

Please read the Summary and Guide carefully before you complete the proposal form.

Please complete and return this form to Morton Michel, Alhambra House, 9 St Michael's Road, Croydon CR9 3DD, in order that we may provide a quotation.

Please use BLOCK CAPITALS or tick the boxes as appropriate.

Name of Group	Your name
Address of Buildings to be insured	Your address
Postcode	Postcode
Telephone	Telephone
Fax	Fax
Email address	Email address
Website www.	

Please state the total rebuilding cost of the buildings. £ _____
 Policy includes debris removal costs, architects' and surveyors' fees, fixtures and fittings and the rebuilding cost must include these features.

Description of premises: External and party walls built of: _____
 and roofed with _____ heated by: _____ and lighted by: _____

	YES	NO
1. Are you the owner of the buildings? If NO, please state why you need to insure the building.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there other occupiers or users of the premises? If YES, state precise nature of occupation and/or use.	<input type="checkbox"/>	<input type="checkbox"/>
3. What is the approximate age of the buildings? Pre 1850 <input type="checkbox"/> 1850 - 1975 <input type="checkbox"/> 1976 - present <input type="checkbox"/>		
4. How are the adjacent premises occupied?		
5. Has the Fire Authority inspected the premises? If YES, have you completed all the fire authority requirements?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the building in an area unduly exposed to storm or impact damage?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have the buildings ever been flooded; are they in an area liable to flooding or within 1/4 mile from any river, watercourse or the sea, or have you been informed that your premises are in a potential flood risk area?	<input type="checkbox"/>	<input type="checkbox"/>
8. In respect of any risk to be covered by this insurance have you ever suffered loss or incurred liability?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been convicted of any criminal offence other than motoring offences or is any prosecution pending?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has any insurer ever:		
a) declined your proposal?	<input type="checkbox"/>	<input type="checkbox"/>
b) refused to renew or cancelled your policy?	<input type="checkbox"/>	<input type="checkbox"/>
c) imposed special terms or conditions for any property insurance you have previously taken out?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the shaded boxes to questions 5, 6, 7, 8, 9 and 10 please give full details overleaf.

Supplementary Information

If you have ticked any of the shaded boxes to Questions 5, 6, 7, 8, 9 and 10, please provide full details and indicate to which question the information relates.

Declaration

Please read the declaration carefully and check the answers you have given before signing the proposal form.

I/We (or, in the case of a partnership or a limited company, any one of the partners or directors) hereby apply to Sterling Insurance Company Limited for Property Owners insurance and

- a) declare that to the best of my/our knowledge and belief the answers given are true and complete in every respect and all material particulars which may affect the assessment of the risk have been disclosed. If any written answer has been made by another person, such person shall for that purpose be deemed to be my/our agent and not the agent of Sterling Insurance Company Limited
To the extent that has been necessary, I/We have consulted relevant members of the organisation to verify answers stated in this form
- b) understand that Sterling reserves the right to contact previous insurers to verify the information contained in this form
- c) agree that this proposal and declaration shall be the basis of the contract between me/us and Sterling Insurance Company Limited and shall be deemed incorporated into such contract

Data Protection Act

I/we understand and agree that the personal information I/we provide (including sensitive personal details) may be used for insurance purposes by Sterling Insurance Company Limited, its connected companies, reinsurers, agents and subcontractors; and also shared with other insurance companies as required for the purposes of my/our insurance. Where we have provided information about my/our spouse(s), partner(s) or another person/other persons (including their sensitive personal details) I/we confirm that I/we have their permission to provide this information for insurance purposes. I/we understand that I am/we are entitled to a copy of my/our personal information on payment of a fee.

From time to time, Morton Michel may wish to send you details of services and products, if you do not wish to receive such mailings, please tick this box.

Signed _____ Date _____

You have a duty to disclose all material facts and failure to do so could invalidate the insurance.

Cover does not commence until the proposal has been formally accepted by Morton Michel unless otherwise agreed by Morton Michel.



Arranged by: Morton Michel
Alhambra House
9 St Michael's Road
Croydon CR9 3DD

Telephone: 0845 2570900
Fax: 0845 2570547/0548
www.mortonmichel.com

Underwritten by Sterling Insurance Company Limited. Registered in England and Wales No. 498605
Registered office: Ambassador House, Paradise Road, Richmond upon Thames, Surrey TW9 1SQ
Authorised and Regulated by the Financial Services Authority