



**Application for IOMST Membership
and Combined Liability Proposal Form
for**

Market & Street Traders



Proposer Details

PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS

Name in Full

Address

Phone

Date of Birth

Email Address

Trading Name

Affix 2 Passport Photographs

Please provide full details of goods sold / services provided (be specific)

1 Do you hold, or have you previously held, Employers/Public/Products Liability Insurance ?
If 'Yes', give the name and address of the insurer and the renewal date of the policy.

Yes No

2 Please advise the number of stalls owned / operated by you - (each stall attracts a premium)

Number of stalls

3 Please advise the markets / events attended by you (be specific)

4 Have you ever been convicted or charged with criminal offence (excluding motor) ?
If Yes, please provide full details.

Yes No

5 Has any Insurer ever declined a proposal, cancelled or refused renewal or required special terms on any of the insurances for which you are now proposing ?

Yes No

6 Have you ever suffered any claim or loss (whether insured or not) in connection with Employers, Public or Products Liability over the last 3 years ?
If 'Yes', please give details below.

Yes No

	Number of Incidents	Paid / Outstanding
Employers Liability	<input type="text"/>	<input type="text"/>
Public or Products Liability	<input type="text"/>	<input type="text"/>

7 Please confirm the cover required.

Employers Liability (not included in cost of Public Liability)

Yes No

If yes, state number of employees / helpers (cover is recommended)

Public Liability Only

Yes No

Products Liability

Yes No

Applies to food and drink products only (available only with Public Liability)

Products Liability is available for other products (please provide full details so that this can be considered).

N.B. In respect of food units please provide a photograph with your proposal.

8 Where Employers Liability is required please provide the following information.

Name of Employee

Date of Birth

9 Please advise category of Market Trader - Please Tick

Standard

Fruit & Veg

Artists

Fast Food

(Photo required)

Products Liability (*other than fast food*)

Seasonal

Other (Please advise)

THE FOLLOWING APPLIES TO FOOD TRADERS ONLY

10 Do you use a gas appliance ?

Yes No

If Yes, do you have a gas certification

Yes No

Food Traders

Have you received written approval of your unit/workplace from the HSE?

Yes No

Do you use electricity?

Yes No

If Yes, do you have electric certification?

Yes No

Do you use a generator?

Yes No

Diesel? Petrol?

Do you use a canopy?

Yes No

If Yes, is the canopy fire rated?

Yes No

PLEASE ANSWER ALL QUESTIONS IN FULL AS FAILURE TO DO SO SHALL DELAY THE ISSUANCE OF YOUR INSURANCE PROTECTION.

Our limit of indemnity for Employer's Liability is €13,000,000

Our limit of indemnity for Public or Products Liability is €6,650,000

Products Liability €6,650,000 only applies to food and drink products

IMPORTANT - Any other facts known to you, which are likely to affect acceptance or assessment of the risks proposed for insurance, must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us, or your insurance advisor. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may invalidate the policy altogether.

The Third EU Directive requests us to provide you with the following information prior to purchase.

THE LAW APPLICABLE TO THE CONTRACT - Under the relevant European and Irish legal provisions, the parties to the proposed contract of insurance, we, Hibernian Aviva and you, the Proposer, are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract. The Insurer with which your contract will be concluded is Hibernian Aviva which is established in Ireland.

COMPLAINTS PROCEDURE - If you have any complaint about the insurance contract, you should contact either the insurance agent or broker who arranged the policy for you, or the branch of Hibernian that issued the policy. If your complaint is not resolved to your satisfaction, please write to the Managing Director, Hibernian Aviva, 1 Park Place, Hatch Street, Dublin 2.

If you are still dissatisfied, you may contact:

a) The Irish Insurance Federation's Insurance Information Service at 39 Molesworth Street, Dublin 2.

Telephone: 01 676 1914, Fax: 01 676 1943,

Email: iis@iif.ie, Website: www.iif.ie

The service can advise you on how to proceed further, and may be able to help in resolving the problem.

b) The Insurance Ombudsman of Ireland (if you are a personal policyholder) at 32 Upr. Merrion Street, Dublin 2

Telephone: 01 662 0899 or Fax: 01 662 0890

Email:enquiries@ombudsman-insurance.ie

Website: www.ombudsman-insurance.ie

Taking any of these options will not prejudice your right to take legal action.

DATA PROTECTION - The information you provide about yourself and about third parties will remain confidential and may be used for the provision and administration of insurance products and related services. This information will be processed and held on the computer of IOMST and Arachas and manual record systems.

A person may request, in writing, a copy of details about himself/herself held by Hibernian by sending a written request to the Data Protection Compliance Officer, Hibernian Aviva, 1, Park Place, Hatch Street, Dublin 2 together with payment of the applicable fee (currently €5.00). There is also a right to correct any inaccuracies identified in the personal data we hold.

DECLARATION - I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete and that this proposal will form the basis of my/our contract with Hibernian Aviva. I/We confirm that I/We am/are giving my/our permission for the information provided in this form to be used for the purposes set out in the Data Protection section above.

Signature:

Date:

PLEASE ENCLOSE YOUR PAYMENT WITH THIS APPLICATION FORM

Please note that the details you are being asked to supply may be used to provide you with information about other products and services either from Hibernian or other Aviva group companies or which any member of Aviva group has arranged for you with a third party. The fact that you choose not to receive such information will not affect any aspect of the facilities that we provide to you now or in the future.

Please tick here if you do not wish this information to be utilised for this purpose.

PLEASE RETURN TO

**IOMST
101, Phibsborough Road,
Dublin 7.**



The Proposal form fully completed should be sent for a quotation to IOMST



IOMST
101, Phibsborough Road,
Dublin 7.
Tel: 01 830 2271
Fax: 01 860 3886
Email: iomst@eircom.net
Web: www.eventsmarketsireland.com



Hibernian Aviva
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A member of the Irish Insurance
Federation and the Ombudsman Scheme
Hibernian Aviva is regulated by the Financial Regulator