



ANDREW COPELAND INSURANCE

Europlan Overseas Property Insurance

PLEASE ANSWER ALL QUESTIONS IN FULL
AND IN BLOCK CAPITALS

PROPOSER

1st INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

DATE OF BIRTH:

2nd INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

DATE OF BIRTH:

HOME ADDRESS:

POSTCODE:

EMAIL:

TELEPHONE:

MOBILE:

PROPERTY TO BE INSURED

RISK ADDRESS:

FISCAL CODE

(Italy only)

TELEPHONE:

Preferred Commencement Date:

PROPOSERS DETAILS

Clients Occupation/Business

NOTE: Please indicate the nature of business. It is not sufficient to state Company Director

Nationality of Proposer:

Have you or any other person living with you ever been convicted of any criminal offence e.g. fraud, theft, handling stolen goods?

Do you or any person living with you have any criminal prosecutions pending (apart from motoring offences)?

Have you or any other person who has an interest in this policy had any insurance declined, cancelled, declared void or had any special terms imposed?

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Page 1 of 5 V1

RISK DETAILS	
1. Are the premises an Apartment, House or Villa? If an apartment – on what floor is the apartment? – self contained – does it have a basement, cellar or other storage area? – located above any commercial premises? If yes please give details:	
2. Is the property to be insured - A permanent residence for use by you or your family? - A holiday home used by you and your family? - A holiday home that is let out?	
3. Are the premises of brick, stone or concrete construction with slate or tiled roof? If not state construction of building and roof:	
4. Are the buildings in a good state of repair?	
5. What is the age of building? Date built?	
6. Number. of bedrooms:	
7. State whether the building has a resident porter or non – resident porter:	
8. Is the property undergoing or is to undergo any refurbishment renovation or building works? If YES please provide the following details: • Works to be carried out • Timescale of the works • Cost of the works	
9. Is any profession or business carried out in the premises?	
10. Is the property up for sale or will it be within the next 12 months?	
11. Will the premises regularly be left unattended by day or by night? If Yes, give details:	
12. Has the property ever suffered from damage caused by storm or flood?	
13. Is the home and outbuildings at least 250 metres away from an area which has suffered previous flooding?	
14. Please confirm if the property is located within 250 metres of any river, stream, tidal waters or other watercourse? If so please provide: - distance from property - height above water level	
15. Does your property have Solar Panels? If yes, please confirm the value and where they are located	

16. Are you aware of any history of subsidence, landslip or heave at the property or any other property within 250 metres?	
17. Have the Buildings been underpinned or provided with any other means of structural support?	
18. Are the Buildings being monitored for subsidence, landslip or heave?	
19. Have the buildings been the subject of a valuation or survey which mentions settlement, movement or structural defect?	
20. Are the buildings and external walls free from signs of internal or external cracking?	
21. Has the property ever suffered damage from an Earthquake or has any property within 250metres of your property suffered from an earthquake?	
22. Are there any trees 3 metres (10 feet) tall and within 7 metres (22 feet) of your property?	
<p>If yes please provide</p> <ul style="list-style-type: none"> • Tree species • Height • Distance from property 	
SECURITIES	
(a) Type of locks on all final exit doors	
(b) How are windows fastened internally	
(c) Does the property have an intruder alarm fitted? If yes please provide details:	
(d) Does the property have a safe fitted? If yes please provide details:	
(e) Does the property have bars/shutters on the windows or doors? If yes please provide details:	
(f) Does the property have any other additional protections? If yes please provide details:	

INSURANCE HISTORY		
Have you or any other person to whom this insurance would apply sustained any loss or damage during the last five years which would have been covered under this form of insurance?		
If so give the following particulars below: When such loss or losses occurred. Full circumstances and amount of each loss with whom the property was insured.		
Circumstances	Amount	Date of Loss
Name of previous insurers?		
Date of expiry of policy?		
STATE VALUES TO BE INSURED (Please insert against each of the following sections the amount of insurance required)		
BUILDINGS (Rebuilding Costs)		£
CONTENTS (Replacement as New)		£
Please specify any paintings, antiques or other fine arts exceeding the value of £2,000 any one item below		Value
		£
		£
		£
		£
Please specify any sport equipment to be kept at the property?		Value
		£
		£
		£
		£
Jewellery, Furs and Personal Effect (for permanent residents only)		Value
		£
		£
		£
		£
PUBLIC LIABILITY - £5,000,000 limit Cover included free.		
Notable Interests		
Is there a current mortgage or financial institution that requires to be named on the policy?		
If yes, please provide the following details:		
<ul style="list-style-type: none"> Name and address of mortgagees: 		
<ul style="list-style-type: none"> Do you intend to assign the rights and benefits of this policy to the mortgagees? 		

DECLARATION

I/We declare that to the best of my knowledge and belief the information I/We have provided in connection with this proposal, whether in my own hand or not, is true and complete and I/We have not withheld or misrepresented any information.

I/We ask underwriters to act upon the information provided and issue a contract of insurance between us and I/We agree to accept underwriters' policy terms, conditions and exclusions.

I/We consent to the seeking of information from other insurers to check the answers I/We have provided and I/We authorise the giving of such information for such purposes.

I/We understand that if I/We have withheld or misrepresented any of the information contained in this proposal, underwriters may be entitled to void the insurance.

Signature of Proposer:**Date:**

Payment Method:	Debit card, credit card, bank transfer (details upon request) Cheque made payable to - Andrew Copeland International Ltd.	
Agent Stamp:	Office Use Only Policy Number: Client Ref: Area: Annual Premium Information	
	Underwritten by	
	Date:	