

# HOME ADVANTAGE INSURANCE PROPOSAL



The Home Advantage Insurance “Keyfacts” document should be read before you complete this document

Please complete all details in this proposal in BLOCK CAPITALS and tick appropriate boxes.

## 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:**  
 Occupation: (full & part-time)  
 Exact nature of business:  
 Date of Birth: 

Day	Month	Year
-----	-------	------

4. **Full Postal Address:**

Postcode
----------

5. **Phone Number:**

--

6. **Address of property to be insured if NOT as above:**

Postcode
----------

7. **When is the policy to start?**

Day	Month	Year
-----	-------	------

## B. PERSONAL INSURANCE EXPERIENCE

	Yes	No
1. <b>Have you, or any one normally living with you:</b>		
(a) 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 type="checkbox"/>	<input type="checkbox"/>
(b) been refused any insurance, or had special premiums or conditions applied by any Insurer?	<input type="checkbox"/>	<input type="checkbox"/>
(c) ever been convicted of, or charged with but not yet tried for, any criminal offence other than motoring offences?	<input type="checkbox"/>	<input type="checkbox"/>
(d) ever been declared bankrupt or been the subject of bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
(e) held or currently hold any form of property insurance at this or any previous address?	<input type="checkbox"/>	<input type="checkbox"/>

If **Yes**, please give name, address and policy number of Insurers below.  
 If **No**, please explain the reason for being uninsured.

<b>Details of Insurers or reason for being uninsured:</b>
---

**IF ANY SHADED BOXES ARE TICKED, GIVE FULL DETAILS HERE:**

--

## C. ABOUT THE HOME TO BE INSURED

1. **Tick a description of the property below:**

a house       a bungalow       a flat

a purpose built block of flats       }      how many flats

or       }      in the building

a house converted to flats

other (please describe) 

--

detached       semi detached       terraced

<b>2. Is the home:</b>	<b>Yes</b>	<b>No</b>
(a) owned by you? If <b>No</b> , is it;                      rented furnished? <input type="checkbox"/> or unfurnished? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) your normal residence? (i.e. not used as a weekend, weekday or holiday home)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) self contained, with no shared facilities and its own lockable entrance from the street, hall or landing under your sole control?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) lived in by anyone other than you, your spouse/partner or children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) or any part of its buildings or grounds used for any business, trade or professional purposes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) regularly left unattended during working hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(g) left unoccupied for more than 30 days at any one time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. How long have you lived in, or owned the home?</b>	<input type="text"/>	
<b>4. How many bedrooms are in the home?</b>	<input type="text"/>	
<b>5. Is the home?</b>		
(a) built of brick, stone or concrete and roofed with slate, asphalt, metal, concrete or tile?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) in good condition and to be so maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) in an area that to your knowledge is normally free from subsidence, heave or landslip?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) free of any signs of damage by subsidence, heave or landslip? (Signs of subsidence are often shown by cracking or bulging of walls).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(e) in a neighbourhood that has previously suffered from flood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**IF ANY SHADED BOXES FROM PART C. ARE TICKED, GIVE FULL DETAILS HERE:**

**D. ANSWER ONLY IF BUILDINGS COVER IS REQUIRED.**

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

**BUILDINGS**

<b>1. When was the home built? (If not known, give the approximate year)</b>	<b>Year Built</b>	<input type="text"/>
<b>2. Please enter the amount to be insured.</b> This must represent the full cost of rebuilding the home, including related costs as described under heading SUM INSURED on page 2 of the Home Advantage Insurance "Keyfacts" document.	<b>Buildings Sum Insured</b>	<input type="text"/>
	£	(Minimum £200,000)
<b>3. Do you want to increase the first amount of every claim that you pay?</b>	<b>Yes</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If <b>Yes</b> , tick the amount required:      £100 <input type="checkbox"/> £250 <input type="checkbox"/> £500 <input type="checkbox"/> £1000 <input type="checkbox"/>		
<b>4. Is the name of an interested party to be recorded, such as mortgagee, freeholder or leaseholder etc?</b>	<b>Yes</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If <b>Yes</b> , give, name, address, account number and type of interest below:		

## CONTENTS

1. Please enter the amount to be insured (excluding Valuables which consist of jewellery, precious metals, watches, gemstones, furs, cameras, binoculars, musical instruments, fine art, antiques, guns, televisions, home computers and audio and video equipment and stamp, coin, porcelain, wine and medal collections) in the appropriate box below:

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. If you are a tenant, it must also include the full value of any interior decorations and improvements for which you are responsible.

	<b>Contents Sum Insured</b>	£
Fine art and antiques	Sum Insured	£
Guns	Sum Insured	£
Jewellery, watches, gemstones and furs	Sum Insured	£
Precious metals (Platinum, gold or silver items or plated items not forming part of jewellery)	Sum Insured	£
Other Valuables	Sum Insured	£
<b>Total Contents</b>		£

(Minimum £75,000)

Please state below any individual item, set or collection of Valuables included in the above sums insured with a value of over £3000.

If any items are kept in bank deposit, please identify with an asterisk.

**SPECIFIED VALUABLES** Provide evidence of value for all items listed. Describe full details, serial numbers etc.

Description	£	Description	£
<b>Total of Specified Valuables</b>			

2. Do you want to increase the first amount of every claim that you pay? Yes  No

If Yes, tick the amount required:    £100     £250     £500     £1000

## SECURITY PROTECTIONS

	Yes	No
<b>A. Are all the doors and windows of the home protected as described under heading PROTECTING AGAINST INTRUDERS in the Home Advantage "Keyfacts" document?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>B. Is the home within a police approved neighbourhood watch area?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Is there a security safe for jewellery etc.?</b> If Yes, please show below, make model and type, i.e. wall, under-floor or free standing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>D. Is there an intruder alarm system?</b>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes,		
1. was it installed by a NACOSS approved installer?	<input type="checkbox"/>	<input type="checkbox"/>
2. is it covered by an annual maintenance contract?	<input type="checkbox"/>	<input type="checkbox"/>
3. does it communicate with a central station?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, tick the type of signalling:		
Digital <input type="checkbox"/>	Redcare <input type="checkbox"/>	Direct Line <input type="checkbox"/>
Paknet <input type="checkbox"/>		
If available, enclose a copy of the certificate and system specification with this Proposal.		
4. state name of installer/maintainer of alarm:		
<b>E. If the home is a flat:</b>		
1. are there any accessible windows?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. on which floor is it situated?		
3. 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.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**IF ANY SHADED BOXES ARE TICKED, GIVE FULL DETAILS HERE:**

**LIABILITY INSURANCE is automatically included**

**DOMESTIC & LEGAL HELPLINES are automatically included**

**FAMILY LEGAL EXPENSES are automatically included**

**HOME ASSISTANCE PLUS is 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. 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 the 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 the 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 the 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 the Insurers regarding me/us for the purpose of accepting insurance and handling any claims may, if necessary, be divulged to third parties, provided that it will be processed by the Insurers in compliance with the provisions of the Data Protection Act 1998.

<b>Signature(s)</b>	<b>Date</b>
---------------------	-------------



Registered in England No 789566 Registered Office St Helen's 1 Undershaft London EC3A 8ND  
AUA INSURANCE is a business name of Allied Underwriting Agencies Limited