

GGFi SP Home Insurance Proposal Form

Please complete this proposal form in Block Capitals. Should you require any further space then please use a continuation sheet or piece of paper.

We will use the information you give on this proposal form to decide whether we are able to offer you cover, and if so at what terms, or if additional information is required.

You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, your insurance cover may not protect you in the event of a claim, and your insurance may be invalidated.

Pout vou Full Name(s) and Title	Date of Birth		Occupation including Part-Time and Voluntary Work (detailed descriptions, please)			
1)						
2)						
Premises Address:						
			ostcode			
elephone Numbers: Home:						
-mail address:						
orrespondence Address is different from above :-						
			ostcode	e		
ave you or any permanent member of your househ	old:					
n the last five years, had any property stolen, lost or amaged (whether insured or not)?	Yes	No	If	Yes, please give	details.	
n the last five years, had any claims made gainst you or them(whether insured or not)?	Yes	No		, ,		
eceived a police caution?	Yes	No				
een charged with any offence?	Yes	No				
een convicted with any offence?	Yes	No				
ny prosecutions pending for any offence?	Yes	No				
ver had insurance refused?	Yes	No				
ver had insurance cancelled?	Yes	No				
ver had any insurance subject to special terms nd conditions?	Yes	No				
About your Home s it: –						
a house a bungalow a flat	if fl	lat, what floor		other	If other, please provide full	
letached semi-detached terraced					details.	
lumber of bedrooms						
Vhen approximately was the property built?			If	Yes, please give	e details.	
s the home or any of its outbuildings grade sted?	Yes	No				
Have there been any extensions since original construction?	Yes	No				
Are you planning any refurbishment or structural works in the next 12 months?	Yes	No				

If you have a mortgage then please advise the following:

Name of Lender	Name of Lender Roll/Reference Number								
Address ———————————————————————————————————									
			Postcode —						
In complete and the continued									
Is your home and its outbuildings Built of brick, stone or concrete and roofed with slates, tiles, asphalt, metal or concrete? If No, please provide full details	Yes	No	Please provide full details.						
Excluding Single Ply Roofing systems are there any other flat roofs which exceeds 25% of the total roof area? If Yes, please give details.	Yes	No							
Within ¼ mile of any river, lake, stream, sea or watercourse? If yes please provide full details	Yes	No							
Are there any trees or shrubs within 10 metres (33ft) of the premises (whether inside or outside your boundary) which are more than 3 metres (10ft) tall? If yes, please provide full details.	Yes	No							
Has your home and its outbuildings – If Yes, please provide full details If Yes, please give details.									
Suffered any damage attributable to Subsidence, Landslip, Heave, Coastal or River Erosion?	Yes	No	ir res, piease give details.						
Ever been monitored for Subsidence, Landslip, Heave, Coastal or River Erosion?	Yes	No							
Had any signs of damage which may be attributable to Subsidence, Heave or Landslip, Coastal or River Erosion, such as step or diagonal cracking to walls?	Yes	No							
Neighbouring properties, as far as you know, suffered any damage attributable to Subsidence, Landslip, Heave, Coastal or River Erosion?	Yes	No							
Previously been flooded?	Yes	No							
Been confirmed as being within an environmental agency recognised flood area?	Yes	No							
Is your home Occupied by anyone other than you and your family e.g. resident domestic staff, lodgers, tenants or holidaymakers?	Yes	No							
Or any of its outbuildings used for business or professional purposes?	Yes	No							
A d h - l'.d h f 2	Yes	No							
Regularly left unattended	,	No							
during working hours?	Yes								
for more than 30 consecutive days at any time?	Yes	No							
or its Gardens open to the Public?	Yes	No							
Have all your doors and windows been fitted with the fo	ollowing?		If Yes, please give details						
External doors with a five lever mortise deadlock or multi-point locking system?	Yes	No							
All accessible windows, and lights and skylights fitted with key operated locks?	Yes	No							
Patio and French doors with key operated locking bolts top and bottom?	Yes	No							
Is there an Intruder Alarm System?	Yes	No							
Has it been professionally installed?	Yes	No							
Do you have an annual maintenance agreement with a SSAIB or NSI registered installer? What is the method of signalling?	Yes	No							
Bells only Central Station	BT Redca	are	Please provide details of other systems and of any problems with the alarm in the last 2 months						
Mobile notification Other			or if cover withdrawn at any time.						
Have any other security systems been installed, for exar	nple:								
Surveillance cameras, monitored or otherwise	Yes	No	If Yes, please give details.						
Infrared lighting	Yes	No No							
Do you have any of the following in place and in working		-							
Battery operated smoke alarms Central Station f		arms							
Fire blankets Fire extinguishe	rs								

Cover Required (You can select Buildings, Contents or both)

Date Cover is to commence (if different from above): The sum insured must represent the full cost of replacing everything as new within the home, excellable allowance should be made for wear and tear. To you have full independent Professional Valuations/Purchase Receipts which are no more than a continuous professional Valuations (Sum Insured). The commence (if different from above): The commence (i	Total £ Yes No
Main Home E Outbuildings E Outpuildings Co you wish to include 'Accidental Damage' cover on your buildings? Date Cover is to commence (if different from above): The sum insured must represent the full cost of replacing everything as new within the home, excellation and tear. To you have full independent Professional Valuations/Purchase Receipts which are no more than a control you wish to include 'Accidental Damage' cover on your contents? The sum insured Sum Insured Sum Insured	Total £ Yes No Popt clothing and household linen where three years old? Yes No
Main Home £ Outbuildings £ Do you wish to include 'Accidental Damage' cover on your buildings? Date Cover is to commence (if different from above): The sum insured must represent the full cost of replacing everything as new within the home, excellable and the sum indicated by you have full independent Professional Valuations/Purchase Receipts which are no more than a control you wish to include 'Accidental Damage' cover on your contents? Do you wish to include 'Accidental Damage' cover on your contents? Sum Insured	Yes No Pept clothing and household linen where three years old? Yes No
Do you wish to include 'Accidental Damage' cover on your buildings? Date Cover is to commence (if different from above): The sum insured must represent the full cost of replacing everything as new within the home, excellation and be made for wear and tear. To you have full independent Professional Valuations/Purchase Receipts which are no more than a contract of the professional Valuations (Sum Insured). Do you wish to include 'Accidental Damage' cover on your contents?	ept clothing and household linen where three years old? Yes No
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Do you have full independent Professional Valuations/Purchase Receipts which are no more than a Do you wish to include 'Accidental Damage' cover on your contents? Sum Insured	three years old? Yes No
Do you wish to include 'Accidental Damage' cover on your contents? Sum Insured	
ums Insured Sum Insured	Yes No
Sum insured	
Sum insured	
General Contents within the Home	
Individual Items Limited	d to £2,500 or 33.3% of the Contents
Sums Insured; whicheve	er is less, within the private dwelling
Pedal Cycles <u>£</u>	
Guns <u>£</u>	
<u>Total</u> <u>£</u>	
All Risks cover required on items (Valuables and Personal Possessions - including jewellery, gold,	
pictures and prints, clothing, baggage, sports, camera or music equipment, portable electronic e carried about the person and all of which belong to you) whilst away from the home. NB Mobile Sum Insured	quipment and other similar items norm
carried about the person and all of which belong to you) whilst away from the home. NB Mobile Sum Insured	quipment and other similar items norn e Phones must be specified separately
carried about the person and all of which belong to you) whilst away from the home. NB Mobile	quipment and other similar items norn e Phones must be specified separately
Carried about the person and all of which belong to you) whilst away from the home. NB Mobile Sum Insured Unspecified Items (Items under £5,000 in value) £ Portable Ele	quipment and other similar items norn e Phones must be specified separately ctronics f d provide a recent proof of value carri
Unspecified Items (Items under £5,000 in value) Sum Insured Portable Ele Specified Items Including Mobile Phones Please list ALL MOBILE PHONES regardless of value and all other items over £5,000 in value and out in the last 3 years) or advise how you will substantiate the basis of valuation for insurance	quipment and other similar items norn e Phones must be specified separately ctronics f d provide a recent proof of value carri
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Valuables in Bank or Safe Deposit	Sum Insured		
Fine Art and Antiques	£		
Jewellery and Watches	£		
Guns	£		
Total	£		
Excess			
The standard policy excess is £100 Where it is not an underwriting requirement you may s	select a higher excess for which addit	ional discounts will be gi	ven:
£250 £500 £1000	If Buildings Cover is selected th sections (other than Subsidence	e which if the property is	
DISCLOSURE	will be NIL or thereafter £1,000	each and every loss)	
You are reminded of the need to answer the questions cover may not protect you in the event of a claim and		ur knowledge. If you do n	ot do so, your insuranc
If you are in any doubt about whether to provide infor GGFi SP Home Administrators on 01732-749559.	mation when filling in this form, pleas	se provide the information	on or consult
DECLARATION			
I/We declare that the information given in this proposor not) is, to the best of my/our knowledge and belief			
I/We understand that the signing of this proposal form insurance and that the insurance will not be in force u agree that the completed proposal and any additional Underwriters at Lloyds.	ntil the proposal has been accepted b	y GGFi SP Home Insuran	ice Administrators. I/we
By signing this declaration I/We agree to my/our pers insurers (or anyone acting on their behalf) solely for t issued following my/our completion of this proposal f	he purpose of underwriting, adminis	tration and claims handl	
I/We declare that the answers I/We have provided are information which may influence the acceptance of the inaccurate or intended to mislead the insurers, the insclaims.	e proposal. I/We understand that if a	ny of the answers are lat	er found to be untrue,
Signatures of Proposer(s)			
Signature(s) of Proposers		Date: /	/
Insurers Use Only			
Proposal received and accepted			
Signed: Date:			