and complete in every detail and I/we have not withheld any material fact.

I/we understanding that the signing of this form does not bind us to effecting insurance under the Premier Guarantee for Ireland scheme but agree that should a quotation for a New Development or Housing Unit be accepted that this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter.

Signed

Name

Date

For and on behalf of

Please return this form to:
Nick Coyle
Willis Risk Services (Ireland) Limited,
Grand Mill Quay, Barrow Street, Dublin 4.



premier
guarantee

Willis Risk Services (Ireland) Limited | Grand Mill Quay | Barrow Street | Dublin 4

T 00 353 16 396 495 | **F** 00 353 16 326 964 | **E** nick.coyle@willis.ie

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