

Home insurance proposal

The Home Insurance policy summary document should be read before you complete this proposal.

Please complete all details on this proposal in BLOCK CAPITALS.

A. DETAILS OF PROPOSER(S)

(Names in full please)

<p>1. First Named Mr/Mrs/Miss/Ms Occupation (full & part-time) Exact nature of business Date of birth</p> <p>Are you a resident of the United Kingdom?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td colspan="2" style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>							Day	Month	Year	Yes		No
Day	Month	Year											
Yes		No											
<p>2. Joint proposer Mr/Mrs/Miss/Ms Occupation (full & part-time) Exact nature of business Date of birth</p> <p>Are you a resident of the United Kingdom?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td colspan="2" style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>							Day	Month	Year	Yes		No
Day	Month	Year											
Yes		No											
<p>3. Full Postal Address</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;"></td></tr> <tr><td style="text-align: right; padding-right: 10px;">Postcode</td></tr> </table>		Postcode										
Postcode													
<p>4. Phone Number</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>												
<p>5. Address of property to be insured if NOT as above</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;"></td></tr> <tr><td style="text-align: right; padding-right: 10px;">Postcode</td></tr> </table>		Postcode										
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<p>6. When is the policy to start?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> </table>	Day	Month	Year									
Day	Month	Year											

B. PERSONAL INSURANCE EXPERIENCE

	Yes	No															
<p>1. Have you, or any one normally living with you</p> <p>(a) had any property or possessions stolen, lost or damaged, or any claims made against any of you in the last 5 years (whether or not a claim was paid)?</p> <p style="margin-left: 20px;">If Yes please state:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width: 30%;">Date of each loss or damage</th> <th style="width: 30%;">Amount of each loss or damage</th> <th style="width: 40%;">Details of each loss or damage</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table> <p>(b) been refused any insurance, or had special premiums or conditions applied by any insurer?</p> <p>(c) ever been convicted of, or charged with but not yet tried for, any criminal offence other than driving offences?</p> <p>(d) ever been declared bankrupt or been the subject of bankruptcy proceedings?</p> <p>(e) held or currently hold any form of property insurance at this or any previous address?</p> <p style="margin-left: 20px;">If Yes, please give name, address and policy number of insurers below. If No, please explain the reason for being uninsured.</p>	Date of each loss or damage	Amount of each loss or damage	Details of each loss or damage													<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Date of each loss or damage	Amount of each loss or damage	Details of each loss or damage															

<p>Details of insurers or reason for being uninsured</p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>

C. ABOUT THE HOME TO BE INSURED

1. Description of the home

A house A bungalow A flat

Other (please describe)

Detached Semi detached Terraced

Number of bedrooms in the home

If your home is a flat

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (a) is it purpose built | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If No , what was it previously occupied as? | <input type="text"/> | |
| (b) On which floor is your flat situated? | <input type="text"/> | |
| (c) How many flats in the building? | <input type="text"/> | |

2. Is the home

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (a) owned by you? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If No , is it rented furnished? | <input type="text"/> | |
| rented unfurnished? | <input type="text"/> | |
| (b) your normal residence? (i.e. not used as a weekend, weekday or holiday home) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) self contained, with no shared facilities and its own lockable entrance from the street, hall or landing | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) lived in by anyone other than you, your spouse/partner or children? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) or any part of its buildings or grounds used for any business, trade or professional purposes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) regularly left unattended during working hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (g) left unoccupied for more than 60 days at any one time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3. How long have you lived in or owned the home?

4. Is the home

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (a) built of brick, stone or concrete and roofed with slate, asphalt, metal, concrete or tile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (b) in good condition and to be so maintained? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) at least 250 metres from any areas that to your knowledge have suffered from subsidence, heave or landslip? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) free of any signs of damage by subsidence, heave or landslip or had repairs made of such damage? (Signs of subsidence are often shown by cracking or bulging of walls). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (e) at least 250 metres away from any watercourse, river, stream or tidal waters? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. Has the property or the surrounding area within 250 metres of the property ever flooded (including your garden or basement)?

Yes No

6. Does any of the building have a flat roof area ?

If **Yes**, state the approximate % area of the flat roof area

Yes No
 %

What is the flat roof constructed of?

D. ANSWER ONLY IF BUILDINGS COVER IS REQUIRED

1. Is the home built

- | | Yes | No |
|------------------------|--------------------------|--------------------------|
| (a) on a sloping site? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) in a mining area? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Has any part of the building ever been underpinned or required any other remedial work in connection with subsidence, heave or landslip?

Yes No

3. Are there any trees or shrubs within 10 metres of the building (whether inside or outside your garden) which are more than 10 metres tall?

- If **Yes**
- | | |
|---|----------------------|
| (a) how far from the nearest building (including garages and outbuildings)? | <input type="text"/> |
|---|----------------------|

(b) approximately how tall?

(c) species of trees/shrubs? e.g. oak, poplar

4. Has it been necessary to repair drains, other than to clear blockages?
5. Have you a valuation or surveyors report for the building? (If Yes please provide a copy)
 Yes No
 If Yes, has any reference been made to settlement, movement, structural defect or previous structural repairs?
6. Is the property a listed building?
 Yes No
 If Yes, is it Grade 1 or Grade 2?
 Reason for listing?
7. Have the buildings been extended or any outbuildings erected since the original construction of the main dwelling?

IF ANY SHADED BOXES FROM SECTION B, C OR D ARE TICKED, GIVE FULL DETAILS HERE

BUILDINGS

1. When was the home built? (If not known, give the approximate year) Year Built
2. Please enter the amount to be insured. Buildings Sum Insured
 This must represent the full cost of reconstruction of the home in its present form including debris removal and professional fees. – see Home Insurance “Keyfacts” document. £ (Minimum £40,000)
3. Do you wish to have the accidental damage optional extension? Yes No
4. Do you want to increase the first amount of every claim that you pay? Yes No
 If Yes, tick the amount required £100 £250 £500 £1,000
5. Is the name of an interested party to be recorded, such as mortgagee, freeholder or leaseholder etc? Yes No
 If Yes, give, name, address, account number and type of interest below

CONTENTS

Do NOT include items to be insured under the Personal possessions All risk section.

1. Please enter the amount to be insured Contents Sum Insured
 This must represent the cost of replacing all contents, as new, less only a deduction for wear, tear and depreciation on clothing and household linen. If you are a tenant, it must also include the full value of any interior decorations and improvements for which you are responsible. £ (Minimum £20,000)
2. Do you wish to have the accidental damage optional extension? Yes No
3. Do you have any of the following which are defined as valuables in the policy Yes No
 Jewellery, watches, gold, silver, precious metals or gemstones, furs, pictures, curios, and other works of art, stamp, coin and medal collections?

If Yes

(a) Is the total amount of such items of valuables £5,000 or more?

If Yes

Is the amount of valuables included more than one third of the contents sum insured?

If Yes

Enter the total amount of valuables you have included.

Total Valuables £

(b) Does any one item or collection of valuables exceed £1,500?

If **Yes**, list the items in the lines below and provide evidence of value.

Yes **No**

4. Do you want to pay the first amount of every claim, known as the voluntary excess?

If **Yes**, tick the amount required £100 £250 £500 £1,000

5. Do you wish to have the accidental damage optional extension?

VALUABLES OR SPECIAL ITEMS TO BE INSURED

Description	£	Description	£

PERSONAL POSSESSIONS All risks

Please enter the amounts to be insured against each of the following items.

1. **Unspecified clothing and personal effects**, being personal property including valuables, normally worn or carried on or about the person.

The limit for any single item is 50% of the amount insured or £1,500, whichever is the lesser. Items above this limit, together with any skis, snowboards, water skis, sub aqua equipment, riding tack, hearing aids and camping equipment, must be specified below if you require them to be covered under this All Risks section.

Unspecified (Minimum £1,500) £

2. **Specified items.** List the items below and enter the total sum insured here.

Total of specified £

3. **Pedal cycles (including make/model)**
Value each cycle

£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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Total cycles £

4. **Personal money and fraudulent use of credit cards**
(Maximum amount £500 for money, £2,500 for fraudulent use of credit cards)

Money £
Credit cards £

SPECIFIED ITEMS TO BE INSURED. Please provide evidence of value for any item worth more than £1,500 and a full description of the item including serial or model numbers if applicable.

Description	£	Description	£

SECURITY PROTECTIONS

We recommend that your home is fitted with the following level of security. In certain postcodes, security provisions to the standard shown will be a condition of your insurance. We will advise if this applies to you at the time of accepting this proposal form.

FINAL EXIT DOOR – A 5 lever mortice or rim deadlock to British Standard 3621.

METAL FRAMED SLIDING DOORS – The manufacturer's key operated deadlocks or security bolts or any key operated device fitted by a qualified locksmith.

OTHER EXTERNAL DOORS – The same as for the final exit door or by two key operated mortice or surface mounted security bolts fitted vertically top and bottom and with removable keys.

WINDOWS AND ROOFLIGHTS – All basement, ground floor and other windows accessible without the use of a ladder, such as from nearby roofs or downpipes, must be fitted with either key operated window locks, stops or bolts, with removable keys.

LOUVRE DOORS AND WINDOWS – Panes should be secured to their frames by adhesive to prevent removal.

- | | Yes | No |
|---|--------------------------------------|-------------------------------------|
| 1. Are all the doors and windows of your home protected as described above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Is the home in a police approved Neighbourhood Watch or Home Watch area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a security safe for jewellery etc?
If Yes, please show below make, model and type e.g. wall, underfloor or freestanding. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there an intruder alarm system?
If Yes | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) was it installed by an NSCIA approved installer? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) is it covered by an annual maintenance contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) does it communicate with a central station? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, tick the type of signalling | Digital <input type="checkbox"/> | Redcare <input type="checkbox"/> |
| | Direct Line <input type="checkbox"/> | Paknet <input type="checkbox"/> |
| (d) state name of installer/maintainer of alarm | <input type="text"/> | |

If available, enclose a copy of the certificate and system specification with this proposal.

IF ANY SHADED BOXES ARE TICKED, GIVE FULL DETAILS HERE

LIABILITY INSURANCE is automatically included

DOMESTIC & LEGAL HELPLINES are automatically included

FAMILY LEGAL EXPENSES are automatically included

DATA PROTECTION ACT 1998

We will collect certain information about you in the course of considering your proposal and, if we issue a policy to you, conducting our relationship with you. This information will be processed for the purposes of underwriting your insurance, managing any policy issued, administering claims, fraud prevention and detection. We may pass your information to other insurers, insurance brokers, re-insurers, loss adjusters, fraud prevention agencies, databases and other public bodies, including the police, for these purposes. You may have a right of access to, and correction of, information that we hold about you. Please contact our Compliance Officer at Amlin Insurance (UK) Ltd, Amlin House, Parkway, Chelmsford CM2 0UR.

FINANCIAL COMPENSATION SCHEME

We are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if we cannot meet our obligations to you under this contract. If you are entitled to compensation under the scheme, how much compensation you would receive would depend on the nature of this contract. You can get more information about the scheme from the Financial Services Compensation Scheme (10th floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU and on their website www.fscs.org.uk)

PLEASE READ, SIGN AND DATE THE DECLARATION BELOW

Please keep a record, including copy letters, of all information you give to enter this contract. If you ask, Amlin UK will give you a copy of this proposal. The liability of Amlin UK does not begin until they have accepted this proposal.

DECLARATION AND SIGNATURE

We declare that to the best of my knowledge and belief the information we have provided in connection with this proposal, whether in our own hand or not, is true and complete and we have not withheld or misrepresented any information.

We ask Amlin UK to act upon the information provided and issue a contract of insurance between us and we agree to accept Amlin UK's policy terms, conditions and exclusions.

We consent to the seeking of information from other insurers to check the answers we have provided and we authorise the giving of such information for such purposes.

We understand that if we have withheld or misrepresented any of the information contained in this proposal, Amlin UK may be entitled to void the insurance or impose different terms.

Signature(s)	Date
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