

# Childcare Proposal Form

Name of Insured: \_\_\_\_\_  
 \_\_\_\_\_

Risk Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Principal / Manager: \_\_\_\_\_

- Service Offered:** Sessional Services up to 3.5 hours   
 Please Tick one Extended Hours 8am to 2:30 pm   
 Full Day Care/Crèche

Other please specify \_\_\_\_\_

**Number of Children** \_\_\_\_\_

(Note: Basic Policy provides cover for up to 22 Children)

**Building Sum Insured (Standard Buildings)** € \_\_\_\_\_

Standard Buildings means building is constructed mainly of brick/stone or concrete and roofed with slates/tiles, non combustible tiles, concrete, asphalt, metal or sheets or slabs composed entirely of non-combustible mineral ingredients:

**Building Sum Insured (Non Standard)** € \_\_\_\_\_

**Contents Sum Insured (incl. Fixed outdoor play equipment)** € \_\_\_\_\_

**Business Interruption Sum Insured** € \_\_\_\_\_

(Indemnity Period 18 months)

Do you operate in accordance with the provisions of the Child Care (Pre-School Services) No2 Regulations 2006 and Child Care (pre-school Services) (No2) (Amendment) Regulations 2006 and the Explanatory Guide to Requirements and procedures for Notification and Inspection attached thereto and issued by the department of Health & Children?

Yes  No

Please note it will be a Condition of your Policy that you adhere to the Regulations referred to above and that you implement any requirements issued by the Child & Family Agency arising from any inspection carried out by that Agency in accordance with legislation

Have you or your partner or any director or principal of the Company ever been convicted of a criminal offence?

Yes  No

If Yes please provide details

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Have you or any of your directors partners Employees ever been prosecuted for any offence or breach of any legislation or regulations relating to Health & Safety, Childcare or Child Protection?

Yes  No

If YES please provide details

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In respect of any risks to which the Proposal relates have any accidents, losses or claims occurred (whether insured or not) within the last 5 years?

Yes  No

YES please give details

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## Declaration

You agree that the information supplied by you, or by a relevant party on your behalf is, to the best of your knowledge, true and complete and that no material fact has been misrepresented or withheld by you.

You acknowledge that failure to disclose all material information may result in the voidance or cancellation of your policy, a claim not being paid or partly paid, you encountering difficulty obtaining insurance elsewhere or, in the case of property insurance, you breaching the terms and conditions of any loan on the property.

Material information is that which Allianz would regard as likely to influence it's assessment or acceptance of this insurance. You have a continuing obligation to immediately disclose to Allianz any information that may affect this insurance or increase the risk of loss or damage or injury to others. You agree that if you are in any doubt you will disclose it to us.

Please note that this document, in conjunction with your policy document, schedule, declaration and endorsements, forms the basis of your contract with Allianz.

Please read this document carefully and check that all the details in it are accurate. If any information is inaccurate or incomplete you must notify Allianz or your insurance intermediary immediately

## Data Protection Acts – collection and use of personal information

In these statements references to information include personal data and information given by you to Us, whether in your Proposal, any claim form you submit to Us or otherwise, any information We may collect in connection with any product or service We provide, information made available about you disclosed to Us by another party in connection with the transfer to Us of such party's rights and duties to you under any other insurance arrangements.

Allianz p.l.c. is a member of the Allianz Group, and shall be the data controller in respect of all such information. References to We and Us in these statements and consents shall be construed accordingly.

- **USES.** Information you supply may be used for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.
- **DISCLOSURE.** We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history. This includes Insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. We may in certain circumstances use private investigators to investigate a claim.
- **SENSITIVE DATA.** We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to assess the terms of insurance We issue/arrange or to administer claims which arise. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).
- **RETENTION.** We will not retain your data for longer than is necessary for the purposes for which it is obtained. If you provide personal data to Us and you do not become an insured We will not retain your data for longer than 15 months from the date of collection unless you are a direct customer and have not objected to direct marketing purposes (as detailed below in the Direct Marketing paragraph).
- **CONSENT.** By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).
- **REPRESENTATION.** By your signature you warrant and represent to Us that in respect of any personal data of any data subject which you provide to Us, you have the authority of that data subject to disclose such data to Us on these terms and conditions and for all the purposes herein set out and to give the consents set out above on behalf of each such data subject, and accordingly, all references in these statements to 'you' or 'your' shall be deemed to include any such data subject.
- **ACCESS.** You have the right to request and receive a copy of your personal data held by us. Should you wish to exercise this right, you should write to us under Section 4 of the Data Protection Acts 1988 and 2003, for the attention of the Data Protection Officer, at Allianz House, Elm Park, Merrion Road, Dublin 4. A fee of €6.35 is chargeable and cheques should be made payable to Allianz.
- **CALL RECORDING.** Calls may be recorded or monitored for regulatory, training and quality purposes.

A copy of the completed proposal form and a copy of the policy are available on request.

Signature:  \_\_\_\_\_

Date:  /  /

Status

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(Please give the status of signatory when signing on behalf of a Company Firm or Association)