

Name of Unit, District, Division, County, Region or other to be insured _____

Guide County _____

BUILDING 1

Address (including postcode if possible) _____

Walls (construction) _____ Roof (construction) _____ Value* _____

Total Floor Area sq feet _____ or square metres _____

BUILDING 2

Address (including postcode if possible) _____

Walls (construction) _____ Roof (construction) _____ Value* _____

Total Floor Area sq feet _____ or square metres _____

BUILDING 3

Address (including postcode if possible) _____

Walls (construction) _____ Roof (construction) _____ Value* _____

Total Floor Area sq feet _____ or square metres _____

*The value shown should be the present day rebuilding cost including debris removal, architects', surveyors', consultants', legal fees and VAT and the additional cost of complying with Government or Local Authority requirements.

PREVIOUS INSURANCE INFORMATION

Has the property been previously insured? Yes ☐ No ☐

Have any losses occurred? Yes ☐ No ☐

If yes, please give details _____

HAS ANY INSURER:

Declined to insure Yes ☐ No ☐

Declined to renew Yes ☐ No ☐

Quoted special terms and conditions Yes ☐ No ☐

Sought to impose an increase in premium? Yes ☐ No ☐

If you have answered yes to any of the above, please give details _____

LOCATION DETAILS

Please tick one box City ☐ Town ☐ Country ☐

Please tick one box Residential area ☐ Commercial area ☐ Rural area ☐

Distance from nearest neighbouring property _____

Neighbouring properties are Houses ☐ Shops ☐ Factories ☐ None ☐

How would you describe your exposure to risk?

Trees Low ☐ Average ☐ High ☐

Secluded Low ☐ Average ☐ High ☐

Details/comments on general security/loss history _____

FLOOD

Have there been any incidents of flood at the premises or in the immediate neighbourhood? Yes ☐ No ☐

If yes, please give details _____

Are your premises at risk of flood? Yes ☐ No ☐

If yes, please give details _____

Are there any rivers, streams or tidal waters in the neighbourhood? Yes ☐ No ☐

If yes please provide: approx height of the GROUND FLOOR above high water mark _____ metres

approx distance there from _____ metres

Are any goods stored in the basement or cellar? Yes ☐ No ☐

If yes please provide details including height stored above the floor _____

INTRUDER ALARM SYSTEM

NACOSS approved with telephone link Yes ☐ No ☐ If Yes, what make is it? _____

NACOSS approved with audible bell only Yes ☐ No ☐ _____

Non-approved with audible bell only Yes ☐ No ☐ _____

Distance of HQ/Store from private residences _____ metres

Was the system professionally installed? Yes ☐ No ☐ System professionally maintained Yes ☐ No ☐

DECLARATION

I require insurance to be effected in accordance with the particulars shown on this form and confirm there is a full compliance with the "Protection Conditions" contained in the booklet and/or the recommendations of the Local Crime Prevention Officer. I/We agree that this proposal and declaration and any particulars given separately shall form the basis of the contract.

Tick to confirm ☐

NOTE - IT MUST NOT BE ASSUMED THAT THE CRIME PREVENTION OFFICERS REPORT WILL BE ACCEPTED BY UNDERWRITERS IN EVERY CASE. PLEASE ATTACH A COPY OF THE REPORT TO THIS FORM FOR CONSIDERATION AND POSSIBLE ACCEPTANCE (if necessary).

Date from which cover is required _____ (this cover can be renewed annually)

Signature of contact _____ Date _____

Name of contact _____

Guide Appointment _____

Applicant's Address _____

Postcode _____

Daytime number _____

Mobile number _____

Email address _____

WITH THIS FORM, PLEASE ENCLOSE THE FOLLOWING:

- ☐ Valuation letter (if available)
- ☐ Crime Prevention Officers' Report (if appropriate)
- ☐ Photographs (general exterior/interior views)

PLEASE SEND TO: Unity Insurance Services, Suites 10 & 10A The Quadrant, 60 Marlborough Road,
Lancing Business Park, Lancing BN15 8UW.
Tel: 0345 040 7704 Fax: 0345 040 7705 Email: guiding@unityins.co.uk www.guidinginsurance.co.uk