

Section 3 Defective Title

A Lost Title Deeds

1. Please list the documents which have been lost

2. When and under what circumstances were they lost?

3. Do you have copies (certified or otherwise) of any of the deeds? If so, which? Please indicate which documents are certified

4. Has any person(s) or corporation challenged the title or claimed to be entitled to any prior estate right title or interest in to or over the property? If **'yes'**, please give full details

Yes No

Material Facts

State any other material facts here. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an Insurer in the assessment and acceptance of the proposal. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer.

Checklist

Please supply

- an explanatory letter from the Proposer's solicitor explaining the position generally
- draft statutory declaration(s) describing the Proposer's purchase and occupation of the property, the circumstances leading to the loss of the documents and confirming the Proposer's title has not been challenged. The declaration should also confirm the property is not mortgaged or charged
- a search in the Land Registry including a Land Registry mapping search and a search in the Registry of Deeds
- relevant exhibits e.g. photocopies of documents, bills of sale etc.

B Miscellaneous Defects

Please state the precise nature of defect(s) in title

Material Facts

State any other material facts here. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an Insurer in the assessment and acceptance of the proposal. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer.

Checklist

Please supply

- an explanatory letter describing fully the defect(s) in the title to property
- plans and other exhibits relevant to the risk

C Adverse Possession of Land

State

1. (a) When the land was first fenced

(b) The nature of the fencing

(c) Whether the land has been completely and continuously fenced and fencing maintained in good condition since erection Yes No

2. (a) The use of the land since it was fenced

(b) Whether any building has been constructed on part or all of the land. Yes No
If **'yes'**, give date of construction and nature

Section 3 Defective Title (Continued)

3. Whether any other acts of possession adverse to the legal owner have been carried out. Yes No
If 'yes', please give full details
4. Whether the Proposer has:-
If 'yes' to (a), (b), or (c) please give full details
- (a) acknowledged or purchased any other party's interest in the land Yes No
- (b) received an approach from any other party claiming to have a prior right title or interest in the land Yes No
- (c) any knowledge of the possible identity of the legal owner of the land Yes No
5. Has an application for Possessory Title to the land been made to the Land Registry? Yes No
If 'yes', what was the result?

Material Facts

State any other material facts here. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an Insurer in the assessment and acceptance of the proposal. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer.

Checklist

Please supply

- a letter from the Proposer's solicitor explaining the position generally
- draft statutory declaration(s) with plan describing the Proposer's occupation of the land (with dates), the use since occupation and full details of fencing on all boundaries
- a search in the Land Registry including a Land Registry mapping search and a search in the Registry of Deeds
- photographs of the land including all boundaries

Section 4 Rights of Way/Easements for Services

A Rights of Way

1. (a) How long has the right of way been used by the Proposer?
If 'yes' to (b) or (c) please give full details
- (b) Has usage been with vehicles in addition to passage on foot? Yes No
- (c) Have other persons used the right of way without interference both on foot and with vehicles? Yes No
2. (a) Is the owner of the soil of the right of way known to the Proposer? Yes No
If 'yes' to (a) or (b) please give full details
- (b) Has the consent of the owner to use the right of way been obtained? Yes No
3. (a) Is the right of way made up to Local Authority standards? Yes No
(b) If not, what is the nature of the surface?

Section 4 Rights of Way/Easements for Services (Continued)

4. Has the proposer or a predecessor in title contributed towards the upkeep of the right of way? Yes No
5. Is the right of way:-
- (i) a bridleway? Yes No
- (ii) a public footpath? Yes No
- (iii) over common land? Yes No
- (iv) designated as a footpath on the definitive map held by the Local Authority? Yes No

Material Facts

State any other material facts here. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an Insurer in the assessment and acceptance of the proposal. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer.

Checklist

Please supply

- a letter from the Proposer's solicitor explaining the position generally
- a plan of the property and surrounding area showing the location of the right of way and indicating any use by owners of other properties
- draft statutory declaration(s) in support of use of the right of way including confirmation that such use has not been challenged
- a search in the Land Registry including a Land Registry mapping search and a search in the Registry of Deeds

B Easements for Services

1. Please specify the services to which this proposal relates
2. When were the services installed?
3. Has any person or corporate body attempted to restrict or deny use of the services? Yes No
- If 'yes', please give full details

Material Facts

State any other material facts here. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an Insurer in the assessment and acceptance of the proposal. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer.

Checklist

Please supply

- a letter from the Proposer's solicitor explaining the position generally
- a plan of the property and surrounding area showing the location of the services and indicating any use by owners of other properties
- draft statutory declaration(s) in support of use of the services including confirmation that such use has not been challenged

Section 5 Restrictive Covenants

State

1. (a) The date(s) of the Deed(s) imposing the covenant(s) (1)
- (2)
- (3)
- (4)
- (b) the full names of all parties to the conveyances (1)
- (2)
- (3)
- (4)

Section 5 Restrictive Covenants (Continued)

(c) the covenants for which cover is required

2. (a) The existing use of the property

(b) whether the covenant(s) have already been breached
If **'yes'**, in what manner?

Yes

No

(c) whether any objection has been raised as a result of the breach
If **'yes'**, please supply details

Yes

No

3. Has an approach been made to the covenantee(s) or any other party
who may have the benefit of the covenant?
If **'yes'**, with what result?

Yes

No

4. If a new breach is planned, state:-

(a) (i) type and number of properties

(ii) number of storeys of each type

(iii) market value of each type

(b) (i) whether the development has been advertised
If **'yes'**, in what form and when?

Yes

No

(ii) whether there has been any adverse reaction
If **'yes'**, please supply details

Yes

No

(c) whether planning consent for the development has been obtained
If **'yes'**, state:

Yes

No

(i) the date of application

(ii) whether any objection has been received by the Planning Authority

Yes

No

(iii) the grounds of any objection received

(d) whether an application has been made to the Land Registry for removal
or modification of the covenant(s)
If **'yes'**, please give full details

Yes

No

(e) the extent of the land subject to the covenant(s) and that owned by the covenantee at the time of conveyance if known

(f) whether local solicitors consider the covenants to be enforceable

Yes

No

Important

You must tell us any other facts which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance, including but not limited to:

- a) Previous insurance claims
- b) Any convictions, offences or prosecutions pending of any nature (for example, but not limited to, fraud, theft or the handling of stolen goods)*

If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, your policy may not provide you with the cover you need, a claim may not be paid, the policy may be declared invalid and void or may be cancelled, and you may encounter difficulty trying to purchase insurance elsewhere.

* An individual is not required to disclose a spent conviction when supplying information on past convictions. To determine whether or not a conviction is a 'spent conviction' under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 please visit www.irishstatutebook.ie

Warning: As it is an offence under the Road Traffic Act to make any false statement or withhold information to get a certificate of insurance, you should make sure that you answer all questions fully and accurately. If the proposer is a firm or a private company, you must read and answer the questions as though they also apply to each individual partner or member

Under the third EU Non-life Directive we must give you the following information before you buy your policy.

The law that applies to the contract - Under the relevant European and Irish laws, we Aviva Insurance Limited and you, the proposer, are free to choose the law that will apply to the contract. We propose that Irish law will apply to the contract. We, Aviva Insurance Limited, will provide the insurance under this policy.

Complaints procedure - We aim to give excellent service to all our customers; however, we recognise that things may occasionally go wrong. We will do our best to deal with your complaint as effectively and quickly as possible. If you arranged your cover through an intermediary or broker, please send your complaint to them. If your complaint is not sorted out to your satisfaction, please contact:

Aviva Insurance Limited at 1850 666 555.

You can also write to the Branch Manager - Ireland, Aviva Insurance Limited, One Park Place, Hatch Street, Dublin 2 or you can contact the following

• **Insurance Ireland, Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1, D01 E7E8**

Phone: 01 676 1914
Fax: 01 676 1943
E-mail: iis@insuranceireland.eu
Website: www.insuranceireland.eu

• **The Financial Services Ombudsman Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2**

Phone: 01 662 0899
LoCall: 1890 88 20 90
Fax: 01 662 0890
E-mail: enquiries@financialombudsman.ie
Website: www.financialombudsman.ie

You will not lose your right to take legal action if you contact either of the above.

DATA PROTECTION - Aviva Insurance Limited ("we", "us" or "our"), as data controller, will keep the information you provide about yourself and about third parties confidential. We may use it to advise on, provide and administer insurance products and financial services provided by us or other Aviva companies and sometimes with our affiliates and/or commercial partners, in order to comply with legal obligations imposed on us. We may share the information both inside and outside of the European Economic Area, in confidence, for these purposes with agents or service providers we have appointed, private investigators, regulatory organisations, other insurance and financial services companies (directly or via a central register), other Aviva group companies, those to whom we outsource certain business operations and as required by law. We will process this information and store it on our computer and manual record systems.

To assist in preventing, detecting and/or protecting our customers and ourselves from theft and fraud, we may use your information to make searches of our or other Aviva companies' records. If you give us false information or fail to disclose information and we suspect fraud, we will record this. We also participate in industry databases such as those operated by Insurance Ireland for the purpose of sharing of information among insurance companies as a check against non-disclosure.

From time to time, we may record your telephone calls for verification and training purposes.

If you would like a copy of the details we hold about you, please write to the Regulation and Compliance Manager, Aviva Insurance Limited, One Park Place, Hatch Street, Dublin 2. Please enclose the correct fee (€6.35). You also have the right to correct any errors in the information held about you, block certain uses or object to the processing of your personal data.

Important: Some of the questions on this form may ask for details about your health and convictions* and the health and convictions* of third parties material to this risk – please do not send us any genetic test results. This information is important for underwriting and claims purposes and will remain confidential. By signing the declaration below, you are giving us permission to process these details for the above purposes, including checking with third parties or accessing State or other official records to verify whether the details you have given are accurate and complete. By signing below, you are confirming that you have fully explained to each person who requires this insurance cover why we asked for this information and what we will use it for. You are also confirming each person has agreed to this.

* An individual is not required to disclose a spent conviction when supplying information on past convictions. To determine whether or not a conviction is a 'spent conviction' under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 please visit www.irishstatutebook.ie

ONLY SIGN THE FOLLOWING DECLARATION IF YOU FULLY UNDERSTAND, AND HAVE MET, ALL OF THE ABOVE REQUIREMENTS.

Declaration – I/We confirm that, all the details, answers and information given in this proposal are true, accurate and complete. I acknowledge that this proposal will form the basis of my/our contract with Aviva Insurance Limited. I/We confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Data Protection section above.

Signature of Proposer or Proposer's Agent

Date: / /

We would like to use your details to provide you with information about other financial or insurance products, services and special offers either from us or other Aviva group companies, or products, services and special offers which any member of the Aviva Group may arrange with a third party. Your details may also be used for this purpose (for up to 12 months) after your policy has ceased. Please tick here if you do not wish to receive such information from us.

Your choice will not affect any of the services we provide to you, now or in the future.

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