



Proposal Form For Second Homes

Agents Ref:

It is essential that you give full and true answers to all questions. If you do not do so your Insurance may not protect you in the event of a claim. Conditions and excesses apply to this insurance and will be explained by your insurance adviser. A specimen wording is available on request that sets out full details of the insurance and the exclusions that apply.

If the Property is let out please do not complete this form.

PLEASE COMPLETE IN BLOCK CAPITALS. COVER WILL NOT BE CONSIDERED UNLESS ALL QUESTIONS ARE ANSWERED

A. Date Cover is to Commence

B. Name	Mr / Mrs / Miss / Ms	Forenames
	Surnames	

C. Date of Birth	Proposer / /	Spouse / Partner / /
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D. Postal Address (must be a UK address)	<input type="text"/>		
	<input type="text"/>		
	Town	County	Full Postcode

E. Risk Address	<input type="text"/>		
	<input type="text"/>		
	Town	County	Full Postcode

F. Occupations **Please give full details including any part-time employment avoiding the use of such terms as Director, Manager or Shop Proprietor. If unemployed please give usual occupation.**

Proposer's Occupation(s) (List all including part-time ones)
<i>Nature of Business</i>
Spouse / Partner's Occupation(s) (List all including part-time ones)
<i>Nature of Business</i>

G. Type of Property

House	<input type="checkbox"/>	Detached	<input type="checkbox"/>	No of Bedrooms	<input type="text"/>
Bungalow	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>		
Flat within a block/property	<input type="checkbox"/>	Terraced	<input type="checkbox"/>		
Other (Please describe)	<input type="text"/>				

H. Additional Interest on Buildings e.g. Building Society

Date Built (approx. if not known)

If the Property is Listed please state the Grade

(If listed a recent valuation, up to two years old, by a member of RICS and an electrical certificate from a member of NICEIC are required.)

I. Please indicate the name(s) and policy number(s) of your present Insurers for:

a) Buildings:	Insurer's Name	Policy No
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b) Contents:	Insurer's Name	Policy No
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UGM reserves the right to contact your present/previous Insurers for further details of your insurance history

J. In respect of Buildings or Contents insurance on any property owned or rented by you have you or any member of your family residing with you or any person occupying or having an interest in the property

YES NO

(i) Suffered any losses or made any claims during the last 5 years, whether insured or not?

<i>If you have answered YES please provide full details (continue on a separate page if necessary)</i>		
<u>Date</u>	<u>Cause</u>	<u>Amount</u>

YES NO

(ii) Been refused insurance or had special terms or conditions applied by any insurer?

(iii) Ever been declared bankrupt or been the subject of bankruptcy proceedings?

(iv) Ever been convicted of or cautioned for (or charged but not yet tried with) any criminal offence (other than a motoring offence)? *The proposer is not required to include convictions regarded as "Spent" by virtue of the Rehabilitation of Offenders Act 1974*

If you have answered YES to any of the questions please provide full details here or on a separate page.

K. (1) How often is the property occupied?

Is the property

YES NO

(2) used solely as private living accommodation for you and your family and not for any kind of business or trade purposes?

(3) self - contained (i.e. no shared facilities) with its own separate lockable entrance?

(4) built of brick, stone or concrete and roofed with slate, tiles, concrete or asphalt?

(5) in a good state of repair with no part of the buildings boarded up?

(6) free from ongoing or planned renovations or construction work?

(7) free from damage, or history of damage, by flood and in an area with no history of flooding ?

(8) free from any signs of damage, or history of damage, by subsidence, heave, landslip or coastal or river erosion, (such as internal or external stepped or diagonal cracking or bulging of walls) and in an area free from damage by subsidence, heave, landslip or coastal or river erosion?

(9) free of any tree inside or outside your boundaries, the height of which is greater than its distance from the Buildings or which is likely to have roots which will encroach on the foundations of the Buildings?

If NO, in respect of each tree, please provide details of the type of tree, height and distance from the property

If you have answered NO to any of the questions please provide full details here or on a separate page.

L. (1) Is any part of the roof flat?

YES / NO

If YES, what proportion?

 %

If any part of the roof is flat please advise

i) What it is covered with _____

ii) When was it last recovered _____

iii) Full details of any guarantees in place _____

(2) Have the buildings been extended within the last 25 years?

YES / NO

If YES please provide full details here or on a separate page.

Section One Buildings - Index Linked

1. Buildings Sum Insured

£	
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2. Do you require the Accidental Damage extension?

Yes	<input type="checkbox"/>
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Section Two Contents - Index Linked

1. Contents Sum Insured

£	
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2. Do you require the Accidental Damage Extension?

Yes	<input type="checkbox"/>
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M. Security

Please indicate the level of security you possess. It is particularly important that you answer the question correctly as an incorrect statement could invalidate your insurance. These protections must be in place and put into force whenever the private dwelling is left unattended.

Level 1 Main entrance/exit door protected by a lock carrying the Kitemark sign of approval or by a mortise deadlock having a minimum of five levers. Other external doors including sliding patio doors protected as above or fitted at the top and bottom with key operated security devices in addition to existing locks. All accessible windows/ skylights and fan lights protected by key operated security devices.

Yes	<input type="checkbox"/>
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Level 2 Level 1 plus A burglar alarm installed and maintained by a member of the National Approval Council for Security Systems (NACOSS).

Yes	<input type="checkbox"/>
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Level 3 As Level 2 but with an automatic dialling facility connected to an alarm company's central station.

Yes	<input type="checkbox"/>
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Please read the following carefully before signing and dating the declaration.

Important Notes

1. Failure to disclose all material information (i.e. information likely to influence the acceptance and assessment of this proposal) could invalidate the insurance. If you are in any doubt as to whether any information is material it should be disclosed.
2. You should keep a record (including copies of letters) of all information supplied to the Underwriter for the purpose of entering into the contract. If requested within three months of its completion a copy of the proposal will be supplied.
3. The law of England will apply to this insurance unless specifically agreed to the contrary.

Data Protection Act

Underwriters may use the information you supply, or which you give to third parties, to provide you with a quotation, to administer your policy, to search the files of credit reference agencies who may keep a record of the search, to assess and handle claims and to undertake compliance business reviews. Underwriters may also share these details with other insurance organisations to help offset risk, to help administer your policy and handle claims and prevent fraud. You must ensure that all information you provide regarding other people is accurate and you have obtained their consent to disclose the data. By providing your details you consent to such information being processed by Underwriters or their agents. If you have any queries please ask your insurance adviser.

Declaration

I/We have read the proposal and declare that to the best of my/our knowledge and belief the information answers and statements are true and that the sums to be insured represent the full value of the property. I/We also declare that if anything on this form was written by another person, he acted or she acted as my/our agent and not for the Underwriter for this specific purpose. I/We apply for a contract of insurance between the Underwriter and myself/ourselves and agree to accept the Underwriter's standard form of contract for this class of insurance.

Warning

Before signing this proposal form please read the Important Notes and the Declaration above and ensure all questions have been answered correctly and accurately.

UGM RESERVES THE RIGHT TO DECLINE ANY PROPOSAL OR IMPOSE SPECIAL TERMS

Proposer(s)'s
Signature(s)

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Date

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