



*Home Insurance
Proposal Form*

1. About you

Your name (including title)

Name to appear on the policy (if different to above)

Home number:

Mobile number:

Work number:

Fax number:

Email address:

Correspondence address

Postal Code:

Address of the home to be insured (if different from above)

Postal Code:

2. Your personal details

Please provide details of all people (including you) that are resident at the insured address:

Name	Date of birth	Relationship	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Security of your home

Has the home:

	Yes	No
a. screw or key operated locks on all ground floor and easily accessible windows?	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 lever mortice deadlocks on all external doors excluding communal doors in flats?	<input type="checkbox"/>	<input type="checkbox"/>
c. key operated bolts at the top & bottom of each patio door and/or French window?	<input type="checkbox"/>	<input type="checkbox"/>
d. a burglar alarm installed?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes , is it maintained under contract with an NSI/NACOSS or SSAIB accredited company?	<input type="checkbox"/>	<input type="checkbox"/>
• What type is it? Central station: <input type="text"/> Bells only: <input type="text"/> RedCARE: <input type="text"/>		
e. a safe installed?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes , is it bolted to the floor?	<input type="checkbox"/>	<input type="checkbox"/>
• What type is it? Wall: <input type="text"/> Floor: <input type="text"/> Freestanding: <input type="text"/>		
• Please provide the make and model:	<input type="text"/>	

If you have ticked any of the shaded boxes above, or have any other security in place (e.g. CCTV, security gates, porter, grills etc) please provide full details in 'Section 11. Additional information'

4. Type of home

a. Approximately what year was the property built:

b. Is the home:

Main home:

Pied a Terre:

Additional home:

Holiday home (used by family & friends only):

Holiday home (let):

Let home (to others):

c. Is the home regularly left unattended:

Overnight:

Weekends:

In excess of 60 days:

5. About your home

Is the home:

Yes

No

a. built of brick, stone, or concrete and roofed with slate, tiles, concrete?

b. in a good state of repair?

c. free from flooding, in an area free from flooding and not near any rivers, streams or tidal waters?

d. to your knowledge, ever been subject to a survey which mentions subsidence, landslip, heave, settlement or movement?

e. showing signs of internal or external stepped or diagonal cracking?

f. being monitored for or ever suffered from, any subsidence landslip or heave?

g. to your knowledge, close to any neighbouring buildings that have been the subject of an occurrence of subsidence, landslip or heave?

h. used for any business or commercial activities?

i. or the grounds open to the public, or have any public right of way?

j. due to have any building works carried out on it?

k. thatched, or any part of the buildings thatched?

l. partially or totally roofed with a flat bitumen or asphalt surface?

• If **yes**, what percentage of the whole roof does this comprise?

• When was this part of the roof last resurfaced?

m. a flat?

• If **yes**, is it self contained with its own lockable entrance under your sole control?

• Which floor is it on?

n. listed, and if so, please advise which grade?

If you have ticked any of the shaded boxes above, please provide full details below:

(Please continue in Section '11. Additional information' if necessary)

6. Amounts to be insured

Amount

Section One – Buildings *(The full cost of reconstruction)*

a. Main home (including your garage):

£

b. Outbuildings:

£

Please provide the name of any mortgagee that requires you to note their interest:

Section Two – Contents *(The current cost as new)*

a. General Contents:

£

b. Outdoor items (garden furniture, ornaments & statues):

£

Section Five – Valuables, antiques & works of art *(The current cost)*

a. Antique Furniture & Objets D'art:

£

b. Book Collection:

£

c. Wine Collection:

£

d. Porcelain, China & Glass:

£

e. Gold, Silver, Gold & Silver Plated Items:

£

f. Paintings & Drawings:

£

g. Clocks & Barometers:

£

h. Guns:

£

i. Furs:

£

j. Jewellery:

£

- If you have a home safe, do you need **all** of your jewellery items covered outside of your safe at any one time?

If not, please specify the maximum amount of jewellery cover you require outside of your safe, to reduce your premium:

£

k. Jewellery (covered in your bank/safe deposit only):

£

Please provide the name and address of the bank/safe deposit:

Postcode:

Please confirm the date of your last professional valuation (if applicable):

7. Excess

By increasing the minimum excess you will reduce your premium. If you would like to accept an increased excess, please tick the amount you require:

£250

£500

£750

£1000

Please note that there is a compulsory excess of £1000 in respect of losses arising from subsidence

8. Your claims history

Yes

No

Have you or any other person whose property is to be insured sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force, whether or not a claim was paid?

If **Yes**, please provide details below:

Date of loss	Value of claim	Details of loss
	£	
	£	
	£	

9. Your previous history

a. Name of current insurers:

b. Date your current insurance expires:

Yes

No

c. Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for you or any other person to whom this insurance would apply?

d. Have you or any other person living with you ever been convicted of or charged with any offence (other than a motoring offence or any convictions which are spent under the Rehabilitation of Offenders Act 1974)?

e. Are you or any other person living with you on the Register of County Court Judgements?

If you have ticked any of the shaded boxes above, please provide full details in 'Section 11. Additional information'

10. Declaration

DATA PROTECTION ACT 1998

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and handling of any claims, which may arise under it, Underwriters may need to transfer certain information, which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

DECLARATION

To the best of my/our knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: If you are in any doubt as to whether a fact is material or not you must disclose it in the space below (continue on a separate sheet if necessary)

(Please continue in Section '11. Additional information' if necessary)

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding to accept this insurance. Should a contract be concluded this proposal would form the basis of the insurance.

Signature of proposer

Date

