

HOUSEHOLD INSURANCE PROPOSAL FORM

Please read the following questions carefully and answer them all providing additional information where required. Should you require more space please provide answers on a separate sheet of paper, clearly highlighting the question number.

Answer the questions using **BLOCK CAPITALS** and tick boxes where appropriate.

1. PROPOSERS DETAILS

Name of Proposer (Mr/Mrs/Miss/Ms/Title)

Premises Address

Postal Address if different from above

Contact Details (tel, fax, e-mail, website etc)

2. THE HOME

	YES	NO
Is the property your permanent residence?	<input type="checkbox"/>	<input type="checkbox"/>
Is the building built of brick, stone or concrete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the building roofed with slate, tiles, concrete or asphalt?	<input type="checkbox"/>	<input type="checkbox"/>
Is the home in a good state of repair?	<input type="checkbox"/>	<input type="checkbox"/>
Are the premises occupied solely by you and members of your family as a private dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
Are the buildings especially exposed to damage by storm or flood?	<input type="checkbox"/>	<input type="checkbox"/>
Is the property showing any signs of damage by subsidence, heave or landslip?	<input type="checkbox"/>	<input type="checkbox"/>
Will the property be left unoccupied for more than 30 consecutive days at a time?	<input type="checkbox"/>	<input type="checkbox"/>
Please state the age of the property	<input type="text"/>	
Please state on what floor the property is on	<input type="text"/>	

3. SECURITY

What types of locks does the property have on all external doors?

What types of locks does the property have on patio doors and French windows?

What types of locks does the property have on windows?

Does the property have any other protections?

6. LOSS OR DAMAGE

Have you or any other person whose property is to be insured sustained any loss or damage during the last six 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, state:

(a) approximate date of each loss or damage and amount of each loss or damage

(b) details of each loss or damage

(c) what additional precautions have been undertaken to prevent a recurrence if such loss or damage was by theft?

(d) with whom was the property insured? (if insured)

7. CRIMINAL RECORDS

Have you or any other person living with you ever been convicted of a criminal offence e.g. fraud, theft or handling stolen goods, other than a motoring offence?

YES NO

if YES, please give details:

8. DECLARATION

I/we declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as is practicable.

I/We understand that failure to disclose any material facts which would influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to pay claims or voiding the possibility in every respect.

I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

I/We hereby warrant that I/We have full authority and capacity to sign on behalf of, and the bind, the Proposer.

SIGNATURE

DATE

NAME

COMMENCEMENT DATE

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 Household 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.