



ANDREW COPELAND INSURANCE

# ACI Home Home Insurance Proposal Form

You must take care in answering all the following questions which are relevant to us in providing this insurance and setting the terms and the premium. Please contact us if you do not understand the question or the nature of the information required or please seek guidance from your broker. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or other remedies.

## YOU THE PROPOSER

Proposer's full name(s) Mr/Mrs/Miss/Ms/Other

Your spouse's, civil or business partner(s) full name(s) Mr/Mrs/Miss/Ms/Other

Correspondence address

Postcode

Daytime telephone number  Evening telephone number

Address of the property to be insured if different from the above

Postcode

Please fully describe your occupation(s) and type of work, including any part time work (eg "Sales Manager of an advertising firm" not just "Manager")  
You

Your spouse's, civil or business partner(s)

Your date of birth  Your spouse's, civil or business partner(s)

Insurance to commence from  for 12 months

## ABOUT YOUR INSURANCE HISTORY

1. Have you or anyone who normally lives in the home to be insured:

	Yes	No
a) had any insurance declined, cancelled, declared "void" or had any terms or conditions imposed?	<input type="checkbox"/>	<input type="checkbox"/>
b) been convicted, charged or received a Police caution for any offence or have any prosecution pending (other than a motoring offence)?	<input type="checkbox"/>	<input type="checkbox"/>
c) had any County Court judgements made against you (or have any outstanding) or been declared bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
d) held any previous insurance?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please give details below, including the insurer name and policy expiry date. If No (or if there has been a break in cover of more than three months), please provide an explanation below.

e) had any loss or claim in the past five years, even if you were not insured at the time? If you have suffered any loss or damage by theft in the past five years, please give full details below of all security or precautions undertaken to prevent similar losses in the future.

## ABOUT THE PROPERTY TO BE INSURED

	Yes	No		Yes	No
1. Is the home:			b) occupied as your permanent residence solely by you and members of your family?	<input type="checkbox"/>	<input type="checkbox"/>
a) a house?	<input type="checkbox"/>	<input type="checkbox"/>	c) ever to be left unoccupied for more than 30 days in a row?	<input type="checkbox"/>	<input type="checkbox"/>
b) a bungalow?	<input type="checkbox"/>	<input type="checkbox"/>	d) to be used as a holiday home by you/your family/friends?	<input type="checkbox"/>	<input type="checkbox"/>
c) a maisonette?	<input type="checkbox"/>	<input type="checkbox"/>	e) to be used as a holiday let?	<input type="checkbox"/>	<input type="checkbox"/>
d) a flat?	<input type="checkbox"/>	<input type="checkbox"/>	f) used in any part for business, trade or profession?	<input type="checkbox"/>	<input type="checkbox"/>
e) other?	<input type="checkbox"/>	<input type="checkbox"/>	i) if YES, is the work of a clerical nature?	<input type="checkbox"/>	<input type="checkbox"/>
2. If the home is a house or bungalow, is it:			ii) if you have business callers to your home, what is the max no of visitors per week?	<input type="text"/>	
a) detached?	<input type="checkbox"/>	<input type="checkbox"/>	iii) do you require cover for business equipment? (if YES, please give details and values in the additional info box)	<input type="checkbox"/>	<input type="checkbox"/>
b) semi-detached?	<input type="checkbox"/>	<input type="checkbox"/>	g) to be occupied by boarders or lodgers? (If YES, please confirm the max no of lodgers or boarders staying at any one time).	<input type="checkbox"/>	<input type="checkbox"/>
c) terraced?	<input type="checkbox"/>	<input type="checkbox"/>	h) to undergo any building/renovation or refurbishment works? (If YES, please provide details, cost and expected duration of works in the additional info box)	<input type="checkbox"/>	<input type="checkbox"/>
3. If the home to be insured is a flat or maisonette, is it:			i) have you applied or intend to apply to the local authority for planning permission? If YES, please give details including the planning application reference – where known).	<input type="checkbox"/>	<input type="checkbox"/>
a) in a purpose built block?	<input type="checkbox"/>	<input type="checkbox"/>	11. If you are a tenant, is the home:		
b) in a converted building?	<input type="checkbox"/>	<input type="checkbox"/>	a) rented furnished?	<input type="checkbox"/>	<input type="checkbox"/>
c) ground floor or basement?	<input type="checkbox"/>	<input type="checkbox"/>	b) rented unfurnished?	<input type="checkbox"/>	<input type="checkbox"/>
4. How long have you owned the home?	<input type="text"/>		c) Local Authority owned?	<input type="checkbox"/>	<input type="checkbox"/>
5. In what year approximately was your home built?	<input type="text"/>		d) Housing Association owned?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many bedrooms are there in the home?	<input type="text"/>		e) leased under a tenancy agreement for at least six months?	<input type="checkbox"/>	<input type="checkbox"/>
7. How many people normally occupy the home?	<input type="text"/>		12. Are you aware of any history of subsidence, landslip, heave or at the home or within 50 metres of the home?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the home built entirely of brick, stone or concrete (but not pre-fabricated walls or panels) and roofed with slates, tiles, concrete or felt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Are you aware of any history of flooding at the home or within 50 metres of the home?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is more than 30% of the total roof area flat and felt covered? (If YES please confirm the %)	<input type="checkbox"/>	<input type="checkbox"/>	14. Is the home within 200 metres of a river, a watercourse, the sea, a cliff, lake, reservoir, quarry or other excavation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the home to be insured:					
a) in a good state of repair and will it be properly maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

If you have ticked ANY of the shaded boxes, please provide full details on a separate sheet of paper. If providing details of losses or claims and previous insurance, please ensure you include the names of the insurer(s) and full details of the losses or claims, including the date, circumstances and amount of each loss or claim.

**BUILDINGS – MINIMUM SUM INSURED £50,000 (Complete this section if you wish to insure your buildings)**

- |  |  |                          |            |           |  |                          |                          |   |                          |                          |  |                          |                          |   |                          |                          |   |                          |                          |
|--|--|--------------------------|------------|-----------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <p>1. Please enter the amount to be insured: £ <input style="width: 150px;" type="text"/></p> <p><b>This amount should include the garage and all outbuildings and represent the full cost of reconstruction in their present form plus an amount for demolition costs, architects' and surveyors' fees.</b></p> | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> <tr> <td>6. Have the buildings been underpinned or provided with other means of structural support?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>7. Have the buildings been monitored or are they currently being monitored for subsidence, heave or landslip?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>8. Have the buildings been the subject of a valuation or survey which mentions settlement, movement or structural defect? If Yes, please send a copy with this form.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9. Have you previously been refused or had terms applied for insurance against subsidence, heave or landslip?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>10. Are there any diagonal cracks or bulges in the internal or external walls of the buildings?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                          | <b>Yes</b> | <b>No</b> | 6. Have the buildings been underpinned or provided with other means of structural support? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have the buildings been monitored or are they currently being monitored for subsidence, heave or landslip? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Have the buildings been the subject of a valuation or survey which mentions settlement, movement or structural defect? If Yes, please send a copy with this form. | <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you previously been refused or had terms applied for insurance against subsidence, heave or landslip? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are there any diagonal cracks or bulges in the internal or external walls of the buildings? | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>Yes</b>   | <b>No</b>                |            |           |  |                          |                          |   |                          |                          |  |                          |                          |   |                          |                          |   |                          |                          |
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| 7. Have the buildings been monitored or are they currently being monitored for subsidence, heave or landslip?  | <input type="checkbox"/>   | <input type="checkbox"/> |            |           |  |                          |                          |   |                          |                          |  |                          |                          |   |                          |                          |   |                          |                          |
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|--|--------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|------------|-----------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <p>2. Do you wish to increase the £100 standard excess? <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">£</td><td style="width: 40px;"></td></tr></table></p> <p>3. Do you wish to include Accidental Damage cover? (An increased premium and a £150 excess will apply.) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 40px;"></td></tr></table></p> <p>4. Is the property a listed building? If Yes, please confirm grading. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 40px;"></td></tr></table></p> <p>5. Does anyone else have a financial interest in this building, such as a bank or building society? If Yes, please give details, including the address, mortgage account or roll number. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 40px;"></td></tr></table><br/>Please tick if a duplicate schedule is required for the lender. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 40px;"></td></tr></table></p> | £                        |                          |  |  |  |  |  |  |  |  | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> <tr> <td>2. Do you wish to increase the £100 standard excess?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Do you wish to include Accidental Damage cover? (An increased premium and a £150 excess will apply.)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Is the property a listed building? If Yes, please confirm grading.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Does anyone else have a financial interest in this building, such as a bank or building society? If Yes, please give details, including the address, mortgage account or roll number. Please tick if a duplicate schedule is required for the lender.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |  | <b>Yes</b> | <b>No</b> | 2. Do you wish to increase the £100 standard excess? | <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you wish to include Accidental Damage cover? (An increased premium and a £150 excess will apply.) | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the property a listed building? If Yes, please confirm grading. | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does anyone else have a financial interest in this building, such as a bank or building society? If Yes, please give details, including the address, mortgage account or roll number. Please tick if a duplicate schedule is required for the lender. | <input type="checkbox"/> | <input type="checkbox"/> |
| £  |                          |                          |  |  |  |  |  |  |  |  |  |  |            |           |  |                          |                          |   |                          |                          |   |                          |                          |  |                          |                          |
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|  | <b>Yes</b>               | <b>No</b>                |  |  |  |  |  |  |  |  |  |  |            |           |  |                          |                          |   |                          |                          |   |                          |                          |  |                          |                          |
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**If you have ticked ANY of the shaded boxes, please provide full details on a separate sheet of paper. If providing details of losses or claims and previous insurance, please ensure you include the names of the insurer(s) and full details of the losses or claims, including the date, circumstances and amount of each loss or claim.**

**CONTENTS – MINIMUM SUM INSURED £15,000 (Complete this section and the Home Protection Questions if you wish to insure your contents)**

- |  |   |                          |            |           |  |                          |                          |
|--|---|--------------------------|------------|-----------|--|--------------------------|--------------------------|
| <p>1. Please enter the amount to be insured: £ <input style="width: 150px;" type="text"/></p> <p><b>This amount should include all items contained in the home and represent the full cost of replacing them as new with the exception of clothing, household linen and pedal cycles where a deduction should be made for wear and tear.</b></p> | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> <tr> <td>5. Does any single item of valuables* (including pairs or sets) exceed £3,000? If Yes, please list the items and their value below.<br/>* See the definition of Valuables</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |                          | <b>Yes</b> | <b>No</b> | 5. Does any single item of valuables* (including pairs or sets) exceed £3,000? If Yes, please list the items and their value below.<br>* See the definition of Valuables | <input type="checkbox"/> | <input type="checkbox"/> |
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- |  |                          |                          |  |  |  |  |   |  |            |           |  |                          |                          |   |                          |                          |   |                          |                          |
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| £  |                          |                          |  |  |  |  |   |  |            |           |  |                          |                          |   |                          |                          |   |                          |                          |
|  |                          |                          |  |  |  |  |   |  |            |           |  |                          |                          |   |                          |                          |   |                          |                          |
|  |                          |                          |  |  |  |  |   |  |            |           |  |                          |                          |   |                          |                          |   |                          |                          |
|  | <b>Yes</b>               | <b>No</b>                |  |  |  |  |   |  |            |           |  |                          |                          |   |                          |                          |   |                          |                          |
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**HOME PROTECTION QUESTIONS (These MUST be answered if contents insurance has been requested)**

If you have any doubt as to the nature of the locks on your doors and windows, please refer to your insurance adviser or a locksmith.

- |   |                          |                          |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
|---|--------------------------|--------------------------|-----------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--|------------|-----------|---|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> <tr> <td>1. Are the external doors to the home secured by five lever mortise deadlocks that conform to British Standard 3621?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Do all the external doors except the door you normally leave by have key operated security bolts at the top and bottom of each opening leaf, as well as the locks referred to Q1 above?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Are all of the ground and basement windows and other easily accessible* windows secured by key operated window locks or screwed permanently shut? (* without the use of a ladder)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Do you have an intruder alarm fitted to the home? If Yes:<br/>a) Was the system installed by a registered member of the National Security Inspectorate (NSI) such as NACOSS, Integrity 2000 or AISC?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                          | <b>Yes</b>               | <b>No</b> | 1. Are the external doors to the home secured by five lever mortise deadlocks that conform to British Standard 3621? | <input type="checkbox"/> | <input type="checkbox"/> | 2. Do all the external doors except the door you normally leave by have key operated security bolts at the top and bottom of each opening leaf, as well as the locks referred to Q1 above? | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are all of the ground and basement windows and other easily accessible* windows secured by key operated window locks or screwed permanently shut? (* without the use of a ladder) | <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have an intruder alarm fitted to the home? If Yes:<br>a) Was the system installed by a registered member of the National Security Inspectorate (NSI) such as NACOSS, Integrity 2000 or AISC? | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> <tr> <td>b) Is the system currently maintained under an annual maintenance contract with a member of NACOSS, Integrity 2000 or AISC?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) Is the alarm bells only?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d) Is the alarm monitored by a central station?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e) Have the Police ever advised you that they will not respond to an alarm call at your home?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Is there a safe installed in the home? If Yes, please supply the make, model and type (ie wall or underfloor) and the cash rating.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |  | <b>Yes</b> | <b>No</b> | b) Is the system currently maintained under an annual maintenance contract with a member of NACOSS, Integrity 2000 or AISC? | <input type="checkbox"/> | <input type="checkbox"/> | c) Is the alarm bells only? | <input type="checkbox"/> | <input type="checkbox"/> | d) Is the alarm monitored by a central station? | <input type="checkbox"/> | <input type="checkbox"/> | e) Have the Police ever advised you that they will not respond to an alarm call at your home? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Is there a safe installed in the home? If Yes, please supply the make, model and type (ie wall or underfloor) and the cash rating. | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <b>Yes</b>               | <b>No</b>                |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 1. Are the external doors to the home secured by five lever mortise deadlocks that conform to British Standard 3621?  | <input type="checkbox"/> | <input type="checkbox"/> |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 2. Do all the external doors except the door you normally leave by have key operated security bolts at the top and bottom of each opening leaf, as well as the locks referred to Q1 above?  | <input type="checkbox"/> | <input type="checkbox"/> |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 3. Are all of the ground and basement windows and other easily accessible* windows secured by key operated window locks or screwed permanently shut? (* without the use of a ladder)  | <input type="checkbox"/> | <input type="checkbox"/> |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
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|   | <b>Yes</b>               | <b>No</b>                |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| b) Is the system currently maintained under an annual maintenance contract with a member of NACOSS, Integrity 2000 or AISC?   | <input type="checkbox"/> | <input type="checkbox"/> |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| c) Is the alarm bells only?   | <input type="checkbox"/> | <input type="checkbox"/> |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| d) Is the alarm monitored by a central station?   | <input type="checkbox"/> | <input type="checkbox"/> |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| e) Have the Police ever advised you that they will not respond to an alarm call at your home?   | <input type="checkbox"/> | <input type="checkbox"/> |           |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |            |           |   |                          |                          |                             |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
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**PERSONAL ITEMS (This is only available if contents insurance has been chosen)**

This section will provide cover for items while outside your home. Please state the amount to be insured in the appropriate box(es) which should represent the maximum amount taken out of the home at any one time. Any item over £1,500 should be specified. \* See the definition of Valuables

- |  |   |  |   |  |  |
|--|---|--|---|--|--|
| <p>1. Unspecified valuables*, clothing and personal belongings (Minimum amount £1,500; maximum value any item £1,500) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">£</td><td style="width: 100px;"></td></tr></table></p> <p>2. Pedal cycles (maximum any one cycle £1,000 UNLESS SPECIFIED) (Please provide the serial numbers of all cycles over £1,000 and details of where kept at the home) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">£</td><td style="width: 100px;"></td></tr></table></p> | £ |  | £ |  | <p>3. Specified items<br/>Any item over £10,000 MUST be supported by a recent purchase receipt or a valuation not more than three years old. NO COVER WILL BE IN FORCE unless such supporting documents are provided. Continue on a separate sheet if necessary.</p> |
| £  |   |  |   |  |  |
| £  |   |  |   |  |  |

Make	Model	Serial Number	Value £

Item description	Value £
1	
2	
3	

\* Valuables – this refers to jewellery, watches, furs, articles made of gold, silver and other precious metals, gemstones, photographic equipment, pictures and other works of arts, and guns.



ANDREW COPELAND INSURANCE

**DATA PROTECTION**

The details you have provided will be used to process your request in accordance with the Data Protection Act 1998 and other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes. Your data may also be processed outside the European Economic Area. In all instances, we take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling, it may be necessary to pass your information to carefully selected third parties and other Group companies. By proceeding with this application, you signify your consent to such information being processed in this way.

If you have any queries, please contact Andrew Copeland Insurance, 230-234 Portland Road, London, SE25 4SL. Tel: +44 208 656 2544 Email: info@acopeland.com

**DECLARATION**

**DECLARATION** I/We declare that the information disclosed on this proposal, is to the best of my/our knowledge and belief both accurate and complete. I/We have taken care not to make any misrepresentation in the disclosure of this information and understanding that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged. I/We also declare that if any details or answers on this form have been computer generated or written by another person, that person has acted as my/our agent.

**PROPOSER'S SIGNATURE**

**DATE**

**SPOUSE/CO-PROPOSER/  
PARTNER'S SIGNATURE(S)**

**DATE**

**OFFICE USE ONLY  
UNDERWRITTEN BY**

**DATE**

**PLEASE USE THE SPACE BELOW TO SUPPLY FULL DETAILS WHERE YOU HAVE TICKED ANY OF THE SHADED BOXES**

Use a separate sheet if necessary.