



Home Insurance Proposal Form



Please read the Policy Summary prior to completing this application. A specimen Policy document setting out full terms and conditions is also available on request. A copy of your completed application form will be supplied to you if requested within 3 months.

A. Your Personal Details

	Proposer	Joint Proposer/Partner
1. Title	<input type="text"/>	<input type="text"/>
2. Full Name	<input type="text"/>	<input type="text"/>
3. Correspondence Address	<input type="text"/>	
	Postcode <input type="text"/>	
4. Date of birth	<input type="text"/>	<input type="text"/>
5. Occupation (including part time)	<input type="text"/>	<input type="text"/>
6. Nature of own or Employers' Business	<input type="text"/>	<input type="text"/>
7. Day time Telephone Number	<input type="text"/>	<input type="text"/>
8. Email address	<input type="text"/>	<input type="text"/>

B. Your Previous Insurance History

1. a) Have you had any household insurance previously, either with us or any other insurance company? Yes ☐ No ☐

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?

2. Have you, or any member or your household permanently living with you:

a) ever been refused insurance or had special terms, restrictions or conditions imposed by any insurer? Yes ☐ No ☐

b) made any claim, suffered any loss or damage or had any claims made upon you or them during the last 5 years? Yes ☐ No ☐

c) ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than motoring offences)? Yes ☐ No ☐

d) ever been declared bankrupt or been the subject of bankruptcy proceedings? Yes ☐ No ☐

C. About Your Property

1. Address of Property to be insured (if different to correspondence address):

Postcode

2. Are you the owner of the property? Yes ☐ No ☒

3. Type of Property (a) House ☐ Bungalow ☐ Maisonette ☐ Flat ☐ If Flat, how many in block?

(b) Terraced ☐ Semi-detached ☐ Detached ☐ Other (please give details)

4. Year Property Built Number of bedrooms A Listed Property? If yes, state grade

5. Construction of walls Construction of roof Percentage of flat roof

6. Is the property to be insured:

a) self contained, having a sperate entrance under your sole control? Yes ☐ No ☒

b) furnished and occupied solely by you and your family as your permanent place of residence Yes ☐ No ☒

c) 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?

d) a holiday home? Yes ☐ No ☐

Is the holiday home used by family/friends only ☐ or Holiday Lets ☐ (please tick as appropriate)

e) occupied by boarders and/or lodgers? Yes ☐ No ☐

If Yes, what is the maximum number of lodgers/paying guests staying at your property at any one time?

f) used partly for bed and breakfast purposes? Yes ☐ No ☐

If Yes, How many bedrooms are used for guests?

What is the maximum amount of guests staying at any one time?

Is the property licensed? Yes ☒ No ☐

g) used for any business, trade or professional purpose?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes,				
Is the work of a clerical nature only?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If you have business visitors to your home, what is the maximum number of visitors per week?		<input type="text"/>		
Do you employ anyone in connection with your home business other than your own family?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Do you require cover for business equipment (clerical only) which exceeds £3,000 in total?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please provide further details at the end of this section				
h) used in relation to your occupation as a childminder?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes,				
Are you registered as a childminder with the Local Authority?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
What is the maximum number of children in your care not including your own children?		<input type="text"/>		
Are there any staff employed to assist you in the childminding activities	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
i) a Weekend/Weekday Home?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
j) multi-occupied?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(For example, if the property is a block of flats where a proportion may be owner occupied and the other professionally let.)				
If Yes, please provide further details at the end of this section.				
k) likely to be left unoccupied for more than 60 consecutive days in any one year?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
l) in a neighbourhood free from a history of storm or flooding and not in the vicinity of any rivers, streams or tidal waters?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
m) in a good state of repair and will be so maintained?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
7. In respect of subsidence, heave or landslip; is the property to be insured:-				
a) showing any signs of damage (such as cracks, inside or outside)?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b) showing any signs of movement or been the subject of structural repairs at any time?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

If you have ticked any of the shaded boxes in sections B or C, please provide full details below, noting the question number beside your comments (if there is insufficient space, please complete on a separate piece of paper and attach to the proposal).

D. Buildings Insurance

Is Buildings cover required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1. State the buildings sum insured (this must represent the full cost of rebuilding including allowance for demolition costs and architects' and surveyors' fees) (minimum sum insured £35,000) £ <input type="text"/>				
2. Is accidental damage cover required for an additional premium?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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 £50).				
£100	<input type="checkbox"/>	£150	<input type="checkbox"/>	£250 <input type="checkbox"/> £500 <input type="checkbox"/>
4. Please state name and address (and relevant reference number) of other interested parties e.g. Mortgage provider:				

E. Contents Insurance

Is contents cover required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Your sum insured must represent the full cost of replacing everything as new, except clothing and household linens where an allowance should be made for wear and tear. Please see Summary of Cover for full details.				
Please do not include any items under this section which you wish to cover under Section F Valuables and Personal Effects.				
1.	Please state the contents Sum Insured (minimum £15,000 unless you rent the property where the minimum is reduced to £5,000). £ <input type="text"/>			

2. Does the total value of all valuables i.e. jewellery, gold, silver, plate articles, watches, pictures and other works of art, stamp, coin and medal collections, exceed one third of the contents sum insured or has any one item a value greater than 5% of the contents sum insured?
- (if YES, please provide details). Note: exclude any items to be covered separately under Section F
- Yes☐No☐

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 £50).
- £100☐£150☐£250☐
5. a) Is the main entrance door fitted with 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? (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 in addition to existing locks or a lock to the standard in a) above? (As shown in Security Note)
- Yes☐No☐
- c) If you have sliding patio doors, are they fitted with a key operated patio door lock mounted internally on the center rail(s) or protection to the standard in b) above? (As shown in Security Note)
- Yes☐No☐
- d) Are all opening windows and skylights on the ground floor and those which are accessible on other floors, fitted with key operated security devices ? (As shown in Security Note)
- Yes☐No☐
6. Is your home protected by an intruder alarm system installed and maintained by an NSI or SSAIB recognised firm?
- Yes☐No☐
7. Is your home protected by smoke alarm(s)?
- Yes☐No☐
8. Does anyone living at the property regularly smoke?
- Yes☐No☐
9. Are you a member of a registered Neighbourhood Watch Scheme, or another Police approved scheme?
- Yes☐No☐
10. 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
-

F. Valuables and Personal Effects

Is Valuables and Personal Effects cover required?

Yes☐No☐

This section provides cover for valuables and personal effects away from the home. For example, jewellery, watches, cameras, pedal cycles etc. Please provide a copy of a valuation for all items with an individual value over £2,500.

1. Unspecified Items (maximum £1,000 any one item, minimum total sum insured £1,000)
- £
2. Specified items (with an individual value over £1,000) please attach a separate sheet if necessary

Description of item	Sum Insured

SECURITY NOTE:

Is the property fitted with:

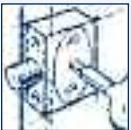
- (a) either a lock approved to BS3621 or a mortice deadlock of at least 5 levers or a rim automatic deadlatch with a key-locking handle on the inside or a key-operated multi-point locking system with at least three fixing points and a lock cylinder with at least five pins to the main entrance door?
- (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?



Mortice Deadlock



Sliding patio door lock



Key operated mortice bolt



Sash window lock



Key operated mortice lock



Metal casement window lock



Wood casement window lock

G. 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
£				
£				
£				
£				

H. Garden Cover

Is Garden cover required? Yes ☐ No ☐

I. Sports Equipment

Is Sports Equipment Cover required? Yes ☐ No ☐

J. Personal Accident Cover

Is Personal Accident Cover required? Yes ☐ No ☐

K. Payment Details and Cover Start Date

1. Date you want cover to start

Please note that no cover is in force until acceptance is confirmed by Towergate Underwriting Household.

2. If you wish to pay annually, simply send your payment and completed application to your agent.

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.

This policy is underwritten by a consortium of leading UK insurers. 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	<input type="text"/>	Date	<input type="text"/>
Signature of joint proposer	<input type="text"/>	Date	<input type="text"/>

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 777710 Fax: 01708 777711
household@towergate.co.uk www.towergate.co.uk

Towergate Underwriting and Towergate Underwriting Household

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