

Household Insurance Application Form

Only available for homes in England, Scotland, Wales, the Channel Islands or the Isle of Man.

The following questions are to enable the Company to assess the risk. All relevant facts must be disclosed. Failure to do so may result in the policy being inoperative. Relevant facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is relevant it should be disclosed. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. We will supply a copy of this completed application form on request within three months of completion. A specimen policy is also available.

Please complete in **BLOCK CAPITALS** throughout and tick the boxes as appropriate.

APPLICANT DETAILS

Applicant(s)

Title _____ First Names _____ Surname _____

Title _____ First Names _____ Surname _____

Address of property to be insured _____

_____ Post Code _____

You

Date of Birth _____ Daytime Tel. No. _____

Occupation (please give full details) _____

Employers business (including Self Employed) _____

Your spouse/partner

Date of Birth _____ Daytime Tel. No. _____

Occupation (please give full details) _____

Employers business (including Self Employed) _____

Date cover is to commence _____

NB (i) Cover will not commence until this application has been accepted by the Company.

(ii) Certain risks may be subject to security requirements and a survey

GENERAL QUESTIONS

1.a. Is your home a: House Bungalow Flat Maisonette Mansion

b. If a house of bungalow is it: Detached Semi Detached Terraced

c. Age of property Pre 1920 1920-1945 1946-1979 1980-1989 1990 to date

d. Is the property a listed building? Yes No

If 'yes' please advise what type of listing _____

e. Please state the number of bedrooms _____

(N.B. A bedroom means a room used as a bedroom, or originally intended to be a bedroom but used for another purpose)

GENERAL QUESTIONS continued

2. Have you or any member of your family normally residing with you:-

- a. Sustained any loss, damage or liability during the last 5 years, in connection with your home, its contents or portable possessions including losses away from home, whether insured or not? Yes No
- b. Had any insurance declined or cancelled or special terms imposed? Yes No
- c. Ever been convicted of, received a police caution for or charged with but not yet tried for, any offence other than a driving offence? Yes No

3.a. Has any part of the property ever been affected by movement of any kind, for example subsidence heave, landslip or settlement?

Yes No

b. Has the property been underpinned or provided with other means of structural support?

Yes No

c. Is the property on a site which has suffered from flooding at any time in the last 10 years?

Yes No

d. Is the property, because of its position, vulnerable to damage by storm or flood?

Yes No

4. Is your home:-

i) regularly occupied at night except for normal holidays? Yes No

ii) self contained having its own separate lockable front door under your control? Yes No

iii) occupied solely by you and your family for private residential purposes? Yes No

iv) a weekend or holiday home? Yes No

v) built of brick, stone, or concrete and roofed with slates, tiles, concrete, asbestos or metal and maintained in a good state of repair? Yes No

vi) flat roofed? Yes No

If 'Yes' please state what percentage of your home is flat roofed

%

vii) used in connection with any business or profession? Yes No

viii) in a Neighbourhood Watch Scheme? Yes No

5. Are you now or have you previously been insured in respect of any of the risks to which this application applies?

Yes No

If 'Yes' please advise the name of insurer

and the Policy No:

NB. If you have ticked any of the shaded boxes please give full details on a separate sheet.

BUILDINGS

Buildings cover required?

Yes No

a. Sum insured (Minimum £35,000) £

b. Does the sum insured represent the full cost of rebuilding as new including architects', surveyors' consulting engineers', and legal fees, removal of debris and the costs of meeting local authority requirements? Yes No

c. Type of cover required Standard cover Standard cover plus accidental damage

d. Other interested parties (e.g. mortgage lender, lessor, etc.).

Name

Address

Post Code

Nature of Interest

Roll No. or Mortgage No.

CONTENTS

Contents cover required?

Yes No

- a. Sum insured (Minimum £15,000) £
- b. Does the sum insured represent the full replacement cost of property insured by this section (less wear and tear on household linen & clothing)? Yes No
- c. Does the total amount of valuables* exceed $\frac{1}{3}$ of the contents sum insured? Yes No
- d. If yes state the total amount of valuables* £
- e. If any item of valuables* exceeds £1,500 please list below. Current valuations or other evidence of value will be required

Description	Valuation Date	Value
		£
		£

If necessary please continue on a separate sheet.

NB. VALUABLES are jewellery, articles of precious metal, clocks, watches, furs, pictures, works of art, stamp, coin or medal collections.

- f. Type of cover required Standard cover Standard cover plus accidental damage

PERSONAL BELONGINGS (whilst in & away from the home)

Personal belongings cover required?

Yes No

If 'Yes' complete the following:

- a. Valuables, clothing and portable possessions (Minimum £1,500) £
Unspecified this sum should represent the amount of such property you are likely to take away from the home at any one time eg. holidays.
- b. Specified items (i.e. those exceeding £1,500). Current evidence or valuations will be required

Description	Valuation Date	Value
		£
		£

If necessary please continue on a separate sheet.

PEDAL CYCLES

Personal belongings cover required?

Yes No

If 'Yes' complete the following:

Description	Valuation Date	Value
		£
		£

If necessary please continue on a separate sheet.

LEGAL EXPENSES

Cover is automatically provided up to £50,000

DECLARATION

I/We understand that you will pass the 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 incidents involving anyone insured under the policy. I/We understand that you may ask for information from other insurers to check the answers I/We have provided.

I/We confirm that as far as I am/We are aware the statements made by Me/Us or on My/Our behalf in connection with this insurance are true and complete. I/We agree to accept a policy in the Company's usual form for this class of business.

Signature of all Applicants

Date

Please return to: **South Essex Insurance Brokers Ltd, South Essex House, North Road, South Ockendon, Essex RM15 5BE**
E-Mail: enquiries@seib.co.uk Website: www.seib.co.uk

South Essex Insurance Brokers Ltd. are authorised and regulated by the Financial Services Authority.