

## Household Quotation Form

## Important

For this contract to be valid, all the information you have given us must be true and complete. If there are any changes in your circumstances and / or the information you have provided is no longer true, valid or up to date you must tell the intermediary who arranged the policy for you, or us, as soon as is reasonably possible as this may affect your policy and your ability to claim under it.

ate cover to commence:	Click here to enter a date.		
urrent Insurer:	Excess:	Premium:	Source:
Quotations are issued on th	e basis that your client has:		
1. Never had insuranc	e refused, cancelled or declared	void	
2. Never had special to	Never had special terms, restrictions or conditions imposed by an insurer		
3. Never been charged	3. Never been charged with or convicted of any offence (other than motoring offences) received a police caution or have any		
pending prosecutio	n		
4. Never been declare	d bankrupt, been subject to bar	kruptcy proceedings, entered	into Individual Voluntary Agreement (IVA
or received a Count	y Court Judgement (CCJ)		
If all statements above are r	not true you must provide addi	tional information to qualify	a quotation
	claim(s), including loss date(s),		? Yes No
lease provide full details of o	-		: 165_ 140_
lease provide full details of o	claim(s), including loss date(s),		
lease provide full details of o	claim(s), including loss date(s),	cost(s) description(s):  Ultimate Benefic	iary Name:
lease provide full details of o	claim(s), including loss date(s),	Cost(s) description(s):  Ultimate Benefic	
Clease provide full details of collient Information  Trust Name / Company Name  Trust Name / Tru	claim(s), including loss date(s),	Cost(s) description(s):  Ultimate Benefic  Your Partne	iary Name:
Clease provide full details of college of the colle	claim(s), including loss date(s),	Cost(s) description(s):  Ultimate Benefic	iary Name:
Client Information  Trust Name / Company Na  You  Title First name (s) Surname Date of birth	claim(s), including loss date(s),	Ultimate Benefic  Your Partne  Title First name (s) Surname Date of birth	iary Name:
Client Information  Trust Name / Company Na  You  Title First name (s) Surname Date of birth Occupation	claim(s), including loss date(s),	Ultimate Benefic  Your Partne  Title  First name (s)  Surname  Date of birth  Occupation	iary Name:
Client Information  Trust Name / Company Na  Title First name (s) Surname Date of birth Occupation	claim(s), including loss date(s),	Ultimate Benefic  Your Partne  Title First name (s) Surname Date of birth	iary Name:
Client Information  Trust Name / Company Name  Title  First name (s)  Surname  Date of birth	claim(s), including loss date(s),	Ultimate Benefic  Your Partne  Title  First name (s)  Surname  Date of birth  Occupation	iary Name:
Client Information  Trust Name / Company Na  You  Title First name (s) Surname Date of birth Occupation Employer	claim(s), including loss date(s),	Ultimate Benefic  Your Partne  Title  First name (s)  Surname  Date of birth  Occupation	iary Name:
Client Information  Trust Name / Company Na  You  Title First name (s) Surname Date of birth Occupation Employer  Property to be insured	claim(s), including loss date(s),	Ultimate Benefic  Your Partne  Title  First name (s)  Surname  Date of birth  Occupation	iary Name: er/Joint Insured
Client Information  Trust Name / Company Na  You  Title First name (s) Surname Date of birth Occupation Employer  Property to be insured	me:	Ultimate Benefic  Your Partne  Title  First name (s)  Surname  Date of birth  Occupation	iary Name: er/Joint Insured



# Household Quotation Form

NISK Details		
How many years have you owned this add	dress? Year of build	
Is the property constructed of brick or stone If NO, please provide additional information	with a slate or tiled roof?	Yes□ No⊠
Is the property occupied as your main resid If NO, please provide additional information	ence?	Yes No
Will the property be unoccupied for more th If YES, please provide additional information	an 60 consecutive days?	Yes No
Please confirm the property type i.e. detach	ned house, flat etc.	
If property is a flat, please confirm floor flat	is on and if benefits from 24hr porterage	
Is the property in a good state of repair and	will be so maintained?	Yes No
Has the property ever suffered from any pre If YES, please provide additional information	evious flood or within 250m of watercourse?	Yes No
heave or landslip or ever suffered subsiden If any repairs/monitoring for such damage due	s of damage that may be due to subsidence, ice, heave or landslip? e to subsidence, heave or landslip have been undertaken, settlement he property has been subject to survey which mentions additional info	
Are there any trees over 3m tall within 7m of the state o		Yes No
Are there any renovations or construction was If YES, please provide additional information	vork underway or planned within the next 12 months?	Yes No
ls property listed? .	Is the property used for any business use?  Please provide additional information.	Yes No
Is the property open to the public?  Please provide additional information.	Does the property have a basement? Confirm use i.e. gym, wine cellar etc.	Yes No
Are there any domestic staff employed at th	ne insured address?	Yes No
Security and Fire Protection		
Is the property secured by 5 lever mortice d	leadlocks and all final entrance and exit doors?	Yes□ No⊠
Is the property secured with key operated w	vindow locks on all ground floor and accessible windows?	Yes□ No⊠
Is the property secured with key operated lo	ocks on patio doors, french windows, fan lights and sky lights?	Yes No
ls CCTV installed and fully operational at th	ne insured address?	Yes No
What type of fire detection is in operation? i	i.e. smoke detectors, central station etc.	
What type of intruder alarm/signalling is in o	operation? i.e. bells only, Redcare etc	
If safe installed please provide make, mode	el, rating and anchorage method.	
Is the safe in an alarm protected area?		Yes No



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### Cover Requirements

Please note individual jewellery items over £30,000 and fine art /collections over £30,000 must be listed individually providing current replacement value. The list must be submitted to us and will be required in the event of a claim. Valuations and/or proof of ownership will be required to be produced in the event of a claim.

Buildings		
Main House	Other Permanent Structures	Tenants Improvements
£	£	£

Contents		
General Contents	Contents in the Open	Contents in the Cellar
£	£	£

Collections		
	Specified	Unspecified
Paintings, pictures, prints, antique	£	£
furniture, clocks and mechanical art		
Precious metals (non-jewellery)	£	£
Sculptures and statues	£	£
Guns	£	£
Wine	£	£
Other	£	£

### Jewellery and Watches

For items permanently kept in the safe, a full inventory including description and value is required.

	Specified	Unspecified
Jewellery worn	£	£
Jewellery not worn in home safe	£	
Jewellery in bank (provide bank address)	£	

#### Additional Information

Please provide any additional information which may help in underwriting the risk, i.e. lifestyle and risk management of this client.

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