

Surname:
Forenames:
Risk Address:

Post Code:

Tel. Work: Date cover required from:

Home:

Mobile: Email Address:

Consent for Searches

To make sure you get the best offer from insurers, now or at any renewal or at any time and to protect their customers from fraud and to verify your identity, they may use publicly available data which they obtain from a variety of sources, including a credit reference agency and other external organisations. Their search will appear on your credit report whether or not your applications proceed.

As well as these searches insurance companies may use a credit check to ascertain the most appropriate payment options for you. This credit check will also appear on your credit report whether or not your applications proceed. By selecting Yes you agree to this credit check: YES/NO

Communication Address:

Post Code:

PROPERTY DETAILS

Year Built: Year Extended:

Type of Property: House/Flat/Bungalow/Detached/Semi/Terrace/End Terrace

Walls:

Roof:

Approximately what percentage of the total roof are is Flat:

Bedrooms: Bathrooms: Rooms:

Floors:

Flat - the Floor it is On:

Primary Heating: Secondary Heating:



PROPERTY USE / OCCUPANCY

Do you own or rent this property. Is it mortgaged or owned outright.

Property Usage i.e is this property your main residence

Unoccupied Permanently: Yes/no

How many days is the property left unoccupied .e.g holidays

- Up to 30 days
- Up to 60 days
- More than 60 days

At what times is the property normally occupied?

- Daytime only
- Evening only
- Day and Evening

Business Use: Stock: Holiday Home? Equipment:

Paying Guests?

Smokers?

Number of Occupants (Policyholder/family/tenant - if so what type of tenant)

Adults: Children:

Do you have any Pets?

PROPERTY SECURITY

Neighbourhood Watch? Smoke Alarm? Self-contained?

INTERESTED PARTY DETAILS (e.g. Mortgage Lender)

Type: Name:

Address:

Post Code:

Ref/Mortgage No.:



Cover Type:		ACCIDENTAL DAM	1AGE □
Sum insured: Subsidence XS: Voluntary Exces Previous Insure Policy No.: Date Lapsed:	r Name:	oblo2 Voore Inc	u wo da
Years NCB:	Proof of NCB Avail	able? Years Ins	urea:
CONTENTS CO Cover Type:	_	ACCIDENTAL DAM	AGE 🗆
Sum Insured: Valuables: Voluntary Exces Previous Insure Policy No.: Date Lapsed: Years NCB: Pr	r Name:	Value of the mos	t expensive item :
ALL RISKS Unspecified. Efformation Freezer Content Valuables unspecified Photo unspecified Sports unspecified Money: Credit Cards:	s: Age: ecified: ed:	Value of the most	t expensive item:
BICYCLES Value	Make	Model	
SPECIFIED ITI Item Category /	_	Value	Cover



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Name:

Forenames:

Occupation1 Occupation2

Occupation:

Employers Bus.:

Status:

Full/Part Time:

Birth Date: Sex: Age:

At Risk Address: First Time Buyer?

PRELIMINARY QUESTIONS

FOR THE PROPOSER(S), THEIR FAMILY OR ANYONE NORMALLY LIVING WITH YOU OR HAS LIVED WITH YOU:

Insurance Declined

Convictions have you or anyone permanently residing at the property ever been convicted or charged with and/or received a Police caution or any offence other than motoring offences not involving a prison sentence?

Bankrupt or been subject of bankruptcy proceedings

CLAIMS

Date/Description Claim Type Value Section



FOR THE RISK PROPERTY TO BE COVERED:

Free from Storm/Flood? Free from Subsidence? Free from Landslip? Free from Ground Heave? Free from any Trees taller than 10 n In Good Repair?	Near River/Quarry? Listed: Repaired/Monitored? Underpinned? netres within 5 metres of the property?
Details	
PROPERTY SURVEYS/REPORTS RICS/FSVA Survey?	
Structural Engineer's Report?	
NHBC Guarantee?	

Under the Consumer Insurance (Disclosure and Representation) Act 2012, it is your duty as a consumer to take reasonable care not to make a misrepresentation to an insurer. Misrepresentation to an insurer in certain circumstances could result in a claim being penalised or rejected. It is important that you ensure all statements you make on proposal forms, claim forms and other documents are full and accurate and we recommend that you keep a copy of all correspondence in relation to the arrangement of your insurance. If you are in doubt about any point in relation to your duty to take reasonable care, please contact us immediately.

Signed		Dated
Reply by	FAX □ EMAIL □ POST □	