

Risk Management Questionnaire

Broker Name _____ Date _____

Buildings

Name of Management Company _____

Name of Management Agent _____

Is Directors & Officers cover required ? Yes / NO

Buildings Sum Insured

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Renewal Date :

Current Insurer :

Construction

Total number of Insured buildings :

Age of Buildings :

Total square footage of Insured Buildings :

If Apartment Block number of Apartments :

No. of Stories:

Is any of the Property a Listed building ?

Construction of exterior walls:

Construction of roof:

Is any of the roof flat with felt on timber :

Construction of floors:

Construction of stairs:

Is there now, or has there ever been, any evidence of subsidence, ground heave or landslip?

Details of major fire breaks:

Is the property in the course of construction or undergoing any process of alteration or repair?

Occupancy

Provide a brief description of operations:

Is any of the premises unoccupied ?

If apartment blocks are any of the apartments used by the HSE or used for Airbnb activity ?

Storage height of any warehoused products

Are flammable and combustible liquids stored in a cut-off room Yes / No

Protection

Are there any automatic sprinklers ?

Yes/No

What areas protected by automatic sprinklers ?

What is the water supply for automatic sprinklers?

How many hydrants are located within vicinity of buildings ?

No. of Fire Extinguishers

Are Fire Extinguishers serviced annually ?

Yes/No

Fire / Intruder Alarm

Are alarms connected to a constantly attended location

Yes/No

Is there a maintenance contract ?

Yes/No

Is there a watchman service

Yes/No

Are watchman recording rounds

Yes/No

Is there a private fire brigade

Yes/No

Fire Department

Yes/No

Distance

Exposure

Does the Management Company have any paid employees (not including sub-contractors)?
If yes, please provide details of wages and job description e.g. cleaner, gardener etc.

Please provide full details of all activities carried out within the premises being Insured including details of any playground/ swimming pool, gym etc.

How many buildings (not part of account) are within 100 ft of insured buildings?
Describe the occupancy of those buildings nearby (within 100 ft) - Please provide full details

Is there a body of water nearby (ocean, river, creek)?, yes/no? Please provide details

How far is the body of water from major buildings?

Previous history of flooding? Yes/No Details :

A full 5 year verified claims experience must be submitted with the submission and completed Risk Management Questionnaire.