



**COPELAND
INSURANCE**

PROPERTY PROTECTION RESIDENTIAL PROPOSAL

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS

PROPOSER

1st INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

OCCUPATION:

DATE OF BIRTH:

2nd INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

OCCUPATION:

DATE OF BIRTH:

HOME ADDRESS:

POSTCODE:

TELEPHONE:

PROPERTY TO BE INSURED

RISK ADDRESS:

POSTCODE:

Is the Property divided into bed-sits? (i.e. cooking facilities in the bedrooms)

Yes No

Which of the following is your property used as at present:

A) Holiday Home B) Holiday Let Home C) Second Home D) Let Property E) Unoccupied Property
(If **Yes** Answer questions E1, E2 and E3)

F) Student Let G) DSS LET

(If **Yes** Answer questions G1 and G2)

E1) Is your property undergoing any refurbishment or renovation?

Yes No

If Yes, please provide details of works to be carried out:

E2) Please state your intentions for this property in the next 12 months

E3) Has your property ever been used for commercial purposes? (i.e. shop or office)

Yes No

If Yes, please provide details:

G1) Is your property let to one person or family only? (i.e. Not multi-tenure)

Yes No

If No, please provide details:

G2) Is the Tenancy Agreement between Yourself and the Tenant only?

Yes No

If No, please provide details:

1) Approximately when was the property built?

Date property

purchased:

2) Is the Property: Detached / Semi / Terraced / Bungalow / Flat / Other (Specify)

3) If a Flat, is it: A) Self Contained with its own lockable entrance?

Yes No

B) Purpose built?

Yes No

In a converted

Yes No

property?

4) Is the Property listed or of Historic value?

Yes No

If **Yes** Please provide details

DATE OF COVER		
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SUM INSURED

1) **BUILDINGS SUM INSURED** £

Please state any Mortgage or other Financial Institution that requires to be named on the Policy:

2) **CONTENTS SUM INSURED** £

Replacement Value as New

3) Any Other (Agreed) Sum Insured:

Description	Amount £
<input style="width:90%;" type="text"/>	<input style="width:100%;" type="text"/>

SECURITY [Please give as much description as possible]

4) Types of Locks on all external doors?

5) Types of Windows Locks (i.e. Key operated or catch etc)

6) Any other Protection?

ABOUT THE PROPERTY

Is the Property to be Insured:

7) Built of Standard Construction (i.e. Brick, Stone or Concrete and roofed with Slate, Tiles, Concrete or Asphalt)? **Yes** **No**

If No, please provide details:

8) In a Good State of Repair and being Maintained as such? **Yes** **No**

If No, please provide details:

9) Free from Flooding and not in an area susceptible to flooding? **Yes** **No**

If No, please provide details:

10) Free from signs of damage due to Subsidence, Landslip or Heave and not in an area where there has been, or is evidence of these causes? **Yes** **No**

If No, please provide details:

11) Being monitored for Subsidence, Landslip or Heave, or has it ever been? **Yes** **No**

If Yes, please provide details:

12) Neighbouring a property which has been subject to occurrence of Subsidence, Landslip or Heave? **Yes** **No**

If Yes, please provide details:

13) Been extended within the last 25 years? **Yes** **No**

If Yes, please provide details:

14) Within 20 feet of any tree or shrub over 10 feet tall? **Yes** **No**

If Yes, please provide details:

15) Does any part of your property have a flat roof?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details, including the approximate percentage and construction of the flat roof	
16) To be demolished in whole or in part?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details:	
17) Does the property have boarded windows?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details:	
18) Have you applied for planning permission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details:	

PREVIOUS INSURANCE

19) Name of Previous Insurer:	
20) Date of Expiry	
21) Has any Insurer declined to accept, Cancelled, Refused to Continue or Agreed to Continue only on special Terms, any Insurance for the Proposer or any other person to whom this Insurance would apply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please give details:	
22) Have you or any other person whose property is to be insured hereunder sustained any loss or damage in the last five years which would have been covered by this type of Insurance had it been in force, whether or not a claim was paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes Please give details as follows:	
23) Have you or any person residing with you ever been convicted of Arson or any Criminal Offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please give details:	

DECLARATION

To the best of my knowledge and belief the information provided in connection with this Proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle underwriters to void the Insurance. (NB. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters). If you are in any doubt as to whether a fact is material or not you must disclose it to us.

Signature: _____ Date: _____

Agent Stamp	Office Use Only Policy Number: Client Ref: Area: Annual Premium Information
	Underwritten by: _____ Date: _____