

Proposal Form for Unoccupied Property Insurance



IMPORTANT PLEASE READ

When completing this form, please use BLOCK CAPITALS and fill in all relevant sections, providing additional information where necessary. Failure to complete all relevant sections of this form fully may result in us being unable to provide terms for your site and if necessary, incomplete forms may be returned.

This Statement of Fact is a record of the information, assumptions and material facts advised to Insurers upon which the acceptance of the proposal and the calculation of the premium are based and which form the basis of the contract between you and the Insurers.

You should ensure that all information provided by you is accurate and true to the best of your belief and if any if there are any other material facts you need to disclose you should advise us immediately. Failure to do so could invalidate your policy or result in a claim being repudiated. A material fact is one which an insurer would regard as likely to influence their assessment and acceptance of this insurance. If you are in any doubt whether any information is relevant this should be declared.

General Information			
Insured			
Date of Birth			
Occupation			
Correspondence Address			
Postcode			
Telephone Number		Mobile	
Fax		Email	
Address of property to be insured			
Postcode			
What type of property is it?			

Proposal Form for Unoccupied Property Insurance

Please return completed form to:-

Expert Insurance Group Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479

w: www.ictinsurance.com t: 01825 745 410 e: enquiries@ictinsurance.com

Expert Insurance Group is a trading style of Affinity Select Insurance Services Limited

Authorised & regulated by the Financial Services Authority Registered in England No 3565404

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How many bedrooms are in the property?			
What is the construction of the walls?			
What is the construction of the roof?			
What proportion of your roof is flat?			
Is the property listed? If yes please give details	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What is the approximate year of construction?			
When did you first purchase the property?			
Is the property undergoing renovation or refurbishment? If yes please give full details	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are the renovation/refurbishment being undertaken by a contractor? If yes please give full details	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for planning permission? If yes please give details of the council that granted permission along with the planning application number	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What is the total cost of the renovations?			
When would you like the cover to start?			
When did the property become unoccupied?			

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What type of cover is required?	Buildings		Buildings and Contents	
What building sum insured is required?				
What contents sum insured is required?				

Have You:

Ever been refused property insurance or had any special terms imposed by any insurer?

Yes No

Ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind?

Yes No

Ever been declared bankrupt or been the subject of bankruptcy proceedings or have been the subject of any voluntary or mandatory resolution?

Yes No

Ever been prosecuted or received notice of intended prosecution under Health & Safety at Work Act 1974 or the Consumer Protection Act 1987?

Yes No

Sustained loss in the last 5 years, or had a claim made against you whether insured or otherwise, in connection with the insurance for which cover is required?

Yes No

If you have answered "Yes" to any of the above questions, or you are aware of any facts that might be relevant please provide details in the Additional Information box and/or a separate sheet if required.

Additional Information

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I/we declare that to the best of my/our knowledge and belief, the information I/we have given is correct and complete in every detail and I/we have not withheld any material fact.

I/we understand that the signing of this form does not bind us to effecting insurance but agree that should a quotation for a new development or housing unit be accepted that this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter.

Signed

Name

.....

Date

.....

For and on behalf of

.....

Please note documents supplied to Underwriters will be scanned and originals will not be returned unless clearly stated.

Please return this form to: The Expert Insurance Group Horsted Square Bellbrook Business Park Uckfield East Sussex TN22 1QG

T: 01825 745 410 F: 01825 E: enquiries@jctinsurance.com W: www.jctinsurance.com

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