

**C.B.A.I. PUBLIC LIABILITY INSURANCE APPLICATION FORM**

Date Details Taken     \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Club Details

Name \_\_\_\_\_

Postal Address Contact Person

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Tel No (Landline) \_\_\_\_\_

Facsimile No \_\_\_\_\_

E-mail Address \_\_\_\_\_

What cover do you require?  
**(please tick which applies below)**

Public liability € 2,500,000       
                           € 6,500,000    

**Claims History, whether insured or not:**

Public Liability (PL)					
Year	Excess Applicable €	Settled Claims		Outstanding Claims	
		No	Amt €	No	Amt €

**PUBLIC LIABILITY**

**Do you need to indemnify your Landlord ( e.g. GAA)            Y/N**

**If Yes please give details:**

---

---

---

Are your premises in a good state of repair?  
YES  NO

If no, please provide details?  
\_\_\_\_\_

Are you the registered owner of the premises from which you operate?  
YES  NO

Do you have lakes, rivers, streams etc on the property?  
YES  NO

If yes, please provide details:  
\_\_\_\_\_

Is the property properly fenced / signposted?  
YES  NO

Do the public have access to your property?  
YES  NO

Any other relevant information?  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

***The information provided to RMCI in writing or otherwise by or on behalf of the client is the basis and will be deemed to be part of the contract.  
RMCI and/or the Company will be entitled to void any insurance where the information provided is incorrect.***