

Executive Home Proposal

Professional adviser

Before completing this proposal, please refer to the Policy Summary. This details the cover that can be provided by the Executive Home Policy and will help you to select the sections that meet your needs. You should answer the questions in full and not withhold or misrepresent any facts that are likely to influence our assessment and acceptance of this proposal. If you are not sure something is important, please tell us anyway since a failure to disclose a material fact relevant to this insurance could result in your cover being invalid.

When do you require this insurance to commence? dd mm yy

Part 1 - About you and your spouse or partner

Your details

TITLE FIRST NAME(S) SURNAME

Your spouse or partner's details

TITLE FIRST NAME(S) SURNAME

Occupation/Profession, including any part-time work. If you are a principal, director or partner, please state the nature of your business or profession

You

Your date of birth dd mm yy

Contact telephone numbers: Home

Your spouse/partner

Your spouse/partner's date of birth dd mm yy

Work Mobile

Address (for correspondence)

Address
Town
County
Postcode

Address you require cover for, if different

Address
Town
County
Postcode

Part 2 - Your insurance history

Have you or has any person living with you

Yes No

- previously held insurance of this type?

If **Yes** please provide:

previous insurer's name/ address/postcode

previous insurer's policy number Expiry date of the previous policy

If **No** please provide reason:

- suffered loss or damage or had any claims made against you or them in the last 5 years?

If **Yes** please provide:

Date	Type	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- had any **special terms** imposed by any insurer or had insurance cancelled, declined or renewal refused?

If **Yes** please provide full details: *Note: special terms means increased excesses, restrictions or exclusions of cover*

- ever been convicted of a criminal offence, received a Police caution or are any prosecutions pending?

If **Yes** please provide full details:

Part 3a - About your home

Is your home

Yes No

- showing any sign of damage by subsidence, heave or landslip or does your home show any visible cracking internally or externally?
- situated in an area that has a history of such damage or have any of your neighbours suffered such damage?

If **Yes**, please provide details:

Has your home had any repairs or monitoring in connection with subsidence, heave or landslip?

If **Yes**, please provide details:

Are there any trees close to your home or outbuildings (including trees on neighbouring properties and footpaths)?

If **Yes** please indicate:

Type	Height	Distance from your home

Please state the name and address of any party having a financial interest in the property:

If available, please provide a copy of any valuation or survey report by an Architect, Surveyor or a Consulting Engineer on your home, on the risk of subsidence or the nature of the ground.

Part 4 - Security details

Is your home secured with

Yes No

- 5 lever mortice deadlocks or multi-point locking devices on all external doors? If **No**, please provide details:

- multi-point locking devices on all patio doors, or top and bottom patio door locks in addition to the manufacturers' central lock? If **No**, please provide details:

- key operated window locks on all **accessible** windows, including fanlights? If **No**, please provide details:
Note: by accessible, we mean able to be reached from the ground or from adjoining roofs, porches, walls, downpipes, balconies and the like

Note: Please ask for a copy of our Home Security Leaflet if you require details of any locks or bolts mentioned above.

Part 4 - Security details

Does your home have

Yes No

- an intruder alarm system?

If YES, please advise:

- method of signalling

Bells only

Digital communication to Central Station

Dualcom

Redcare

Redcare GSM

Redcare Home Monitoring

- if the alarm has been installed by a NSI GOLD/NACOSS/IKON/SSAIB approved company

- if the alarm is maintained under contract

- A safe?

If YES, please advise:

- manufacturer
- manufacturers 'cash' rating (if known)
- model, name or number

- type of safe: wall freestanding underfloor other

- If the safe is anchored to the manufacturers' specifications

Is your home in a Neighbourhood Watch area?

Please provide details of any additional security protection you may have at your home:

Part 5 - Fire protection

Do you have any of the following in place and in working order?

Yes No

- battery operated smoke alarms
- central station fire/smoke alarms
- fire blankets
- fire extinguishers
- sprinkler system

Part 6 - The excess

You are required to pay the first £100 of most claims (please refer to the Policy Summary for full details). If you wish to reduce your premium by electing a higher excess, please tick the appropriate box:

£250

£500

£1,000

Part 7 - Your insurance requirements

Please tick the appropriate box(es) if you are interested in any of the following covers that are available to you as an Executive Home policyholder

Pleasure Craft

Second Homes

Annual Travel

Overseas Homes

Part 8 - Additional benefits

The following covers are automatically included if contents are selected

yellowtag™

You will automatically receive a yellowtag™ pack with your policy. This is a unique and innovative tagging system that will identify your personal property if lost and will automatically notify you if found via your email and mobile phone.

Family Legal Protection

Covers legal costs up to £100,000 for certain situations - Refer to the Policy Summary for further details.

Road Rescue - Please tick the box if this cover is **not** required

Provides cover for the recovery of any motor vehicle that suffers a breakdown when driven by you. This includes both Home Service Cover and European Motoring Assistance. Your spouse/partner will also be included if the policy is issued in joint names. You can extend this to include other members of your family who reside with you at a cost of £2.19 per month for each additional person. If required, please state their name(s):

TITLE	FIRST NAME(S)	SURNAME
TITLE	FIRST NAME(S)	SURNAME
TITLE	FIRST NAME(S)	SURNAME

Pet Insurance - Please tick the box if this cover is **not** required

Covers your dog(s) up to 9 years of age and cat(s) up to 11 years of age if lost or stolen or requires veterinary treatment as a result of accident, injury, illness or disease. This will automatically cover a maximum of 3 such pets. If you have more than 3 please either a) nominate the 3 that you require to be insured or b) specify all such pets. Option b) will incur a cost of £3.94 per month for each additional pet.

Cat or Dog	Breed	Sex	Pet Name	Date of Birth

Part 9 - Declaration - Please read carefully

In accordance with the Data Protection Act 1998 I understand and give my explicit consent that the personal data I provide, including sensitive personal data, may be used for the purposes of my insurance by Sterling Insurance Company Limited and any of their connected companies, agents, subcontractors, and other insurers as appropriate. I understand that I am entitled to a copy of my personal data held by Sterling Insurance Company Limited and its connected companies upon payment of a fee.

I declare that to the best of my knowledge and belief the answers given are true and all material information as explained has been disclosed. I agree that if any answer has been written by any other person, such person shall for that purpose be regarded as my agent and not the agent of Sterling Insurance Company Limited.

I have read the Policy Summary and understand the need to establish the correct sums insured. I consent to the seeking of information from other insurers to check the answers I have provided, and I authorise the giving of such information for such purposes.

Signature(s)

Date(s)

A copy of this proposal form can be supplied to you upon 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 effecting this insurance.

Please note that we may monitor or record telephone calls to ensure the accuracy of information and the quality of service.

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