



ADDITIONAL PROPERTY STATEMENT OF FACT FORM

ALL QUESTIONS MUST BE ANSWERED IN FULL

Policyholder Name

Policy Number

Additional Property To Be Insured

Risk Address Postcode:

Is the property used solely as a (tick relevant boxes): State year of construction

Holiday Home Holiday Home Let Second Home Dss Let Level 1 Dss Let Level 2

Student Let Asylum Seeker Let Let Property (i.e. none of the above)

Other (specify)

Unoccupied Property (Select level of cover) Level 1 Level 2 Level 3

Unoccupied Property Questions

Are the premises to be insured fully furnished for normal habitation? Yes No

Do you intend to, or have any plans to, or have you applied to demolish the property? Yes No

Why is the property unoccupied?

Awaiting Sale Due to Death Between Tenants Awaiting Tenants

Awaiting Works to be Completed If this box is ticked please answer the following:

Are the works: Yes No

Internal Decoration / Minor Renovations / Non Structural Changes

Major Renovations / Structural Changes

Conversion to Private Dwelling or Flats, or an Extension being Constructed

Please provide full details of all works that you are undertaking:

Has the work already started at the property? Yes No

If "No" when will the work commence?

How long do you envisage all work will take to complete?

Will the property be let once all works are complete? Yes No

(No subsidence cover will be effective until we have received and accepted a satisfactory survey/valuation report on the property. This must not be more than 24 months old)

Buildings (This amount must also include all outbuildings, garages, domestic oil and gas pipes, domestic fuel tanks, swimming pools, tennis courts, drives, patios, terraces, walls, gates and fences)

Building Sum Insured (Full cost of reconstruction in their present form) £

Please state any mortgage company to be named on the policy

Contents

Contents Sum Insured (This amount must represent the full cost of replacement as new) £

Effective Date

If this statement of fact is accepted by Underwriters, from what date would you like to add this property?

About the Property To Be Insured

Please confirm that:-

- A) the property is built entirely of brick, stone or concrete and roofed with slates, tiles, concrete or asphalt, and it is in a good state of repair and will be maintained as such.
- B) the property is free from flooding and is in an area free from flooding and is not within a 1/4 of a mile of any rivers, streams, tidal waters or other water course.
- C) the property is not used as and has never been used as a commercial premises, is not let as a hostel for homeless persons, mental health rehabilitation tenants or any tenants on drug or alcohol rehabilitation.
- D) the property is free from signs of, has not suffered from and is not being monitored for subsidence, landslip or heave and does not show signs of internal or external cracking and has never had a survey or valuation report which mentions any of these problems.

By ticking the "Yes" box it is confirmed that the above statements are true, if "No" please supply full details.

Yes No

Security Details

Is the property divided into Bedsits? Yes No (a bedsit is a property divided into separate rooms with cooking facilities in each room and shared bathing facilities)

If 'Yes', please state number of bedsits

What type of property is it? (tick the relevant box)

Private Dwelling House Maisonette Self contained Apartments or flat

Other (specify)

Please confirm that the property is adequately secured by way of all external doors having their own key locking device and all windows are closed and secured by an internal catch or locking device. Yes No

If "No" please provide details.

Does the property have an intruder alarm? Yes No

Does the property have a fire alarm? Yes No

History

Name of Previous Insurer Date of expiry

Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms or with an increased premium any insurance for any person to whom this insurance would apply? Yes No

Have you or any person seeking the benefit of this insurance ever been convicted of a criminal offence involving arson, fraud, theft, handling stolen goods or any offences involving dishonesty? Yes No

Have you or any person seeking the benefit of this insurance sustained any loss or damage during 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, on this or any other property. If "Yes" please provide full details Yes No

Date of Loss	Amount Paid	Full Description of Circumstances
<input type="text"/>		

Additional Information

If you have ticked any of the shaded boxes, please provide full details in the space below. Please use a separate sheet if necessary

Question	Details
<input type="text"/>	

Data Protection Act

It is understood by you that any information provided to us regarding you will be processed by us in compliance with the provision of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties.

Declaration

It is declared that to the best of your knowledge and belief that all the statements and information given in this submission are true and complete. It is your duty to disclose all material facts which could influence the acceptance of this insurance or the terms to be applied (if you are in doubt about whether a fact is material you should disclose it).

Failure to disclose material facts could result in this insurance not being in force or any claim you make being refused or reduced. You must notify us immediately of any changes to the information provided.

It is agreed that all statements and information given either orally, electronically or in writing by you or anybody acting on your behalf shall be the basis of the contract between you and the insurers.