

HOME INSURANCE

Proposal Form

Issued by :-Warrior Square Limited, 74 Blake Road, London N11 2AH and 43 Acton Road, Long Eaton, Derbyshire NG10 1FR

Agency: _____

NOTE: Please complete answers to all questions. If your answer is in any of the shaded boxes, please provide further details in the space provide overleaf.

1. Proposers

Your name (Mr/Mrs/Miss/Ms/Title)

Address _____

Post Code _____ Telephone No. _____ Fax No. _____ Email _____

Date of Birth _____ Nationality _____ Occupation/Precise Nature of Business _____

Address of Premises to which this Insurance is to apply (if different from the above)

Post Code _____ Telephone No. _____ Fax No. _____ Email _____

Where Buildings insurance is required state any Building Society, Bank or other financial institution that is providing you with a mortgage or loan on your property _____

2. Details of all other persons living at the above address that this insurance is to apply to

Name	Age	Relationship to proposer	Occupation/Precise Nature of Business
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The Home

- | | YES | NO |
|--|--------------------------|--------------------------|
| (a) Are you permanently living in the home and not using it in any way as part of a business, trade or profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is the home regularly left unattended day or night? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Are the buildings built of brick, stone or concrete and roofed with slates, tiles, concrete or asphalt? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Is the home in a good state of repair? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Are the premises free from flooding, in an area which is free from flooding and not near any rivers, streams or tidal waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Are the buildings free from signs of internal or external stepped or diagonal cracking? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Are the buildings being monitored for subsidence, heave or landslip; have they ever been monitored for subsidence, heave or landslip, or suffered any subsidence, heave or landslip? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Are you aware of any survey carried out on your home which mentions subsidence, settlement or movement of the buildings? (If yes, please give details.) | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Are you aware that any neighbouring buildings have been subject to an occurrence of subsidence, heave or landslip? | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Have the buildings of your home been extended within the last 25 years? If yes, please give details | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Are there any trees or shrubs within 7 metres (22ft.) of your home (whether inside or outside of your garden) which are more than 3 metres (10ft.) tall? | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) State the age of the buildings | _____ | |
| (m) If your home is a flat : | | |
| is it self contained having its own lockable entrance under your sole control? | <input type="checkbox"/> | <input type="checkbox"/> |
| is it purpose built? | <input type="checkbox"/> | <input type="checkbox"/> |
| which floor is it on? | _____ | |

IF YOU HAVE TICKED ANY OF THE SHADED BOXES GIVE FULL DETAILS IN THE SPACE OVERLEAF

Question No. Details

(Continue on a separate sheet if necessary)

4. Security of the home

It is important to give a full a description as possible

(a) Types of locks on all external doors, excluding communal doors in the case of flats (e.g. 5 lever mortice deadlock)

(b) Types of locks on patio doors and french windows (e.g. key operated bolts)

(c) Types of window locks or catches (e.g. screw or key operated)

(d) Details of burglar alarms

(i) Installer

(ii) Is it maintained under contract with the installing company?

(iii) Signalling (e.g. bells only, digital communicator, Red Care or central station)

(f) Any other protections

(e) Details of safe

(i) Type (e.g. wall, under floor, free standing)

(ii) Make of safe

(iii) Model of safe

5. Statement of values

It is important that you should ensure the values given below are adequate, as under-insurance may reduce the amount recoverable in the event of a claim.

State Values to be insured

(a) BUILDINGS (Full cost of reconstruction in their present form)

This amount must include all outbuildings, garages, domestic oil and gas pipes, domestic fuel oil tanks, swimming pools, tennis courts, drives, patios, terraces, walls, gates and fences

£ _____

(b) CONTENTS of home split as follows:-

(i) General Contents within the home, (excluding gold & silver and gold and silver plated articles, jewellery & furs) - Full cost of replacement as new

£ _____

(ii) Gold & silver and gold and silver plated articles, (excluding jewellery)

£ _____

(iii) Pictures and Paintings

£ _____

Items with a value more than £1,000 forming part of (ii) and (iii) to be specified below

If you require cover for jewellery and furs please complete Question 6

1.	£	7.	£
2.	£	8.	£
3.	£	9.	£
4.	£	10.	£
5.	£	11.	£
6.	£	12.	£
			TOTAL
			£ _____

Continue on a separate sheet if necessary

6. Please complete this section where you require cover for items away from your home:

PERSONAL POSSESSIONS £ _____

COMPUTER EQUIPMENT £ _____

JEWELLERY £ _____

FURS £ _____

Items with a value more than £1,000 to be specified below

1. _____	£ _____	11. _____	£ _____
2. _____	£ _____	12. _____	£ _____
3. _____	£ _____	13. _____	£ _____
4. _____	£ _____	14. _____	£ _____
5. _____	£ _____	15. _____	£ _____
6. _____	£ _____	16. _____	£ _____
7. _____	£ _____	17. _____	£ _____
8. _____	£ _____	18. _____	£ _____
9. _____	£ _____	19. _____	£ _____
10. _____	£ _____	20. _____	£ _____
			TOTAL £ _____

Continue on a separate sheet if necessary

7. If you have inserted an amount in 6 above, which of the following geographical limits do you require (please tick)?

UNITED KINGDOM/EUROPE (and elsewhere in the World for up to 60 days in any one period of insurance)

WORLDWIDE

8. Extensions available at an additional premium

Do you require (please tick)

	YES	NO	
(a) ACCIDENTAL DAMAGE TO BUILDINGS	<input type="checkbox"/>	<input type="checkbox"/>	
(b) ACCIDENTAL DAMAGE TO CONTENTS (Available for sums insured of £25,000 and above)	<input type="checkbox"/>	<input type="checkbox"/>	
(c) CONTENTS OF FRIDGES & FREEZERS	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
(d) PEDAL CYCLES anywhere in the United Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	£ _____

Specify any cycles over £1,000 in space provided below

1. _____ £ _____

2. _____ £ _____

	YES	NO
(e) (i) PERSONAL MONEY geographical limits as specified in question 7	<input type="checkbox"/>	<input type="checkbox"/>
(ii) CREDIT CARDS geographical limits as specified in question 7	<input type="checkbox"/>	<input type="checkbox"/>

9. (a) Name of previous insurers _____

(b) Date of expiry of policy _____

	YES	NO
(c) Has any Insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this Insurance would apply?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, give details

YES NO

10. 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?

If YES, state

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

(c) details of each loss or damage

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

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

YES NO

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

If YES, give details

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 may entitle the Insurers to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Insurers: if you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

This proposal and the information provided in connection therewith contain statements upon which Insurers will reply in deciding to accept this insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

Subject to acceptance by Insurers, when would you like this insurance to commence?

DATE _____

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

DATA PROTECTION ACT 1998 - PROPOSER'S CONSENT CLAUSE

I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling, which may necessitate your providing such information to third parties.

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