

Important Information

This form is designed to capture the information on which the contract of insurance will be based.

Disclosure

All information you provide must be true and correct to the best of your knowledge and belief. Any information that is likely to influence insurers in the assessment or acceptance of your application must be disclosed. If you are in doubt as to whether a fact is relevant you must disclose it

On completion, please return to :

Sennocke International Insurance Services Ltd, Anton House, South Park, Sevenoaks, Kent, TN13 1EB.

Section 1 – Proposer Details

Title _____ First Name _____ Surname _____
Date of Birth _____ Occupation _____

Section 2 – Joint Proposer Details

Title _____ First Name _____ Surname _____
Date of Birth _____ Occupation _____

Section 3 – Risk/ Correspondence Address

Address of the premises to be insured _____
Town/ City _____ Post Code _____
Correspondence Address _____
Town/ City _____ Post Code _____

Section 4 – Previous History

Have you or any permanent member of your household (please tick all that are relevant)

Ever had a proposal for insurance declined?	<input type="checkbox"/>	Ever had special terms or conditions imposed?	<input type="checkbox"/>
Ever had renewal refused?	<input type="checkbox"/>	Ever been convicted for any non-motor criminal offences?	<input type="checkbox"/>
Ever had an insurance cancelled or declared void?	<input type="checkbox"/>	Been cautioned for or charged but not yet tried for any non-motor offences?	<input type="checkbox"/>

If you have 'ticked' any boxes above, please give further details in Section 13, Additional Information.

Section 5 – Claims History

If you or anyone whose property is to be insured has sustained any loss, damage, or liability for any events that you wish to insure against, whether insured or not, in the last 5 years, please give details:

Date	Type of Claim/ Loss or Damage	Cost
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____

Section 6 – Premises Details

Property Type

Detached Semi-Detached

Terraced Semi-Detached Bungalow

Flat (Purpose Built) Flat (Conversion)

Bungalow

Number of Bedrooms

Residence

Main Second Home

Holiday Home Let

Listed (if any of the buildings are listed)

1 A

2 B

2*

Year Built _____

Mortgagee/ Interested Party Details _____

Address _____

Town/ City _____ Post Code _____

Section 6 – Premises Details

Continued

Is the property to be insured and its outbuildings:

Built of brick, stone or concrete and roofed with slates, tiles, asphalt, metal or concrete?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any flat roofs the area of which exceeds 25% of the total roof area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Free from and in an area historically free from flooding, subsidence, heave, landslip or costal or river erosion?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Is the property to be insured:

Occupied by anyone other than you and your family e.g resident domestic staff, lodgers, tenants or holidaymakers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Used for business or professional purposes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A second or holiday home for your own use?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regularly left unattended for more than 30 consecutive days at any time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have 'ticked' any boxes above, please give further details in Section 13, Additional Information.

Section 7 – Security

Please tick if;

All accessible windows, fanlights and skylights are fitted with key operated locks	<input type="checkbox"/>
All final exit doors are fitted with at least 5 lever mortise deadlocks	<input type="checkbox"/>

If the property does not comply with the above security please give details of alternative security below:

If there is an Alarm or Safe installed at the premises, please complete below:

Signalling

Audible	<input type="checkbox"/>	Dualcom Plus	<input type="checkbox"/>	Central Station	<input type="checkbox"/>
Digital Communication	<input type="checkbox"/>	Police Direct Line	<input type="checkbox"/>	Redcare GSM	<input type="checkbox"/>
PAKNET	<input type="checkbox"/>	Redcare	<input type="checkbox"/>		
Intruder Alarms					
NSI NACOSS Approved and Maintained		<input type="checkbox"/>	Not Accredited	<input type="checkbox"/>	
SSAIB Approved and Maintained		<input type="checkbox"/>			

If there is a safe installed at the property please provide details below:

Section 8 – Buildings Insurance

Building Sum Insured (*full rebuilding cost of the property*) £ _____

Building Deductible (*the amount of the first part of the loss you wish to bear*) £ _____

Additional Covers (Sum Insured)

Outbuildings £ _____ Other £ _____

Section 9 – Contents Insurance

Contents Sum Insured (*the cost to replace items at current prices*)
(*Excluding Fine Art/ Gold, Silver and Plate and Personal Possessions*) £ _____

Contents Deductible (*the amount of the first part of the loss you wish to bear*) £ _____

Section 10 – Fine Art

Sums Insured (the cost to replace items at current prices)

Unspecified Fine Art and Antiques £ _____

Unspecified Gold and Silver Plate £ _____

Specified Fine Art (*Please only specify items that exceed £5,000 in value*)

Item	Location	Description	Sum Insured
_____	_____	_____	£ _____
_____	_____	_____	£ _____
_____	_____	_____	£ _____
_____	_____	_____	£ _____
_____	_____	_____	£ _____

Section 11 – Personal Possessions

Sums Insured (the cost to replace items at current prices)

Unspecified Personal Possessions (excluding jewellery and watches) £ _____

Unspecified Jewellery and Watches £ _____

Specified Personal Possessions (*Please only specify items that exceed £5,000 in value*)

Item	Location	Description	Sum Insured
_____	_____	_____	£ _____
_____	_____	_____	£ _____
_____	_____	_____	£ _____
_____	_____	_____	£ _____
_____	_____	_____	£ _____

Section 12 – Additional Covers

Travel Insurance (cover for all members of your household permanently living with you up to the age of 65)

Please tick, if required

Annual Worldwide Travel Insurance including 17 days of Winter Sports

Section 13 – Additional Information

Section 15 – Declaration

I/We declare that the information given in this proposal form and any supplementary questionnaire was (whether completed by me/us or not) is, to the best of my/our knowledge and belief, correct and complete and that I/we have read the note headed "Disclosure".

I/We understand that the signing of this proposal form and any supplementary questionnaires does not bind me/us to complete the insurance and that the insurance will not be in force until the proposal has been accepted by Sennocke Private Clients.

By signing this declaration I/We agreed to my/our personal details and those of any persons to be insured being passed to subscribing insurers (or anyone acting on their behalf) solely for the purpose of underwriting, administration and claims handling of any policies issued following my/our completion of this proposal form.

Signature(s) of Proposer(s)

Date
