



## Home Insurance Proposal Form

### Section 1: Personal Details

	Proposer	Joint Proposer/Partner
Title:	<input type="text"/>	<input type="text"/>
Full Name:	<input type="text"/>	<input type="text"/>
Correspondence Address:	<input type="text"/>	
		Postcode: <input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Nature of Business:	<input type="text"/>	<input type="text"/>
Day Time Telephone:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>

### Section 2: Insurance History

Have you, or any member of your household permanently living with you:

- i. Ever been refused insurance or had any restrictions or special terms imposed on you by any insurer?  Yes  No
- ii. Made a claim, suffered from any loss or damage or had any claims made against you in the last 5 years?  Yes  No
- iii. Ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than driving offences)?  Yes  No
- iv. Ever been declared bankrupt or been the subject of bankruptcy proceedings?  Yes  No

*If 'Yes' to any of the above please provide further details at the end of this proposal form.*

### Section 3: Your Home

Address (If different to correspondence address):

<input type="text"/>
Postcode: <input type="text"/>

Are you the property owner?  Yes  No\*

Type of Property: \_\_\_\_\_

Year Built:	<input type="text"/>
Number of Bedrooms:	<input type="text"/>

Listed Property (if Yes, state grade):	
Construction of walls:	
Construction of roof:	
Percentage of flat roof:	

Is the property to be insured:

- i. Self-contained, having a separate entrance under your control?  Yes  No\*
- ii. Furnished and occupied solely by you and your family as your permanent place of residence?  Yes  No\*
- iii. Let to professionals on a tenancy agreement of less than 6 months?  Yes  No  
How many tenants occupy the property? \_\_\_\_\_
- iv. A holiday home?  Yes  No  
If yes, is it used as a Holiday Let?  Yes  No
- v. Occupied by any lodgers/boarders?  Yes  No  
If yes, what is the maximum amount of guests staying at one time? \_\_\_\_\_
- vi. Used for bed and breakfast purposes?  Yes  No  
If Yes:

How many guest rooms:	
Maximum amount of guests:	
Is the property licensed?	

- vii. Used for any Business, Trade or Professional purpose?  Yes  No  
If Yes:

Is the work of a clerical nature only?	
If you have business visitors, maximum per week:	
Do you employ anyone in your home business other than your own family?*	
Do you require cover for business equipment (clerical only) which exceeds £3,000 in total?*	

\*If Yes, please provide extra details at the end of this Proposal Form

- viii. Used in relation to an occupation as a childminder?  Yes  No  
Are you registered with the Local Authority?  Yes  No\*  
Maximum number of children (excluding your own): \_\_\_\_\_  
Do you employ any staff for this?  Yes\*  No
- ix. A Weekend or Weekday Home?  Yes\*  No
- x. Multi-occupied?  Yes\*  No
- xi. Likely to be left for more than 60 consecutive days in one year?  Yes\*  No
- xii. In an area that doesn't have a history of storms and flooding and not in the vicinity of any rivers, streams or tidal waters?  Yes  No\*
- xiii. In a good state of repair and will be maintained?  Yes  No\*

In respect of subsidence, heave or landslip; is the property to be insured:

- xiv. Showing any signs of damage? (e.g. cracks)  Yes\*  No

- xv. Have there been any structural repairs or signs of movement?  Yes\*  No
- xvi. Subject of any survey or valuation which mentions settlement, movement of buildings or recommends further investigation?  Yes\*  No

If you have ticked any of the boxes with '\*' next to it, please provide full details at the end of this proposal form (noting the question number)

#### Section 4: Buildings Insurance

Do you require buildings cover?  Yes  No

i. State the buildings sum insured: £ \_\_\_\_\_ (Minimum £35,000)  
This must represent the full cost of rebuilding, including demolition costs, architect's and surveyor's fees.

ii. Is accidental damage cover required?  Yes  No

iii. Do you want to reduce your premium by increasing your excess?  Yes  No

If yes, please tick a new excess amount:

£100  £150  £250  £500

#### Section 5: Contents Insurance

Do you require contents cover?  Yes  No

i. State the contents sum insured: £ \_\_\_\_\_ (Minimum £15,000, £5,000 for rented)  
Your sum insured should represent the full cost of replacing everything as new. Please do not include any items which you wish to cover under 'Section 6: Valuables and Personal Effects'.

ii. Is accidental damage cover required?  Yes  No

iii. Do you want to reduce your premium by increasing your excess?  Yes  No

If yes, please tick a new excess amount:

£100  £150  £250

iv. Is your home fitted with a smoke alarm?  Yes  No

v. Does anyone living at the property regularly smoke?  Yes  No

vi. Are you a member of a Neighbourhood Watch scheme, or another Police approved scheme?  Yes  No

vii. Is there a security safe in use at the property?  Yes  No

If 'Yes' please provide details (make, model, age, where it's anchored to etc.)

#### Section 6: Valuables and Personal Effects

Do you require cover for valuables and personal effects?  Yes  No

This section provides cover for personal possessions outside the home. Please provide a full copy of a valuation for items with an individual value over £2,500.

i. Unspecified items sum insured: £ \_\_\_\_\_

ii. Specified items (with individual values over £1,000)

Item Description	Sum Insured

## Section 7: Miscellaneous

- |      |  |                          |     |                          |    |
|------|--|--------------------------|-----|--------------------------|----|
| i.   | Do you require Pedal Cycle cover?          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| ii.  | Do you require Garden Cover?               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| iii. | Do you require Sports Equipment Cover?     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| iv.  | Do you require Personal Accident Cover?    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| v.   | When would you like cover to incept? _____ |                          |     |                          |    |

## Section 8: Declaration

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Name of Proposer (In block capitals): \_\_\_\_\_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

**Please use this space to record the answers to any questions for which you require additional space, noting the appropriate question number.**