

Home Connect Proposal Form



Agent Agent No
 Agency Ref. Quote Ref./Policy No.

Please use BLOCK CAPITALS and, where applicable, answer the questions by putting a ✓ in the square adjoining the correct answer. If you ✓ any of the shaded boxes please provide details.

PERSONAL DETAILS

Proposer

Mr Mrs Miss Ms Other (please state)
 Surname
 First name(s)
 Full time occupation
 Employers business
 Part time occupation
 Date of birth / /

Spouse / Joint Proposer

Mr Mrs Miss Ms Other (please state)
 Surname
 First name(s)
 Full time occupation
 Employers business
 Part time occupation
 Date of birth / /

General terms such as director, clerk or self-employed are not sufficient. If unemployed, also state normal trade, profession etc.

Are you (the proposer):

(a) a non-drinker (never drink alcohol)?

Yes No

(b) a non-smoker (for at least the last 6 months)?

Yes No

(c) an active church member/charity supporter*?

Yes No

If YES, name of church or charity

*Eg. voluntary worker or tax-efficient donor such as Give As You Earn, Charitycard, Covenants etc.

Period of Insurance

From / / To / /

Your Daytime telephone number

Your E-mail address

HOME DETAILS

Address of home to be insured

 Postcode

Correspondence address if different

 Postcode

Type of home:

House Bungalow Maisonette Flat Bed-sit Other

When was your home built:

Pre - 1851 1851 - 1919 1920 - 1979 1980 - 1989 1990 - 1999 2000 to date

Construction of home:

WALLS of -

Brick Stone Concrete Other (describe)

ROOF of -

Slates Tiles Concrete Other (describe)

Is any part of the roof flat and covered in felt?

Yes No

If YES, what percentage approximately?

%

When was the felt last replaced/renewed?

/ /

Is the home:

(a) kept in a good state of repair, and will it be so maintained at all times?

Yes No

(b) situated in a flood risk or flood plain area?

Yes No

(c) free from any signs (e.g. cracking) of subsidence, heave or landslip?

Yes No

(d) in an area which has suffered from any subsidence, heave, landslip, flooding, coastal or river erosion?

Yes No

(e) within 1/4 mile of any cliff, seafront or watercourse?

Yes No

Has the home:

(a) been underpinned?

Yes No

(b) had any remedial action of any type in connection with subsidence, heave, landslip, coastal or river erosion?

Yes No

GENERAL DETAILS

How long have you lived at this address? Years Months

How many people occupy the home? Adults Children under 18

Is the home:

Owner-occupied Weekend, weekday or holiday home Rented unfurnished or part furnished Church manse

Other (describe)

Is the home:

(a) occupied only by you and your family as a permanent residence? Yes No

(b) occupied on a daily basis during the day and night apart from your normal working hours? Yes No

(c) ever unoccupied (not permanently lived in) for more than 30 consecutive days? Yes No

Please add any other relevant information

Is the home or a building which forms part of it used for any trade or business? Yes No

If YES, provide details of use/type of business

Do you require cover for:

(a) your own business office equipment while in the home up to a maximum of £5,000? Yes No

(b) public liability for your business carried out from home? (available to businesses with no employees and only involved in clerical work) Yes No

NOTE: a commercial policy is needed if you undertake any other type of work apart from clerical work or have employees

(by law requiring Employers Liability insurance) or require cover for property other than office equipment.

Please indicate if you would like details of our: Office policy Business policy

SECURITY DETAILS

Is the home:

(a) located in a police approved neighbourhood watch area? Yes No

(b) self-contained, with a lockable front entrance door under your sole control? Yes No

(c) protected by key operated window locks on all ground floor opening windows and other opening windows easily accessible from the outside? Yes No

(d) protected by a burglar alarm system? Yes No

If YES, (i) is it maintained under contract by a NSI or SSAIB approved alarm company? Yes No

(ii) do you require a premium discount for having a burglar alarm? Yes No

(If you choose the discount the alarm system must be set whenever the home is left unattended. In the event that the alarm is not set when the home is unattended or, in respect of (i) above, the maintenance contract is discontinued, the first £250 of loss or damage caused by theft or attempted theft is excluded).

Is the final exit door to the home fitted with 5 lever mortise deadlock and 7" box striking plate OR multi-point locking system with at least 3 locking points in addition to a horizontal deadbolt or hook bolt. Yes No

Are there any other external doors (including sliding patio doors)? Yes No

If YES, are they fitted with 5 lever mortise deadlocks or multi-point locking system with at least 3 locking points or key operated security bolts top and bottom in addition to the existing locks? Yes No

Please add any other relevant information

RISK HISTORY DETAILS

Are you now or have you previously been insured against any of the risks proposed? Yes No

If YES, (a) name of insurer

(b) expiry date of policy / /

(c) policy number

Are you claiming a No Claims Discount? Yes No

If YES, (previous insurance details must be supplied) state number of consecutive claim free years to date 1 2 3 4 5+

Ansvar reserve the right to contact your present/previous insurers for further details of your insurance history.

RISK HISTORY DETAILS (cont.)

Have you or anyone usually living with you ever:

- (a) had any previous household insurance declined, cancelled or subjected to increased terms, withdrawn or refused? Yes No
- (b) been declared bankrupt or had any unsatisfied County Court Judgement? Yes No
- (c) been convicted or charged with, or received a police caution for any criminal offence other than motoring offences? Yes No
- (d) made a claim or sustained loss or damage or incurred any liability caused by any of the risks to be insured within the last 3 years? Yes No

If YES, please provide the following details:

Date of loss/incident	Circumstances	Costs
/ /		£
/ /		£
/ /		£
/ /		£
/ /		£

COVER DETAILS

Do you require a voluntary excess? Yes No (this is in addition to the standard policy excesses).

If YES, state amount

£50 £100

Do you require cover for BUILDINGS?

Yes No

If YES, type of cover required:

Standard Standard + Accidental damage

If YES, sum insured required?

£ (£40,000 minimum sum insured)

Name, address and reference number of any mortgage lending institution which has a financial interest in the home

Name

Address

AC or Ref No.

Do you require cover for CONTENTS?

Yes No

If YES, type of cover required:

Standard Standard + Accidental damage

OPTION A - Do you require a Bedroom-rated policy? (maximum of 5 bedrooms and up to £50,000 sum insured)

Yes No

Number of bedrooms (a room used as, or originally intended to be a bedroom but used for another purpose) in your home?

Is the sum insured of £50,000 sufficient to cover the full replacement cost of your contents?

Yes No

Is the total of all your valuables* under £12,000?

Yes No

Is the single item limit of £3,000 for any valuable* sufficient? (do not include items specified under the All Risks section)

Yes No

Under Option A if you have answered "No" to any of the questions or the policy is to be in the name of a charity or church, you are not eligible for the Bedroom-rated policy.

OPTION B - Do you require a Selected sum insured policy?

Yes No

If YES, sum insured required?

£ (£14,000 minimum sum insured)

Does the total cost of all your valuables* exceed 33% of the sum insured on contents?

Yes No

Does any single valuable* item exceed £3,000? (do not include items specified under the All Risks section)

Yes No

(*gold, silver, precious metals, precious stones, jewellery, watches, furs, photographic equipment, works of art, pictures, curios, collections of stamps, coins or medals)

COVER DETAILS (cont.)

Do you require cover for ALL RISKS? (Available only if Contents are insured) Yes No

Unspecified Personal Possessions:- any item of jewellery, gold and silver articles, precious metals and stones, furs, watches, photographic equipment and binoculars, video cameras, pedal cycles up to £250, sports equipment (but not while in use), clothing and articles usually worn or carried about the person.

Excluding: business goods, household goods, money, deeds, securities, bonds, documents, contact lenses, dentures, guns, hearing aids, tools, domestic pets, watercraft, trailers and property more specifically insured.

Single item limit required:

- (a) £500 (minimum sum insured £2,000)
- (b) £750 (minimum sum insured £3,000)
- (c) £1,000 (minimum sum insured £4,000)
- (d) £1,500 (minimum sum insured £5,000)

Sum insured

a)	£
b)	£
c)	£
d)	£

For cover on personal possessions over the single item limit or pedal cycles over £250, provide details including any make/model etc. (Use separate sheet if needed) Valuation or receipt required for items over £3,000.

	Sum insured
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£

Do you require cover for: Personal Accident? Yes No Caravan? Yes No Trustees' and Officers' Indemnity? Yes No

If YES, a separate proposal form will be sent to you.

IMPORTANT NOTES

- Our liability does not commence until this proposal has been accepted.
- We reserve the right to ask for special terms or decline this proposal.
- Failure to disclose all material facts, which are facts that might influence the acceptance or assessment of the proposal, may render the policy voidable by us. If you are in any doubt whether certain facts are material, these should be disclosed.
- A copy of this proposal will be supplied by us on request within 3 months of its completion.
- You should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract of insurance.
- A copy of the usual policy form issued for this class of business is available on request.
- English Law will apply unless expressly agreed otherwise.
- We may write to you or your insurance agent with details of other products and services available from Ansvr that we think may be of interest to you. However, if you do not wish to receive any marketing information from us please tick this box.
- Insurers pass the information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as a fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this. You should show this notice to anyone who has an interest in property insured under the policy.

DATA PROTECTION ACT - USE OF YOUR INFORMATION

For the purpose of the Data Protection Act 1998, the Data Controller in relation to the information you supply for this insurance is Ansvr, part of the Ecclesiastical Insurance Group. As a data subject you have a right under the Act to ask your Data Controller for a copy of personal data you have supplied and ask for inaccurate data to be corrected. Information you supply is used for purposes of administration by the insurer and its agents, by re-insurers and your intermediary. It may also be made available to regulators

and ombudsmen as necessary. In deciding whether to offer insurance, its terms or assessing claims made, insurers may undertake checks against publicly available information such as electoral roll, county court judgements, bankruptcy or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer, such as loss adjusters or investigators.

DECLARATION

I/We declare that the above proposal together with this declaration shall be the basis of the contract between me/us and Ansvr and that to my/our knowledge and belief the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. If the above statements and particulars are in the handwriting of any person other than the undersigned such person shall be deemed to be my/our Agent for the purpose of completing this form.

I/We understand that you will pass information on this form and about any incident I/we may give details of to IDS Ltd so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

Signature of Proposer(s) (each proposer must sign)

Date / /

