

HOLIDAY HOME INSURANCE PROPOSAL



The Holiday Home Insurance “Keyfacts” document should be read before you complete this Proposal.

Please complete all details on this Proposal in BLOCK CAPITALS.

A. DETAILS OF PROPOSER(S)

(Names in full please)

1. First Named: (Mr/Mrs/Miss/Ms) Occupation (full & part-time) Exact nature of business Date of Birth			
	Day	Month	Year
2. Joint Proposer: (Mr/Mrs/Miss/Ms) Occupation (full & part-time) Exact nature of business Date of Birth			
	Day	Month	Year
3. Name of spouse/partner if not a joint proposer: (Mr/Mrs/Miss/Ms) Occupation (full & part-time) Exact nature of business Date of Birth			
	Day	Month	Year
4. Full Postal Address:	Postcode		
5. Telephone Number:			
6. Address of property to be insured:	Postcode		
7. When is the policy to start?	Day	Month	Year

B. PERSONAL INSURANCE EXPERIENCE

	Yes	No
1. Have you or anyone normally living with you:		
(a) held or currently hold any form of home insurance at this or any previous address?	<input type="checkbox"/>	<input type="checkbox"/>
if Yes , please give name and policy number of insurers, or if No , please explain the reason for being uninsured:		
(b) had any property or possessions stolen lost or damaged or any claims made against any of you in the last 6 years (even if not insured)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) been refused any insurance or had special premiums or conditions applied by an insurer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) ever been convicted of, or charged with but not yet tried for, any criminal offence other than motoring offences?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) ever been declared bankrupt or been the subject of bankruptcy proceedings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any shaded boxes are ticked, give full details below:		

C. ABOUT THE HOLIDAY HOME TO BE INSURED

1. Tick the description of the holiday home below - if it is a flat, also show if it is in a purpose built block or a converted building

house	<input type="checkbox"/>	bungalow	<input type="checkbox"/>	flat	<input type="checkbox"/>	} a purpose built block of flats	<input type="checkbox"/>	} how many flats in the building	
other (please describe									

2. **Is the holiday home situated on or in a:**
 City or Town Village Holiday Site Coastal Resort Island Other (detail below)
3. **Do you and your family use the premises as a holiday home?** Yes No
4. **Are the premises lent, let or sub-let as a holiday home by you?** Yes No
5. **During periods of unoccupancy, how regularly are the premises inspected and by whom? (e.g. neighbour, agent)**

6. **How long have you owned the holiday home?**
7. **Number of bedrooms in the holiday home?**
8. **Is the holiday home:**
- (a) built of brick, stone or concrete and roofed with slate, asphalt, metal concrete or tile? Yes No
- (b) in good condition and to be so maintained? Yes No
- (c) in an area that, to your knowledge, is normally free from flooding, subsidence, heave or landslip? Yes No
- (d) free from any sign of damage by subsidence, heave or landslip? (signs of subsidence are often shown by cracking or bulging of walls) Yes No
- (e) within 500 metres of any rivers, streams or tidal waters? Yes No

If **Yes**, (i) give the approximate height above water mark
 (ii) give distance from high water mark

metres	metres

9. **Does any part of the building have a flat roof area?** Yes No
- If **Yes**, state the approximate % of flat roof area
- What is the flat roof area constructed of?

If any shaded boxes are ticked, give full details below :

D. ANSWER ONLY IF BUILDINGS COVER REQUIRED

1. **Is the holiday home built** Yes No
- (a) on a sloping site? Yes No
- (b) in a mining area? Yes No
2. **Has any part of the holiday home ever been underpinned or required any other remedial work in connection with subsidence, heave or landslip?** Yes No
3. **Are there trees or shrubs within 15 metres of the holiday home which are more than 10 metres tall?** Yes No
- If **Yes**
- (a) how far from the nearest building (including garages and outbuildings)?
- (b) approximately how tall?
- (c) species of trees/shrubs? e.g. oak, poplar
- (d) are the nearest trees/shrubs on your land? Yes No
- If **No**, whose land are they on?
4. **Has it ever been necessary to repair drains other than to clear blockages?** Yes No
5. **Have you a valuation or surveyors report for the holiday home?** Yes No
- If **Yes**, has any reference been made to settlement, movement, structural defect or previous structural repairs? Yes No
6. **Is the holiday home a listed building?** Yes No
- If **Yes**,
- (a) is it Grade 1 or Grade 2?
- (b) state the reason for listing?

BUILDINGS

1. When was the holiday home built? (If not known give the approximate year)
2. Please enter the amount to be insured. **Buildings Sum Insured** £
(Minimum £30,000)
This must represent the full cost of rebuilding the property, including related costs as described under heading SUM INSURED on page 2 of the Holiday Home Insurance "Keyfacts" document.
3. Do you want to pay the first amount of every claim, known as the "Voluntary Excess"? Yes No
If Yes, tick the amount required £150 £250 £500
4. Do you wish to have the Accidental Damage optional extension? Yes No
5. Is the name of the interested party to be recorded, such as mortgagee, freeholder or leaseholder etc? Yes No
If Yes, give Name, Address, Account Number and type of interest below:

CONTENTS

1. Please enter the amount to be insured **Contents Sum Insured** £
(Minimum £10,000)
This must represent the cost of replacing all contents, as new, less only a deduction for wear, tear and depreciation on clothing and household linen.
2. Do you want to pay the first amount of every claim, known as the "Voluntary Excess"? Yes No
If Yes, tick the amount required £150 £250 £500
3. Do you wish to have the Accidental Damage optional extension? Yes No

SECURITY PROTECTIONS

Please check the Prospectus for further information

- A. Are all the doors and windows of the holiday home protected as described under heading PROTECTING AGAINST INTRUDERS in the Holiday Home Insurance "Keyfacts" document? Yes No
- B. Is there an intruder alarm system? Yes No
If Yes,
1. was it installed by a NACOSS approved installer? Yes No
2. is it covered by an annual maintenance contract? Yes No
3. does it communicate with a central station? Yes No
if Yes, tick the type of signalling
 Digital Redcare Direct Line Paknet
4. state name of installer/maintainer of alarm

Please enclose a copy of the certificate and system specification with this Proposal.

C. If the holiday home is a flat:

1. on which floor is it situated?
2. the answer to question A. above should only apply to the flat and not the rest of the building. Are there any extra security protections to the building, such as entry door phone, grilles on doors and windows, security reception etc.? Yes No

If any shaded boxes in questions A. or C. are ticked, give full details below:

LIABILITY INSURANCE is automatically included

DOMESTIC & LEGAL HELPLINES are automatically included

MATERIAL FACTS

IMPORTANT MATERIAL FACTS EXPLANATION

A material fact is any fact that could influence the assessment or acceptance of this Proposal. **Failure to tell Insurers of a material fact may lead to a policy being of no effect.** If you are in doubt as to whether a fact is material, for your own protection you should advise the Insurers through your insurance intermediary or AUA INSURANCE. Please detail any material facts below.

PLEASE READ, SIGN AND DATE THE DECLARATION BELOW

Please keep a record, including copy letters, of all information you give to enter this contract. If you ask, AUA INSURANCE will give you a copy of this Proposal. The liability of Insurers does not begin until they have accepted this Proposal.

DECLARATION AND SIGNATURE

I/We declare that to the best of my/our knowledge and belief the statements made in this Proposal are true and complete and if any of these statements are in the writing of another person, he or she acted as my/our agent for this purpose. I/We ask Insurers to act upon these statements and issue a contract of insurance between us. I/We agree to accept its policy terms, conditions and exclusions. I/We consent to the seeking of information from other Insurers to check the answers I/we have provided and I/we authorise the giving of information for such purposes.

I/We undertake to advise Insurers as soon as possible of any changes to the information provided in this Proposal, or if I/we become aware of any material facts which may affect this insurance.

I/We agree that any information provided to Insurers regarding me/us for the purposes of accepting insurance and handling any claims may, if necessary, be divulged to third parties, provided it will be processed by Insurers in compliance with the provisions of the Data Protection Act 1998.

Signature(s)	Date
---------------------	-------------

