

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	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 Sales rully describe your occupation(s) and type of work, including any part time work (eg. Sales Manager of an advertising firm not just Manager.)								
	r 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								
ABC	DUT YOUR INSURANCE HISTORY							
1.	Have you or anyone who normally lives in the home to be insured:		10		Yes No			
	 a) had any insurance declined, cancelled, declared "void" or had any t b) heep convicted charged or received a Police caution for any offence 			(other than a motoring offence)?				
	 b) been convicted, charged or received a Police caution for any offence or have any prosecution pending (other than a motoring offence)? c) had any County Court judgements made against you (or have any outstanding) or been declared bankrupt? 							
	d) held any previous insurance?							
	If Yes, please give details below, including the insurer name and po explanation below.	licy expiry date. If No (or	if there ha	s been a break in cover of more than three months), please provide an				
	ехріанаціон реіоw.							
	e) had any loss or claim in the past five years, even if you were not ins			red 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.								
ABC	DUT THE PROPERTY TO BE INSURED							
		Yes No			Yes No			
1.	ls the home: a) a house?			b) occupied as your permanent residence solely by you and members of your family?				
	b) a bungalow?			c) ever to be left unoccupied for more than 30 days in a row?				
	c) a maisonette?			d) to be used as a holiday home by you/your family/friends?				
	d) a flat?			e) to be used as a holiday let?				
	e) other?			f) used in any part for business, trade or profession?				
2.	If the home is a house or bungalow, is it:			i) if YES, is the work of a clerical nature?ii) if you have business callers to your home, what is the max				
	a) detached?			no of visitors per week?				
	b) semi-detached?			iii) do you require cover for business equipment? (if YES,				
	c) terraced?			please give details and values in the additional info box)				
3.	If the home to be insured is a flat or maisonette, is it:			g) to be occupied by boarders or lodgers? (If YES, please confirm				
э.	a) in a purpose built block?			the max no of lodgers or boarders staying at any one time). h) to undergo any building/renovation or refurbishment works? (If				
	b) in a converted building?			YES, please provide details, cost and expected duration of				
	c) ground floor or basement?			works in the additional info box)				
				i) have you applied or intend to apply to the local authority for				
4.	How long have you owned the home?			planning permission? If YES, please give details including the planning application reference – where known).				
5.	In what year approximately was your home built?							
			11.	If you are a tenant, is the home: a) rented furnished?				
6.	How many bedrooms are there in the home?			b) rented unfurnished?				
_				c) Local Authority owned?				
7.	How many people normally occupy the home?			d) Housing Association owned?				
8.	Is the home built entirely of brick, stone or concrete (but not pre-			e) leased under a tenancy agreement for at least six months?				
	fabricated walls or panels) and roofed with slates, tiles, concrete or felt?		12	Are you aware of any history of subsidence, landslip, heave or at				
			14.	the home or within 50 metres of the home?				
9.	Is more than 30% of the total roof area flat and felt covered? (If YES							
	please confirm the %)		13.	Are you aware of any history of flooding at the home or within 50				
10-	Is the home to be insured:			metres of the home?				
	a) in a good state of repair and will it be properly maintained?		1.1	Is the home within 200 metres of a river, a watercourse, the sea,				
			14.	a cliff, lake, reservoir, quarry or other excavation?				
				· · ·				

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.



BUI	LDINGS - MINIMU	JM SUM INSURED £50.0	JUU (Complete this sect	ion it vou wish to insure	vour build	ings)		
1.		amount to be insured:	£	,			Yes	No
٠.			and all outbuildings and	1 represent the	6	Have the buildings been underpinned or provided with other means	162	NO
			ent form plus an amount	•	·	of structural support?		
		and surveyors' fees.						
				Yes No	7	Have the buildings been monitored or are they currently being		
2.	Do you wish to in	crease the £100 standard	d excess?	£		monitored for subsidence, heave or landslip?		
				 				
3.		clude Accidental Damage			8	,		
	(An increased pre	emium and a £150 exces	s will apply.)			mentions settlement, movement or structural defect?		
4.	Is the property a listed building? If Yes, please confirm grading.				If Yes, please send a copy with this form.			
٦.	is the property a			Have you previously been refused or had terms applied for				
5.	Does anyone else have a financial interest in this building, such as				insurance against subsidence, heave or landslip?			
			give details, including the					
	address, mortgag	e account or roll number			1	Are there any diagonal cracks or bulges in the internal or external		
	Please tick if a du	iplicate schedule is requi	red for the lender.			walls of the buildings?		
If yo	ou have ticked AN	Y of the shaded boxes,	please provide full deta	ils on a separate sheet o	f paper. I	providing details of losses or claims and previous insurance, pleas	e ensure yo	u
incl	ude the names of	the insurer(s) and full of	details of the losses or c	laims, including the date	, circums	ances and amount of each loss or claim.		
COI	NTENTS - MINIMU	JM SUM INSURED £15,0	000 (Complete this sect	ion and the Home Protec	tion Ques	tions if you wish to insure your contents)		
4	Places onto the	amount to be incomed:	6				V	N-
1.		amount to be insured:	£ ontained in the home and	d represent the	_	Does any single item of valuables* (including pairs or sets) exceed	Yes	No
			the exception of clothing	•	э	£3,000? If Yes, please list the items and their value below.		
		-	ould be made for wear a			* See the definition of Valuables		
				Yes No				
2.	Do you wish to in	crease the £100 standard	d excess?	£				
3.		clude Accidental Damage						
	(An increased pre	emium and a £150 exces	s will apply.)					
4.	4. Does the total amount of all valuables* exceed 30% of the contents							
٠.	sum insured?	iount of all valuables ex	ceed 50 % of the contents					
	If Yes, please ad	vise the estimated value.		£				
					L			
НОІ				£ stents insurance has been	n requeste	rd)		
	ME PROTECTION	QUESTIONS (These M	IUST be answered if con	tents insurance has been	•	ed) surance adviser or a locksmith.		
If yo	ME PROTECTION ou have any doub	QUESTIONS (These N	IUST be answered if con	tents insurance has been	•	surance adviser or a locksmith.	Yes	No
If yo	ME PROTECTION ou have any doub Are the external of	QUESTIONS (These Notes that as to the nature of the	IUST be answered if con locks on your doors and	tents insurance has been	•	b) Is the system currently maintained under an annual	Yes	No
If yo	ME PROTECTION ou have any doub Are the external of	QUESTIONS (These N	IUST be answered if con locks on your doors and	tents insurance has been	•	b) Is the system currently maintained under an annual maintenance contract with a member of NACOSS, Integrity	Yes	No
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^{*} 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.



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, 224 High Street, Beckenham BR3 1EN. Tel: 0208 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			
PARTNER 3 SIGNATURE(3)		DAIL			
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.					