

**PROPOSAL FORM FOR  
PROPERTY OWNERS, GUEST HOUSES AND TENANTED PROPERTIES**

**THE ASSURED(S)**

ASSURED'S NAME .....  
 TRADING TITLE .....  
 OCCUPATION / BUSINESS .....  
 POSTAL ADDRESS .....  
 DAYTIME TELEPHONE : ..... FAX NUMBER: .....

ADDRESS OF PROPERTY TO BE INSURED :

(A) ..... POST CODE .....  
 (B) ..... POST CODE .....

**DESCRIPTION OF PROPERTY**

1. a) HOUSE ..... YES / NO  
 b) LICENSED HOTEL ..... YES / NO  
 c) FLAT ..... YES / NO  
**If YES to c)**  
 (i) Is Flat above a Shop, Office, Commercial Property ..... YES / NO  
 (ii) **If YES**, what type of trade is carried out .....  
 (iii) Does the building sum insured include shop, office,  
 commercial property ..... YES / NO  
 d) Is the Property:-  
 (i) DETACHED ..... YES / NO  
 (ii) SEMI-DETACHED ..... YES / NO  
 (iii) TERRACED ..... YES / NO  
 (iv) **OTHER (please describe)** .....  
 (v) Is property listed ..... YES / NO  
**If YES, please give details** .....

2. a) Approximate age of Building .....   
 b) Number of Storeys .....   
 c) Is it Purpose Built ..... YES / NO  
 d) or Converted ..... YES / NO  
 e) Is the Property built of Brick, Stone or concrete and Roofed with Slate, Tiles, Concrete or Asphalt ... YES / NO  
**If NO, please describe** .....  
 f) Is the Property in the vicinity of any Rivers, Streams or Tidal Waters ..... YES / NO  
**If YES, please describe** .....  
 g) Is the Property in an area which is free from Flooding ..... YES / NO  
**If NO, please describe** .....  
 h) Are the Premises in a good state of repair ..... YES / NO  
**If NO, please describe** .....  
 i) Is the Property EVER left unoccupied for a period exceeding 21 consecutive days ..... YES / NO  
**If YES, please describe** .....  
 j) Name and address of building society, bank or lender whose interest should be noted-  
 .....  
 .....  
 .....

**IS PROPERTY LET TO:-**

3. a) DSS Tenants / Persons receiving Supplementary benefit ..... YES / NO  
 b) Local Authority Referrals ..... YES / NO  
 c) Students ..... YES / NO  
 d) Private Tenants ..... YES / NO  
 e) Asylum Seekers ..... YES / NO
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4. a) Is the Property let as a Whole Unit to **ONE** Family or **ONE** Tenant only..... YES / NO  
 b) State the number of Bedrooms available to Let   
 c) State the maximum number of Tenants occupying all Rooms   
 d) As Owner of the Property proposed do you reside on the premises ..... YES / NO  
 e) Is there a Residential Caretaker ..... YES / NO
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5. a) Is cooking in the bedrooms allowed ..... YES / NO  
**If YES**, type of appliance, i.e. electric / mains gas / microwave .....  
**If other, please give details** .....  
 .....  
 b) Are fire extinguisher appliances provided ..... YES / NO  
 c) Are fire blankets provided ..... YES / NO  
 d) Is there a current Fire Certificate in force ..... YES / NO  
**i) when was the electrical wiring last inspected by a qualified electrician**   
 e) Are smoke detectors provided ..... YES / NO

**SECURITY ARRANGEMENTS**

6. a) Please give full details of the locks on all access doors to your premises  
 (i.e . make and type, whether mortice or rim locks, if dead locking state the number of levers):-  
 .....  
 .....  
 b) Are all external windows fitted with key operated window locks ..... YES / NO  
 c) i) Is a Burglar Alarm installed .. ..... YES / NO  
 d) ii) **If YES**, is the installer a NACOSS/SSAIB member ..... YES / NO  
 iii) Is the alarm system under a maintenance contract ..... YES / NO  
 iv) Method of signalling – Bells / Central Station / Redcare / Dualcom .....

**COVER REQUIRED**

**SUMS TO BE INSURED**

7. a) **BUILDINGS** (Full cost of reconstruction in present form) £.....  
 b) **LOSS OF RENT** (Receivable over 12 months) £.....  
 c) **CONTENTS** (Full cost of replacement as new) £.....  
**Being Property of Proposer Only**  
 d) **PROPERTY OWNERS LIABILITY**  
**Limit of Indemnity** £1,000,000 any one occurrence / Unlimited  
 Is this Cover required ..... YES / NO  
 e) **PUBLIC & PRODUCTS LIABILITY**  
**Limit of Indemnity** £1,000,000 any one occurrence / Unlimited but in all in respect of Products  
 Is this Cover required ..... YES / NO  
**If YES, State estimated Annual Turnover** £.....  
 f) **EMPLOYERS LIABILITY**  
**Limit of Indemnity** £10,000,000 any one occurrence / Unlimited  
 Is this Cover required ..... YES / NO  
**If YES, state estimated Annual Wages** £.....

**INSURANCE HISTORY**

5. 8. Details of all partners/directors :

a) Name ..... b) Name.....  
 Position ..... Position.....  
 Date of Birth ..... Date of Birth.....

Have you and/or any Director/Partner/financially associated person(s) been involved in any company that has become Insolvent and/or gone into liquidation **YES / NO**  
**if YES, please give FULL details** .....

Have you and/or any Director/Partner/financially associated person(s) been subject to a County Court Judgement **YES / NO**

Have you and/or any Director/Partner/ financially associated person(s) been convicted of any crime **YES / NO**  
**if YES, please give FULL details** .....

If property is let to tenants, can you confirm if a tenancy agreement is in force **YES / NO**

**CLAIMS DECLARATION**

Give details of all claims you and/or any Director/Partner/financially associated person(s) have made during the last 5 years:

Date of Loss	Settled	Outstanding	Details

/continued overleaf . . .

Give details of any previous claims you and/or any Director/Partner/financially associated person(s) made over an amount of £10,000:

<u>Date of Loss</u>	<u>Settled</u>	<u>Outstanding</u>	<u>Details</u>

Please provide details of measures taken to prevent further losses:

<u>Date of Loss</u>	<u>Details</u>

**DECLARATION**

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(NB A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor).

I understand that signing this proposal form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this form and the statements made therein shall form the basis of the contract.

Signature of Proposer(s) ..... Date .....

**Please note : Unless dated this Proposal will not be valid.**

*Affinity Select Insurance Services Limited  
Rams Cottage, Eastbourne Road, Lewes East Sussex BN8 6PS  
Telephone 0870 991 3777 Fax 0870 991 3778 Email [pop@asisltd.co.uk](mailto:pop@asisltd.co.uk)*

**SUPPLEMENTARY QUESTIONNAIRE**

*Cover in respect of the extension is not mandatory but at the discretion of Underwriters.  
Complete this questionnaire ONLY if this cover is required.*

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 1. Are the Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave.   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Are the Premises being monitored for Subsidence, Landslip or Heave or have they ever been Monitored for Subsidence, Landslip or Heave, or been the subject of an occurrence for Subsidence, Landslip or Heave.                               | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. Are there any trees or shrubs within 7 metres of your home (whether inside or outside your Garden), which are more than 3 metres tall. If so please identify the species, height and Distance from the Premises in the space provided below. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. Has the structure of the Premises been extended within the last 25 years.  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. Have the Premises ever been the subject of a survey which mentions Settlement or Movement of Buildings (If YES, please enclose a copy With this questionnaire).  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6. Has any neighbouring property, after enquiry, been the subject of an occurrence of Subsidence, Landslip or Heave   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7. Have the Premises ever been flooded as a result of broken or damaged underground drains or are you aware of any extensive underground drainage problems within the last 5 years.   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

**PLEASE ANSWER ALL QUESTIONS BY TICKING A BOX**

**IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE SPACE PROVIDED BELOW**

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**QUESTIONNAIRE DECLARATION**

To the best of my knowledge and belief the information provided in connection with this questionnaire, whether in my own hand or not, is true and I have not withheld any materials facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you are in any doubt as to what constitutes a material fact you should consult your broker.)

I understand that signing this questionnaire form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this form and the statements made therein shall form the basis of the contract.

**Signature of Proposer(s)** \_\_\_\_\_

**Date** \_\_\_\_\_