

PROPOSAL FORM

PROPOSER

	Title	First Names	Surname	Occupation
You				
Your Partner				

Correspondence address

Post Code: _____

Risk address

Post Code: _____

Home telephone Number

Work Telephone Number

Email Address

ABOUT THE PROPERTY

What is the age of the property: _____

1) What is the property used for: Holiday home Holiday home let Second home Prof let
 Student let DSS let Unoccupied Other (Specify) _____

1a) If the property is let, is the tenancy agreement with the tenant(s) Yes No
 if no please give details: eg council, charity, housing association etc) _____

2) If the property is unoccupied will it be renovated or refurbished Yes No
 if yes please give details _____

3) Type of property: Flat Detached Semi detached Terraced
 Bungalow Other (Specify) _____ Number of bedrooms _____

4) Is the property divided into bedsits Yes No
Note: A bedsit is a property divided into separate rooms with cooking facilities in each room

5) Type of security (locks, alarm etc) _____

GENERAL INFORMATION

Note: If your answer is in a shaded box please give full details in area below, stating the question number it refers to.

6) Have you or any members of your family:

a) ever been convicted of any offence involving arson, theft, dishonesty or damage to property Yes No

b) in respect of the risks to be insured, sustained any losses or had any claims made against you in the past six years Yes No

c) ever been refused insurance or had any special terms or conditions imposed by any insurer Yes No

7) Name and policy number of existing insurer _____

GENERAL INFORMATION *Continued*

- 8) Are the buildings used in whole or in part for business or professional purposes? Yes No
- 9) Are the buildings, including outbuildings:
- a) In an area that is specially exposed to the risk of damage by storm or flood or in the vicinity of any rivers, streams or tidal waters? Yes No
- b) free from signs of internal or external stepped or diagonal cracking? Yes No
- c) being monitored for subsidence, heave or landslip; have they ever been monitored for subsidence, landslip or heave? Yes No
- d) In a good state of repair and will they be so maintained? Yes No
- 10) Are you aware of any survey carried out on your home which mentions subsidence, settlement or movement of the buildings? If yes please give details. Yes No
- 11) Are you aware that any neighbouring buildings have been the subject of an occurrence of subsidence, heave or landslip? Yes No
- 12) Are there any trees or shrubs within 7 metres (22ft) of your home (whether inside or outside your premises) which are more than 3 metres (10ft) tall? If yes please give details including type of tree, height and distance. Yes No

If you have answered in the shaded box to any of the questions in section 8/12 please give details

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- 13) Has the proposer or any person whose property is to be insured sustained any loss or damage during the last 6 years which would have been covered by this type of insurance? Yes No

Date of Loss	Amount Paid	Full Description of Circumstances

SUMS INSURED

Building sum insured (full cost of construction in their present form)	£ <input style="width: 90%;" type="text"/>
Any mortgage company interest to be noted on the schedule	<input style="width: 90%;" type="text"/>
Contents sum insured (replacement as new)	£ <input style="width: 90%;" type="text"/>
Other (agreed) sum insured (ie loss of rent)	£ <input style="width: 90%;" type="text"/>
Date you would like cover to commence: ___/___/___	Description <input style="width: 90%;" type="text"/>

PAYMENT METHOD

I enclose the following (please tick): Cheque for full amount Please debit my Mastercard/Visa

My number is Expiry Date ___/___

Security Number (The last three numbers on the signature strip): _____

DECLARATION

I/we consent to the information on this form and on any claim I/we may make being supplied to IDS Limited so that it can be made available to other insurers. I/we also agree that in response to any searches you make in connection with this application or any claim IDS may supply it has received from other Insurers about other claims I/we have had. **Please note insurance companies share and exchange certain information with each other to prevent fraudulent claims.**

Signature of proposer Date ___/___/___

YOU ARE NOT REQUIRED TO DISCLOSE CONVICTIONS REGARDED AS SPENT BY VIRTUE OF THE REHABILITATION OF OFFENDERS ACT 1974
 To the best of my knowledge and belief the information provided in connection with this proposal form whether in my own hand or not is true and I have not withheld any material facts. Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose do not hesitate to tell us or your insurance broker or adviser. We suggest you keep a record including copies of letters for your future reference of any additional information given. Making sure we are informed is for your protection as failure to disclose may mean that your insurance will not provide you with the cover you require or may perhaps invalidate your insurance altogether. We reserve the right to decline any proposal or to impose special terms.