

# Photography Insurance

## STATEMENT OF FACT - NEW BUSINESS

Answers to the following questions and any additional details presented to the Company assist us in the assessment of risk. It is your duty to answer all questions asked by us honestly and with reasonable care. If you fail in this duty it may have adverse consequences on your insurance policy including, in the worst case scenario, refusing all claims, cancelling your policy from the beginning and retaining premiums paid. Following cancellation you may encounter difficulties trying to purchase insurance elsewhere and, if the policy concerned property, its cancellation could lead to a breach of the terms and conditions of any loan secured on such property. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. You should receive a copy of your completed application form from your broker or from us. A specimen policy document is also available.

### Applicant details

1 Name

2 Trading name

3 Home address

  
  
  
Postcode:

4 Business address

  
  
  
Postcode:

5 Telephone number

6 Email address

**Business details**

**1 Type of photography/videomaking undertaken – Please provide full details**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2 Are you a sole trader or Ltd company or Partnership?**  Yes  No  
If so, please confirm which

\_\_\_\_\_

**3 How many years' experience in the industry do you have?** \_\_\_\_\_

**4 Are you a member of a Trade Association?**  Yes  No  
If yes, which one?

\_\_\_\_\_

**5 What is your annual turnover?** € \_\_\_\_\_

**6 Do you have any of the following employees?**  Yes  No  
If yes, please confirm how many

Clerical \_\_\_\_\_

Non-clerical \_\_\_\_\_

**7 Please confirm the total wagheroll for the following employees**

Clerical € \_\_\_\_\_

Non-clerical € \_\_\_\_\_

**8 How much do you annually pay in Freelancer fees?** € \_\_\_\_\_

**9 Are you registered for VAT?**  Yes  No

**Premises details**

**1 Is the premises constructed of brick, stone or concrete and roofed with slates, tiles, asphalt, concrete or metal?**  Yes  No  
If no, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2** Is the premises at least 200 metres away from any natural or man-made watercourse or the sea?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If no, please give details


**3** Is the premises used solely for your business purposes?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If no, please give details


**4** Is any part of the premises hired out?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details


**5** Is the premises protected by an intruder alarm?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please confirm if the alarm is 'bells only' or 'central station linked' and whether the system is under a maintenance contract


**6** Is the premises protected by a fire alarm?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please confirm if the system is under a maintenance contract


**7** Do you have business customers to your premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**8** Do all final exit doors have a 5 lever mortice deadlock?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**9** Do all ground floor and accessible windows have key operated locks?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## Cover details

Please confirm if cover is required for the following.

If 'Yes', where applicable, please confirm the sums to be insured

<b>1</b>	<b>Buildings</b> – this amount should represent the full rebuilding costs including an allowance for VAT if appropriate, architects' and surveyors' fees, legal charges, debris removal and the cost of meeting public authority requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	€ <input type="text"/>
<b>2</b>	<b>Contents</b> – items belonging to the business or entrusted to the business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	€ <input type="text"/>
<b>3</b>	<b>Technical equipment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	€ <input type="text"/>
<b>4</b>	<b>Fine art</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	€ <input type="text"/>
<b>5</b>	<b>Business interruption</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	- Indemnity period			months <input type="text"/>
	- Gross profit			€ <input type="text"/>
	- Revenue			€ <input type="text"/>
	- Rent Receivable			€ <input type="text"/>
	- Additional cost of working only			€ <input type="text"/>
<b>6</b>	<b>Money with assault extension</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, is Cover B - Assault extension required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>7</b>	<b>Personal accident</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>8</b>	<b>Employers' liability</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	€ <input type="text"/>
<b>9</b>	<b>Public &amp; products liability</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	€ <input type="text"/>
<b>10</b>	<b>Professional indemnity</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	€ <input type="text"/>
<b>11</b>	<b>Legal expenses</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## General questions

**1 Are you currently insured?**

Yes

No

If yes, please advise with who

**2 What is your renewal date?**

/ /

**3 In respect of the risks to be insured whether at these premises or elsewhere**

(a) has any loss, damage, injury or liability arisen during the past five years whether insured or not?

Yes

No

(b) are you aware of any circumstances that might give rise to a claim?

Yes

No

If yes, please provide details

  
  


**4 Are you aware of any flooding at the premises or anywhere adjacent to the premises however caused?**

Yes

No

**5 Are you a permanent resident of the Republic of Ireland and reside within the Republic of Ireland for at least 9 months of the year?**

Yes

No

**6 In respect of your business, has an insurer ever declined to issue or renew a policy or impose special terms?**

Yes

No

If yes, please provide details

  
  


**7 Have you or any director or partner or manager ever**

(a) been convicted of any criminal offence other than a driving offence or have any non-motoring prosecutions pending?

Yes

No

(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved?

Yes

No

(c) had any Court Judgments made

(i) against you in a personal capacity?

Yes

No

(ii) against any company, business or firm in which any of you have been involved as a director or partner or in a similar capacity?

Yes

No

If yes to any of the above, please provide details


### Additional information


### Declaration

I confirm that as far as I am aware the statements made by me or on my behalf in connection with this insurance are true and complete.

I agree to accept a policy in the Company's usual form for this class of business.

Signature(s)

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Position(s)

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Date

### Data Privacy Notice

Your privacy is important to us. We will process your personal data in accordance with data protection laws.

Ecclesiastical Insurance Office plc ("**we**", "**us**", "**our**") is the data controller in respect of any personal data which you provide to us or which we hold about you and any personal data which is processed in connection with the services we provide to you.

Where you provide us with personal data about a person other than yourself (such as a dependant or named person under a policy), you must inform them that you are providing their personal data to us and refer them to this notice.

To provide our insurance related services, we will collect and process your personal data such as your name, contact details, financial information and any information which is relevant to the insurance policy we are providing. In order to provide your insurance policy or when making a claim, we may also need to collect or process 'special categories of personal data' such as information relating to your health. We may also collect and process information which is likely to reveal your religious beliefs where you have manifestly made that information public or by communicating with us using a title or honorific which indicates a religious belief. We may also collect data relating to any previous unspent criminal convictions that you may have where that data is necessary to facilitate the provision of insurance services in connection with you, or related activities.

We process your personal data and your special category personal data relating to health and religious affiliation for the purposes of offering and carrying out insurance related services to you or to an organisation or other persons which you represent. Your personal data is also used for business purposes such as fraud prevention, business management, systems development and carrying out statistical and strategic analysis.

Providing our services will involve sharing your personal data with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, fraud prevention agencies, our service providers and professional advisors or business partners and our regulators.

In some circumstances we may transfer your personal data to countries outside of the European Economic Area. We will put appropriate safeguards in place to ensure that your personal data is protected.

Where we have your consent, we may market our services to you or provide your personal data to our related companies or business partners for marketing purposes. You can opt out of marketing communications at any time by contacting us.

## Fraud Prevention

We need to carry out fraud and anti-money laundering checks, and this will involve sharing your personal data (such as your name, contact details and financial information) with credit reference and fraud prevention organisations. If you make a claim, we will share your information (where necessary) with other companies to prevent fraud. For the purposes of deciding whether to accept and pay a claim or any part of it, we may appoint loss adjusters or external investigation services to act on our behalf.

We may also use information from other sources such as the Companies Registration Office, Financial Credit Agencies and Insurance Link (a central claims database for the insurance industry) to obtain additional details and to independently verify information you have provided to us. You can find more information about Insurance Link at [www.inslink.ie](http://www.inslink.ie).

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

Please note that when carrying out any fraud prevention activities, we may need to process your special categories of data such as criminal offence information and share it with fraud prevention agencies.

## Further Information

For further information on how your personal data is used and your rights in relation to your personal data please refer to our Privacy Policy at [www.ecclesiastical.ie/privacy-policy](http://www.ecclesiastical.ie/privacy-policy) or contact our Compliance Associate, by post at Ecclesiastical Insurance Office plc, 2nd Floor, Block F2, EastPoint, Dublin 3, D03 T6P8, or by telephone on **(01) 619 0300** or by email at [compliance@ecclesiastical.com](mailto:compliance@ecclesiastical.com).

Ecclesiastical Insurance Office plc is regulated by the Central Bank of Ireland.

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