

PROPERTY OWNERS PROPOSAL FORM

Please note that in completing this Proposal Form you must disclose all material facts which may influence the acceptance or assessment of the risk. If you are in any doubt as to whether any facts are material, you should for your own protection disclose them, as failure to do so could invalidate the insurance.

|  |   |     |
|--|---|-----|
| 1a) Full name, including trading name  |   |     |
| 1b) Full risk address (inc. postcode)  |   |     |
| 1c) Full postal address (inc. postcode)  |   |     |
| 1d) Period of insurance  | From:                                     | To: |
| <p>1e i) Occupation and/or use of the property. Please state all trades, using the Additional Information box on page 4 if necessary</p> <p>1e ii) Do you occupy any part of the property.<br/>If <b>yes</b>, please provide details</p> <p>1e iii) Is any part of the property unoccupied<br/>If <b>yes</b>, please advise how long the property has been unoccupied, and how long it is anticipated the property will remain unoccupied</p> <p>1e iv) Is any part of the property used for residential purposes?<br/>If <b>yes</b>, please advise the type of tenant, i.e Professional/Student/DSS</p> | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> |     |
| 1f) If there is a bank interest, please provide the name and address   |   |     |
| <p>2a i) Is the property built of brick, stone or concrete and roofed with slate, tiles or concrete?<br/>If <b>no</b>, please provide details</p> <p>2a ii) Please advise percentage of total roof area that is flat and covered with felt</p>   | <p>Yes/No</p> <p>%</p>                    |     |

|  |   |
|--|---|
| <p>2b) Is the property in good state of repair?</p> <p>If <b>no</b>, please provide details</p>  | <p>Yes/No</p>                             |
| <p>2c) Approximate age of property</p>   |   |
| <p>2d) Is the property listed?</p> <p>If <b>yes</b>, please provide details including grade</p>  | <p>Yes/No</p>                             |
| <p>2e i) Is the property undergoing any renovations or are any planned?</p> <p>If <b>yes</b>, please provide details</p> <p>2e ii) Has any relevant planning permission been obtained?</p> <p>2e iii) What is the intended future use</p>                              | <p>Yes/No</p> <p>Yes/No</p>               |
| <p>2f i) Has the property been flooded?</p> <p>2f ii) Have you been informed that the property is a potential flood area?</p> <p>2f ii) Is the property within ¼ of a mile from any river, watercourse or sea.</p> <p>If <b>yes</b> to any, please provide details</p> | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> |
| <p>2g) Has the property or any adjacent property suffered damage or shown signs of subsidence or heave or displayed any visible signs of cracking?</p> <p>If <b>yes</b>, please provide details</p>  | <p>Yes/No</p>                             |
| <p>2h) Is the property heated solely by electricity or mains gas?</p> <p>If <b>no</b>, please provide details</p>  | <p>Yes/No</p>                             |
| <p>2i) Details of any fire alarm on the property</p>   |   |

|   |                      |                                      |                |
|---|----------------------|--------------------------------------|----------------|
| 2j i) Details of any intruder alarm at the property including method of signalling (e.g. Redcare etc.)  |                      |                                      |                |
| 2j ii) Has the system been installed by a NACOSS/SSAIB approved installer   |                      | Yes/No                               |                |
| 2j iii) Is the system subject to a regular maintenance contract?  |                      | Yes/No                               |                |
| 2j iv) Are all external doors fitted with 5 lever mortice deadlocks conforming to BS3621 or locking bars secured by close shackle padlocks?   |                      | Yes/No                               |                |
| If <b>no</b> , please provide details   |                      |                                      |                |
| 2j v) Is the property secured by roller shutters or grilles, secured by 5 lever close shackle padlocks?                                       |                      | Yes/No                               |                |
| If <b>no</b> , please provide full details  |                      |                                      |                |
| 2j vi) Are all windows and skylights that are accessible from the ground, fitted with key operated locks or barred or fixed permanently shut? |                      | Yes/No                               |                |
| If <b>no</b> , please provide details   |                      |                                      |                |
| 2j vii) Is there any additional security measure at the property such as a Sprinkler Installation or CCTV? If yes, please provide details     |                      | Yes/No                               |                |
|   | Sum Insured £        |                                      | Sum Insured £  |
| Buildings   |                      | Landlords Contents                   |                |
| Is accidental damage cover required?  | Yes/No               | Is accidental damage cover required? | Yes/No         |
| Is subsidence cover required? If Yes, please complete Subsidence Questionnaire  | Yes/No               |                                      |                |
|   | Sum Insured £        |                                      | Months         |
| Rental Income   |                      | Indemnity Period                     | 12/ 18/ 24 /36 |
|   | Limit of indemnity £ |                                      |                |
| Property Owners Liability   | £1,000,000 Yes/No    |                                      |                |
|   | £2,000,000 Yes/No    |                                      |                |
|   | £5,000,000 Yes/No    |                                      |                |
| 3) Details of previous insurer, including policy number and renewal date  |                      |                                      |                |

|  |  |        |
|--|--|--------|
| 4 )Has the proposer, or any partner or director: | a) Had any insurer decline a proposal, or refused to renew a policy or terminate cover or apply an increased premium or impose special conditions?<br>If <b>yes</b> , please provide details | Yes/No |
|  | b) Been convicted of a criminal offence or received a police caution, excluding a motoring offence?<br>If <b>yes</b> , please advise details   | Yes/No |
|  | c) Been prosecuted under the Health & Safety at Work Act?<br>If <b>yes</b> , please provide details  | Yes/No |
|  | d) Been declared bankrupt or insolvent or had a County Court Judgement registered against them?<br>If <b>yes</b> , please advise details   | Yes/No |

**Claims / Loss History**

Please give details of all losses, whether insured or not or any claims made against the proposer. This must include details of any vandalism or attempted break-ins at the premises.

| Date of occurrence | Brief details of incident | Cost/Any amount outstanding |
|--------------------|---------------------------|-----------------------------|
|                    |                           |                             |

**Additional Information**

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. (N.B A material fact is one likely to influence the acceptance or assessment of this proposal by the Insurer. If you are in any doubt as to what constitutes a material fact you should consult your Insurer or your insurance advisor)

I/ We understand that non-disclosure or misrepresentation of any material fact on this application will entitle the Insurer to void the insurance.

I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

I/We understand that signing this proposal form does not bind we/us to complete this insurance but agree that should a contract of insurance be conducted, this proposal and the statements made herein shall form the basis of the contract between me/us and the Insurer.

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

**Signed:**

**Date:**