



on request. A copy of your completed applica	tion form will be supplied to	you if requested within 3	months.	
	Quote Ref	/Policy number	Agency	number
Is this application (please tick):	a quotation?	new business?	change of address?	adjustment?
A. Date cover required	I from:			
Cover will not become effective until this app The policy will be renewable annually.	lication form is accepted by u	5.		
B. Your Personal Detai	l S Pro	pposer	Joint Propos	ser/Partner
1. Title				
2. Full Name				
3. Correspondence Address			Destrodo	
4. Date of birth			Postcode / /	
5. Occupation (including part time)	, ,		, ,	
6. Nature of own or Employers' Business				
7. Day time Telephone Number				
8. Email address				
C. Your Previous Insura	ance History			
(We reserve the right to contact your previous	_	further details of your ins	surance history.)	
1. a) Have you had any household insurance. If so, please state the company name, expiry date and/or policy number (if known b). If you have not held household insurance before what is the reason for this?	vn)	r any other insurance con	mpany?	Yes No
2. In respect of any of the risks proposed ha	ve you or any member of you	r family normally residing	g with you	
a) suffered any losses or made any claim (If yes, please complete losses or claim		ther insured or not?		Yes No
Date of Loss	Type of	loss e.g storm	Amount	of loss
b) been refused insurance or had specia	l terms or conditions applied	by any insurer?		Yes No
c) ever been convicted of or charged (bu	ut not yet tried) with any crim	inal offence (other than a	a motoring offence)?	Yes No
d) ever been declared bankrupt or been	the subject of bankruptcy pro	oceedings?		Yes No

Please read the Policy Summary prior to completing this application. A specimen Policy document setting out full terms and conditions is also available

ט	. <i>P</i>	About Your Property					٦
1.	Add	dress of Property to be insured					
	(if c	different to correspondence address):	Postcode				
2.	Are	e you the owner of the property?		Yes		No	
3.	Тур	pe of Property(a) House Bungalow Maisonette	Flat				
		(b) End Terraced Mid Terraced Ser	ni-detached Detached Other	(pleas	se give d	letails)	
4.	Yea	ar Property Built Number of bedro	ooms A Listed Property? If yes, state g	rade			
5.	a)	What is the construction of the property?					_
		Main house. Walls Outbuilding	s. Walls Outbuildings. Roof				J
		What thatching material has been used?					
		Water reed/Norfolk reed Devon wheat/Combed who	eat Long Straw Fibre Other				
	b)	What percentage of the roof is thatched?	%				
	c)	What percentage of the roof is flat?	%				
6.	ls th	the property to be insured:					
	a)	self contained, having a separate entrance under your sole co	ontrol?	Yes		No	
	b)	furnished and occupied solely by you and your family as your	permanent place of residence?	Yes		No	
	c)	occupied during the day?		Yes		No	
	d)	let to professionals on a tenancy agreement of not less than	6 months?	Yes		No	
		How many unrelated tenants occupy the property?					
		What is the total number of tenants?					
	e)	a holiday home?		Yes		No	
		Is the holiday home used by family/friends only or Holid	day Lets (please tick as appropriate)		_	_	
	f)	occupied by boarders and/or lodgers?		Yes		No	J
		If Yes, what is the maximum number of lodgers/paying guest	s staying at your property at any one time?				
	g)	used partly for bed and breakfast purposes?		Yes		No	
		If Yes,					٦
		How many bedrooms are used for guests?	ima?				╡
		What is the maximum amount of guests staying at any one t Is the property licensed?	me?	Yes		No	╡
	h)	used for any business, trade or professional purpose?		Yes	П	No	f
	,	If yes,					_
		Is the work of a clerical nature only?		Yes		No	
		If you have business visitors to your home, what is the maxim	num number of visitors per week?				
		Do you employ anyone in connection with your home busine	ss other than your own family?	Yes		No]
		Do you require cover for business equipment (clerical only) w	hich exceeds £3,000 in total?	Yes		No	J
		If Yes, please provide further details at the end of this section					_
	i)	used in relation to your occupation as a childminder? If yes,		Yes	Ш	No _	٢
		Are you registered as a childminder with the Local Authority?		Yes		No	
		What is the maximum number of children in your care not in					Ī
		Are there any staff employed to assist you in the childmindin	g activities	Yes		No	
	j)	a Weekend/Weekday Home?		Yes		No	_
	k)	likely to be left unoccupied for more than 60 consecutive day		Yes		No	
	l)	in a neighbourhood free from a history of storm or flooding of any rivers, streams or tidal waters?	and not within 400 metres	Yes		No [
	m)	in a good state of repair and will be so maintained?		Yes		No [
	,	2 3000 state of repair and will be 50 maintained:					_

/ .	in re	espect of subsidence, neave or landslip; is the property to be insured:-
	a)	showing any signs of damage (such as cracks, inside or outside)?
	b)	showing any signs of movement or been the subject of structural repairs at any time?
	c)	the subject of a valuation or survey report which mentions settlement or movement of buildings or
		recommends further investigation ? (if "YES" please supply a copy of the report with this proposal) Yes No
8.	a)	When were the electrical installations last professionally checked at the property by an NICEIC qualified electrician?
		Was all recommended work completed? Yes No No work recommended
		If any recommendations have not been completed, what is still outstanding and why?
	b)	Is the roof in good condition? (If "no" please give details under "Additional Information") Yes No
	c)	When was the roof last inspected by a professional thatcher?
		Has all recommended work been completed? Yes No No work recommended
		If no, please provide details of the work still outstanding
	d)	When was the roof last re-thatched?
	e)	When was the ridge last renewed?
	f)	Has the roof been treated with a fire retardant? Yes No
	g)	What is the approximate depth of the thatch?
		Less than 1 metre Between 1 metre and 2 metres Greater than 2 metres
	h)	How many miles is the property from the nearest fire brigade?
		Less than 5 miles Between 5 miles and 10 miles Greater than 10 miles
	i)	What fire precautions have been taken? (please tick as appropriate)
		(Note: It is a policy condition to have two fire extinguishers, one of which must be located in the kitchen.)
		Fire Extinguisher in the Kitchen Additional Fire Extinguisher Smoke detectors
		Fire Blankets Fire alarm linked to a monitoring station Fire barriers fitted beneath thatch
	j)	Does anyone living at the property regularly smoke?
	k)	Are the chimney(s) ever used? Yes No
	l)	What form of heating is used? Primary: Gas Oil Electric Open Fires Woodburner Multifuel Stove
		Secondary: Gas Oil Electric Open Fires Woodburner Multifuel Stove
	m)	If you burn solid fuel is it: Coal or smokeless fuel Wood
	n)	If you have open fires or solid fuel stoves, are the chimney(s) regularly swept (at least once a year)? Yes No
		(Note: It is a policy condition to have all chimneys to solid-fuel stoves, boilers and open fires are kept in a good state of repair
		and that they are professionally cleaned once a year before winter.)
	0)	Is/are the chimney(s) lined? Yes No
		If Yes,
		When was the lining last inspected/replaced? Is the lining: flexible metal ceramic metal other other
	n)	Do you have spark arrestors fitted to the chimney(s)?
	g)	What height is the chimney(s) above the ridge?
		Less than 1.8 metres
		More than 1.8 metres
Ad	ditic	onal information
f y	ou h	nave ticked any of the shaded boxes in sections B or C, please provide full details below, noting the question number beside your comments
if t	here	e is insufficient space, please complete on a separate piece of paper and attach to the proposal).
(II T	nere	e is insumicient space, please complete on a separate piece of paper and attach to the proposal).

E. Buildings Insurance

Is B	uildings cover required?		Yes	No
1.	State the buildings sum insured (this must represent the full cost of rebuilding including allowance for demolition of	osts and arcl	hitects' and sur	veyors'
	fees) (minimum sum insured £35,000) £		🖂	🖂
2.	Is accidental damage cover required? (for an additional premium)		Yes	No
3.	Do you wish to reduce your premium by increasing your excess? If yes, please tick the new excess amount. (Note: an excess is the first portion of any claim to be paid by you and the standard excess is £100).	£150	£250	£500
4.	Please state name and address (and relevant reference number) of other interested parties e.g. Mortgage provides	der:		
Ad	ditional information			
F.	Contents Insurance			
ls C	Contents cover required?		Yes	No 🗌
	ur sum insured must represent the full cost of replacing everything as new, except clothing and household linen	s where an		
ma	de for wear and tear. Please see Summary of Cover for full details. Please do not include any items under this so der Section G Valuables and Personal Effects.			
1.	Please state the contents Sum Insured (minimum £15,000 unless you rent the property where the minimum is re-	educed to £	5,000) <u>f</u>	
2.	Does the total value of all valuables i.e. jewellery, gold, silver, plate articles, watches, pictures and other works collections, exceed one third of the contents sum insured or has any one item a value greater than 5% of the			edal
	Item		Value	
3.	Is accidental damage cover required? (for an additional premium).		Yes	No
4.	a) Do you wish to reduce your premium by increasing your excess? If yes, please tick the new excess amount. (Note: an excess is the first portion of any claim to be paid by you and the standard excess is £100).	£150	£250	£500
	,			
Ad	ditional information			
G	. Valuables and Personal Effects			
le V	Caluables and Descenal Effects sever required?		Yes	l No 🗔
IS V	'aluables and Personal Effects cover required?		res	No
	s section provides cover for valuables and personal effects away from the home. For example, jewellery, watche ase provide a copy of a valuation for all items with an individual value over £2,500.	es, cameras,	pedal cycles e	tc.
1.	Unspecified Items (maximum £1,000 any one item, minimum total sum insured £1,000)		f	
2.	Specified items (with an individual value over £1,000) please attach a separate sheet if necessary			
De	escription of item	Sum Insure	ed	
H				
De	escription of item	Sum Insure	ed	

H. Pedal Cycles

If you have requested cover for Unspecified Items in section F, please note that Pedal Cycles are automatically included up to a single article limit of £1,000. If you have a Pedal Cycle that exceeds £1,000 in value, please provide the details below.

Is Pedal Cycles cover required?

Please state

Sums Insured	Make	Model	Date of manufacture	Serial numbers
f				
f				
f				
f				

	2	III	141
н.	 Ξυ.	ur	ιιν
	\sim	\sim	

1.	a) Is the main entrance door fitted with either a lock approved to BS3621 or a mortice deadlock of at least 5 levers or		eadlatch
	with a key-locking handle on the inside or a key-operated multi-point locking system with at least three fixing point and a lock cylinder with at least five pins? (As shown in Security Note)	Yes	No
	b) Are all other external doors (except for sliding patio doors) fitted with key operated security devices top and bottom addition to existing locks or a lock to the standard in a) above? (As shown in Security Note)	n in Yes	No
	c) If you have sliding patio doors, are they fitted with a key operated patio door lock mounted internally on the center or protection to the standard in b) above? (As shown in Security Note)	r rail(s) Yes	No
	d) Are all opening windows and skylights on the ground floor and those which are accessible on other floors, fitted windows	ith	
	key operated security devices ? (As shown in Security Note)	Yes	No
2.	Is your home protected by an intruder alarm system installed and maintained by an NSI		
	or SSAIB recognised firm?	Yes	No 📙
3.	Are you a member of a registered Neighbourhood Watch Scheme, or another Police approved scheme?	Yes	No L
4.	If a security safe is in use at the property, please provide details of the make, model and age and confirm if it is anchored to the floor or wall.		

Security Note:

Is the property fitted with:

- (a) either a lock approved to BS3621
 - or a mortice deadlock of at least 5 levers or
 - a rim automatic deadlatch with a key-locking handle on the inside or a key-operated multi-point locking system with at least three fixing points and a lock cylinder with at least five pins to the main entrance door?
- (b) key-operated security devices top and bottom in addition to existing locks or a lock to the standard in (a) above to all other external doors except sliding patio doors?
- (c) a key-operated patio door lock mounted internally on the centre rail(s) or protection to the standard in (b) above to sliding patio doors?
- (d) key-operated security devices to all opening windows and skylights on the ground floor and those which are accessible on other floors?



Deadlock



Sliding patio door lock



Key operated mortice bolt



Sash window lock



Key operated mortice lock



Metal casement window lock



window lock

Notice to Applicants

Law Applicable to the Contract

The insurance contract to which this proposal relates is to be governed solely by the law applying to that part of the United Kingdom, Channel Islands or Isle of Man in which the home is located.

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984.

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request.

In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form and the claim form, together with other information relating to the claim will be put on the register and made available to participants.

If your application is accepted, the policy will be provided by Equity Red Star. It is administered on their behalf by Towergate Underwriting Group Limited.

To set up and administer your policy the insurers and Towergate Underwriting Group Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Towergate Underwriting Group Limited may also send you details of their other products and services. Please tick this box if you do not wish to receive such details.

Insurance Premium Tax

The Finance Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Declaration

To the best of my/our knowledge and belief, the information provided in connection with this application, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle insurers to void this insurance. (Note: a material fact is one likely to influence acceptance or assessment of this application by insurers). If you are in any doubt as to what constitutes a material fact, you should consult our office.

I/we agree that this application forms the basis of the contract between me/us and the insurers and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details will be passed to or used by member companies of the insurers and to third parties such as claims administrators, loss adjusters or fraud investigators for the purpose of my/our insurance (for example underwriting processing and claims handling).

You should show this notice to anyone who has an interest in property insured under this policy.

I/we understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd so that they can make it available to other insurers. I/we also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

Signature of proposer	Date	
Signature of joint proposer	Date	

Note: If forms have been completed by Joint Proposers both signatures are required before cover can be effective.

Contact Us

If you have any questions regarding your home insurance, you can refer to your insurance agent or contact Towergate Underwriting Household on:

Telephone: 01708 777880 Fax: 0844 8921509

Referrals@towergate.co.uk www.towergate.co.uk/household



are trading names of Towergate Underwriting Group Limited
Towergate House, St Edward's Court, London Road, Romford, Essex RM7 9QD
Tel: 01708 777710 Fax: 0844 8921509

E-mail: household@towergate.co.uk www.towergate.co.uk Registered in England No. 4043759
Authorised and regulated by the Financial Services Authority 7913/157/PF/02.13/15384