



*Home Insurance
Proposal Form*

Introduction

You must take care in answering all the following questions which are relevant to us in providing this insurance and setting the terms and premium. Please contact us if you do not understand the question or the nature of the information required.

Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or revised terms and/or premium or it may affect any claim you make under this insurance.

1. About you

Our reference:

Your name (including title)

Name to appear on the policy if different to above (i.e. Company Name, Trust or partner)

If you require us to take instruction on your behalf from any other person (i.e. partner, personal assistant or family member), please provide their name(s) and your relationship with them below:

1 st Name:	Relationship:
2 nd Name:	Relationship:

Home number:

Mobile number:

Work number:

Fax number:

Email address:

Correspondence address

Post Code:

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

Post Code:

Please provide full details of all people (including you) that are resident at the property to be insured:

Name	Date of birth	Relationship	Occupation

2. Security

	Yes	No
a. Are all accessible windows, fanlights and skylights fitted with key operated locks, or an equivalent multi-point locking device?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all external doors fitted with 5 lever mortice deadlocks or an equivalent multi-point locking device?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all patio doors and french windows fitted with key operated bolts to the top & bottom (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have a burglar alarm installed, which is maintained under contract with an NSI or SSAIB accredited company?	<input type="checkbox"/>	<input type="checkbox"/>
• Alarm Type: Bells Only <input type="checkbox"/> Central Station <input type="checkbox"/> RedCare <input type="checkbox"/>		
e. If you have a safe, please provide the make & model: <input type="text"/>		
• Safe Type: Wall <input type="checkbox"/> Under Floor <input type="checkbox"/> Free Standing <input type="checkbox"/>		
• If it is a freestanding safe, is it bolted to the floor?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the shaded boxes above, or have any additional security in place (i.e. CCTV, entry phone, floodlights, porter, grilles or security gates) please provide full details under 10. Additional information

3. About the property to be insured

	Yes	No
Construction		
a. Are all buildings built of brick, stone, or concrete & roofed with slate, tile or concrete?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all buildings in a good state of repair?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is any part of the building thatched?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you intend to have any building/refurbishment work carried out?	<input type="checkbox"/>	<input type="checkbox"/>
e. If the property is a flat, which floor is it on?	<input type="text"/>	
<ul style="list-style-type: none"> Is it self contained with its own lockable entrance & under your sole control? 	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the property listed? If so, please advise which grade:	<input type="text"/>	
g. Approximately what year was the property built:	<input type="text"/>	

Flood		
h. Since you purchased the property has it ever flooded?	<input type="checkbox"/>	<input type="checkbox"/>
i. Has any survey, search and/or enquiry made by you or your conveyancer identified the home as being in an area at risk of flooding or suffered from flooding in the last 25 years?	<input type="checkbox"/>	<input type="checkbox"/>
j. Are the buildings within 250 metres of a river, stream, tidal water or other water course?	<input type="checkbox"/>	<input type="checkbox"/>

Subsidence, landslip & heave		
k. Are the buildings showing any sign of internal or external stepped or diagonal cracking?	<input type="checkbox"/>	<input type="checkbox"/>
l. Are the buildings currently being monitored for subsidence, landslip or heave?	<input type="checkbox"/>	<input type="checkbox"/>
m. Has any survey, search and/or enquiry made by you or your conveyancer identified the buildings as having been monitored for subsidence, landslip or heave in the last 25 years?	<input type="checkbox"/>	<input type="checkbox"/>
n. Have the buildings suffered from subsidence, landslip or heave in the last 25 years?	<input type="checkbox"/>	<input type="checkbox"/>
o. Are you aware of any buildings within 50 metres of your property that has been the subject of an occurrence of subsidence, landslip or heave in the last 25 years?	<input type="checkbox"/>	<input type="checkbox"/>

Earthquake		
p. Are the buildings showing any sign of damage due to earthquake?	<input type="checkbox"/>	<input type="checkbox"/>

Business use & access		
q. Is the home used for any business or commercial activities?	<input type="checkbox"/>	<input type="checkbox"/>
r. Are the grounds of the home open to the public, or is there any public right of way?	<input type="checkbox"/>	<input type="checkbox"/>

4. Your previous history

a. Name of current insurers:	<input type="text"/>	
b. Current premium (optional):	<input type="text"/>	
c. Date you wish cover to commence:	<input type="text"/>	
	Yes	No
d. 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?	<input type="checkbox"/>	<input type="checkbox"/>
e. 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)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you or any other person living with you on the Register of County Court Judgements?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the shaded boxes above, please provide full details under 10. Additional information

5. Type of property

Please state use of the home:

Main home

Pied a Terre

Second home

Holiday home
(family or friends use only)

Let to tenants
(6 months or more)

Let to tenants
(less than 6 months)

Is the property regularly left unattended:

Overnight

Weekends

In excess of 60 days

6. Amounts to be insured

As standard, the amounts to be insured are in £ Sterling. If you require an alternative currency, please tick one of the following options:

EUR (€)

USD (\$)

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

Sum Insured

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. Wine Collection:

b. Antique Furniture & Objets D'art:

c. Clocks & Barometers:

d. Book Collection:

e. Porcelain, China & Glass:

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

g. Paintings & Drawings:

h. Furs:

i. Guns:

j. Jewellery:

- If you have a home safe(s), what is the maximum amount of jewellery you require covered outside of the safe(s) at any one time?

k. Jewellery kept in your bank/safe deposit only:

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

Postcode:

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

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

7. Excess

If you wish to reduce your premium by taking an increased excess, please tick the excess you require:

 £250 £500 £750 £1,000

8. Your claims history

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? **Yes** **No**

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

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

9. 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 & 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

I/we declare that the information disclosed on this proposal, is to the best of my/our knowledge and belief both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

I/we agree to tell you as soon as possible about any changes to the information I/we have provided to you, which happens before or during any period of insurance. Your broker will tell you if any such change affects your insurance and if so, whether the change will result in revised terms and/or premium being applied to your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

Your signature(s):

Date:

No cover is in force until this proposal has been accepted by us and you have received confirmation to this effect. We reserve the right to decline any insurance proposal or to offer different premium and terms from those quoted dependent on the information you have provided.

10. Additional information

Please use the space provided below if you need to provide any further information:
