



## OVERSEAS PROPERTY PROPOSAL FORM

**PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS**

Proposers Name

Title	First Name	Surname	Occupation	Age

E-mail address

Home address

Postcode

Tel. No.

### ABOUT THE PROPERTY TO BE INSURED

Address to be insured

1. What is the property used for? (delete as appropriate):

Holiday Home / Let Holiday Home / Main Residence (with a maximum of 30 days unoccupancy at any one time) /

Other (specify)

2. What type of property is it? (delete as appropriate):

Villa / Chalet / Apartment / Other (specify)

If an apartment is it self contained?

Yes / No

3. Type of locks on external doors?

4. Type of window locks ?

5. Do you have bars or grilles?

Yes / No

6. Do you have a safe?

Yes / No

If Yes is it bolted to the floor or wall?

Yes / No

7. Do you have a burglar alarm?

Yes / No

If Yes, provide a full description including if it is bells only or if it is connected to the emergency services or a monitoring centre.

8. Any other protection fitted to the property?

9. Has any Insurer declined to accept, cancelled, refused to continue, or agreed to continue only on special terms, any insurance for you or any other person to whom this Insurance would apply? Yes / No

(If Yes please give details)

10. Name of previous Insurer

Date of expiry of Policy

11. Have you or any person living with you, ever been convicted of arson or any offence involving dishonesty (e.g. fraud, theft or handling stolen goods)? Yes / No (if Yes please give details)

Date that you would like cover to commence?  
(Subject to acceptance by Underwriters)

Is the Property to be insured:

Yes No

12. Built entirely of brick, stone or concrete and roofed with slate, tiles or concrete?
13. In a good state of repair and will it be maintained as such?
14. Free from flooding and in an area free from flooding and not near any streams, rivers and tidal waters?
15. Used as or has it ever been used as a commercial premises?

If you have ticked a shaded box please supply full details below:

QUESTION No.	DETAILS

16. Have you or any other person whose property is to be insured, sustained any loss or damage during the last six years, which would have been covered by this type of insurance had it been in force, whether or not a claim was paid? Yes / No If Yes, please give details:

DATE OF LOSS	AMOUNT PAID	FULL DESCRIPTION OF CIRCUMSTANCES

**SUMS INSURED**

**BUILDING SUM INSURED**

(full cost of reconstruction in its present form)

£

Please state any mortgage company interest to be named in the schedule:

**CONTENTS SUM INSURED**

(full cost of replacement as new)

£

**PERSONAL POSSESSIONS**

(Only available for Main Residences)

Please list all items valued over £1000 and provide a copy of a recent valuation


**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.

This Proposal and the information provided in connection herewith contain statements upon which Underwriters will rely in deciding to accept this insurance.

Signature:

Date: