



Data Capture Form

Owner Occupied Residential Let 2nd Home

DO NOT USE FOR HOMES BEING RENOVATED

Please fax this form to: 0844 555 1066 or e-mail it to: insurance@ugm.co.uk

Mandatory information for quotation purposes is indicated with *

Quotation : Critical () Urgent () ASAP () In due course non urgent ()

(Critical is for immediate or lapsed cover requirement only) We will respond factoring your requirements.

Type of Risk:		Broker:	
Household ()		Broker's name & agency _____	
Second Home ()		MD number _____	
Professional Let ()		Contact name _____	
DSS Let ()		Tel no. _____	
Student Let ()		Fax no. _____	
Holiday Let ()		E-mail _____	
Other (please specify) _____			
Date cover required from _____			
*Proposer Details	Applicant 1	Applicant 2	
*Names:	_____	_____	
*Dates of birth (DD/MM/YY):	_____	_____	
*Occupations (detailed):	_____	_____	
*How long property owned _____		*If awaiting completion prior to cover when _____	
*How many properties does the insured own _____		No. of yrs claim-free on this risk _____	
*Currently let Y / N	Used for weekends Y / N	Holiday home Y / N	
Current Insurer (where applicable) _____		Current premium £ _____	
Quotation to match/beat £ _____			
*Risk Address _____		*Postcode _____	
*Date built _____		Type of property (detached, bungalow, terraced, etc) _____	
*Listed and type of listing _____		Is the property already let _____	
*Number of bedrooms _____		Any claims or losses _____ NCD _____ years	
*Is the property being checked while unoccupied? Daily () Weekly () Monthly ()			
*Proposer's address if different _____		Postcode _____	
Cover Required:	Buildings sum insured £ _____	Contents sum insured £ _____	
	AD ()	AD ()	

Please include additional information in the box below to help the underwriting team understand the risk in more detail.

For UGM purposes only:

Date quotation received _____

Date auctioned _____

Client called _____

Taken up _____

Not taken up _____

Quotation closed date _____