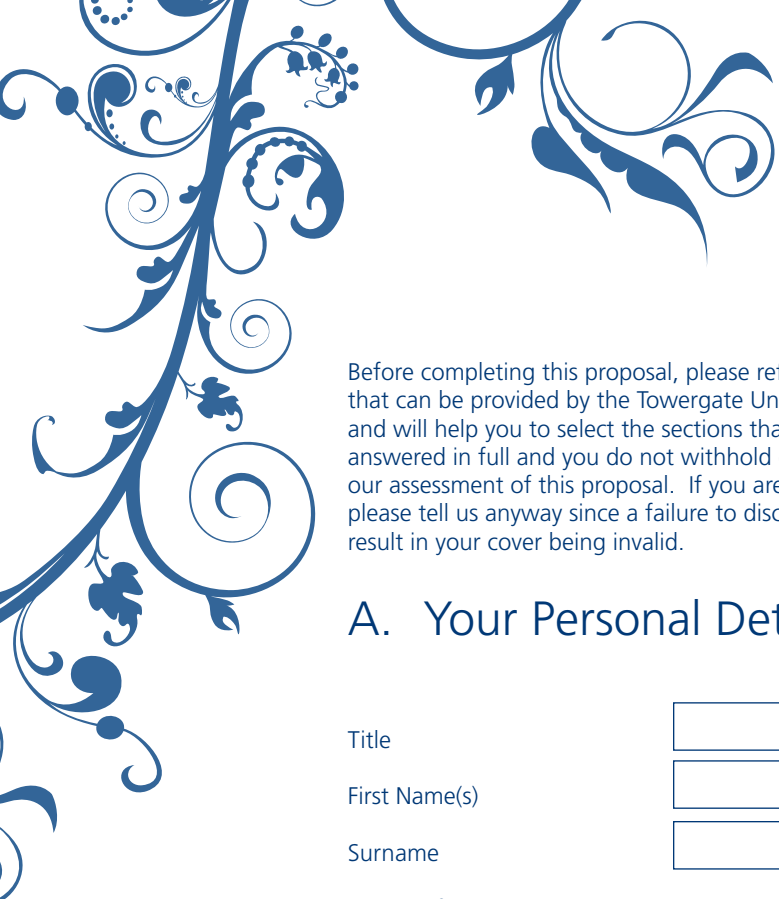




Private  
Clients  
Insurance  
Proposal Form





Before completing this proposal, please refer to the Policy Summary. This details the cover that can be provided by the Towergate Underwriting Private Clients Home Insurance policy and will help you to select the sections that meet your needs. Please ensure all questions are answered in full and you do not withhold or misrepresent any facts that are likely to influence our assessment of this proposal. If you are not sure whether something needs to be disclosed, please tell us anyway since a failure to disclose a material fact relevant to this insurance could result in your cover being invalid.

## A. Your Personal Details

	You	Your Spouse/Partner
Title	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Address for Correspondence:		
Address	<input type="text"/>	<input type="text"/>
Town		
County		
Postcode		
Your Occupation/Profession	<input type="text"/>	<input type="text"/>
Nature of Employers' Business	<input type="text"/>	<input type="text"/>
Contact Telephone Number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

## B. Your Previous Insurance History

Have you or any member of your household permanently living with you previously held insurance of this type? Yes  No

If yes, please state the name of your previous insurer, policy number and expiry date below:

Previous Insurer:	<input type="text"/>	Policy No.	<input type="text"/>
		Expiry date	<input type="text"/>

If no, Please provide reason:

Have you or any member of your household permanently living with you:

- a) had any special terms imposed by any insurer or had insurance cancelled, declined or renewal refused? Yes  No
- b) made any claim, suffered any loss or damage or had any claim made upon you or them in the last 5 years? (Please provide date and nature of loss and settlement amount below) Yes  No
- c) ever been convicted of, 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 or an Individual Voluntary Arrangement? Yes  No

If any of the shaded boxes have been ticked, please give details below:

## C. Cover Requirements

Address of Property to be insured (if different from Correspondence address):

Address	
Town	
County	
Postcode	

Use of Property	Main Residence	<input type="checkbox"/>	Weekday/Weekend *	<input type="checkbox"/>
	Holiday Home*	<input type="checkbox"/>	Let Property*	<input type="checkbox"/>
	Other	<input type="checkbox"/>		
Type of Property	House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
	Flat	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
	Other	<input type="checkbox"/>		
Style of Property	Terraced	<input type="checkbox"/>	Semi-Detached	<input type="checkbox"/>
	Detached	<input type="checkbox"/>	Other	<input type="checkbox"/>

\* Please note that to insure your weekend/weekday/holiday home, we must also insure your main residence

If you have answered 'Other' to any of the above questions, please provide details below:

**Is it:**

Occupied solely by you and your family? Yes  No

If no, please give details:

Regularly left unattended throughout the day? Yes  No

How long have you lived at your current address?

If the property is a flat:

Which floor is the flat on?

Is there a 24 hour Porter Service? Yes  No

**Construction of the property:**

Construction of Roof

Construction of Walls

Year of Construction

Number of bedrooms

Listed Property? (& Grade)

Does any part of your property (excluding outbuildings and garages) have a flat roof? Yes  No

If Yes, please confirm the percentage of the roof that is flat

**Is the property (including outbuildings):**

In a good state of repair and will be so maintained? Yes  No

Currently undergoing renovation work which may exceed £50,000 or is any such work planned within the next 12 months? Yes  No

Likely to be left unoccupied for more than 60 consecutive days or be unfurnished for more than 30? Yes  No

If you have ticked any of the shaded boxes, please give details below:

Is any part of the buildings used for business, trade or professional purposes? Yes  No

If yes:

Is the business use limited to clerical work only? Yes  No

Will there be more than 6 guests at the property at any one time in connection with Bed & Breakfast activities? Yes  No

Do you employ anyone in connection with the above business at the premises (other than your own family)? Yes  No

Does the value of your business equipment exceed £15,000? Yes  No

If you have ticked any of the shaded boxes above, please give details below:

**In respect of flood:**

Has your home ever flooded? Yes  No

Is it in an area liable to flooding, or have you been informed that your property is in a potential flood risk area? Yes  No

If you have ticked any of the shaded boxes above, please give details below:

**In respect of subsidence:**

Is your home showing any sign of subsidence, heave or landslip or any visible cracking internally or externally? Yes  No

Is your home situated in an area that has a history of such damage, or have any of your neighbours suffered from such damage? Yes  No

Has your home had any repairs or monitoring in connection with subsidence, heave or landslip? Yes  No

Are there any trees within 10m (30ft) of your home or outbuildings? Yes  No

If you have ticked any of the shaded boxes above, please give details below (please include type and height of trees and distance from your home):

**Security/Fire Protections**

Are all external doors secured by 5 lever mortice deadlocks or multi-point locking devices? Yes  No

Are all patio doors secured by multi-point locking devices or top and bottom patio door locks as well as the manufacturer's central locks? Yes  No

Are all accessible windows (including fanlights) fitted with key operated locks? Yes  No

If you have ticked any of the shaded boxes above, please provide details of what security you do have in place below:

Does the property have an intruder alarm system that is annually maintained under contract by an NSI GOLD, NACOSS, IKON or SSAIB recognised firm? Yes  No

Alarm signaling type:  
(i.e. Bells only, Dualcom, Redcare, Redcare GSM  
Redcare Home Monitoring, Central Station)

Is there a security safe in use at the property? Yes  No

If yes, please provide make, model, age, manufacturer's cash rating (if known) and confirm if it is anchored to the floor or wall:

Do you have any of the following in place and in working order:

- a) Battery Operated smoke alarms Yes  No
  - b) Central Station fire/smoke alarms Yes  No
  - c) Fire blankets Yes  No
  - d) Fire extinguishers Yes  No
  - e) Sprinkler system Yes  No
  - f) An active Neighbourhood Watch Scheme Yes  No
- Does anyone in the property smoke? Yes  No

**Buildings Insurance**

The sum insured requested for Buildings must reflect the full cost of rebuilding your home and any outbuildings including architects and surveyors fees. If your home is not of standard construction or is Listed, we would strongly recommend you seek professional advice.

Is Buildings cover required? Yes  No

If yes, please state building sum insured. (This must represent the full cost of rebuilding including allowance for demolition costs and architect's and surveyor's fees):

- a) Main Building
  - b) Outbuildings
  - c) Tenants Improvements
- Amended Excess Required? If so, state amount:  
(£250 Standard Excess)

Mortgage lender or interested party and relationship to the insured:

**Contents Insurance**

The sums insured requested must reflect the cost of replacing all your Contents, Art and Antiques and Jewellery and Watches as new.

**i) General Contents**

- Is Contents cover required? Yes  No
- Is the Homewoker Extension required? Yes  No

Please state sum insured required for:

- a) General Contents (inc. Specified items)
- General Contents (Specified items)

Description of Item	Sum Insured

b) Wine Collection

c) Saddles and Tack

d) Outdoor Items

Description of Item	Sum Insured

e) Tractor mowers, tractors or quad bikes

Description of Item	Sum Insured

Amended Excess Required? If so, state amount:  
(£250 Standard Excess)

**ii) Art and Antiques**

This section provides cover for Art and Antiques against loss or damage whilst at your home or anywhere in the world.

Is Art and Antiques cover required?

Yes  No

Please state the total sum insured for items falling under the Single Article Limit of £15,000 (Unspecified) and the sums insured for items with an individual value over £15,000 (Specified) below:

a) Gold, Platinum, Pewter and Silverware inc. Plate

Unspecified total

Description of specified Item	Sum Insured

b) Paintings, Drawings, Etchings, Maps, Prints, Photographs, Books, Manuscripts, Tapestries and Rugs

Unspecified total

Description of specified Item	Sum Insured

c) Clocks, Barometers, Guns, Curios, Objets d'art, Statues, Sculptures, Stamps, Coins, Medals etc.

Unspecified total

Description of specified Item	Sum Insured

d) China, Glassware and Porcelain

Unspecified total

Description of specified Item	Sum Insured

e) Antique Furniture and Designer Furniture

Unspecified total

Description of specified Item	Sum Insured

**iii) Jewellery and Watches**

This section provides cover for Jewellery and Watches against loss or damage whilst at your home or anywhere in the world.

Is cover required for Jewellery and Watches? Yes  No

Please state the total sum insured for items falling under the Single Article Limit of £5,000 (Unspecified) and the sums insured for items with an individual value over £5,000 (Specified) below:

a) Normally worn

Unspecified total

Description of specified Item	Sum Insured

b) Not normally worn and kept in your home

Unspecified total

Description of specified Item	Sum Insured

c) Kept in a safe in your home

Unspecified total

Description of specified Item	Sum Insured

c) Kept in a bank vault or safety deposit (please specify ALL items)

Description of specified item	Sum Insured

Please provide the name and address of the bank below:

## D. Annual Travel

This section covers the listed individuals' travel for the whole year

Is Annual Travel Cover required?

Yes  No

Title	First Name(s)	Surname	Date of Birth

Is Golf Cover required?

Yes  No

Is cover required for Winter Sports?

Yes  No

## Medical Questions

Do you or anyone listed above have any pre-existing or on-going medical condition? Yes  No

Are you or anyone listed above taking any prescribed medication? Yes  No

Have you or anyone listed above had any condition still requiring periodic review? Yes  No

Are you or anyone listed above awaiting any tests, treatment, investigation, referral or results of the same? Yes  No

If you have answered Yes to any of the Medical Questions, please telephone on **0845 071 9068** to confirm whether the insurance can be extended to cover the medical conditions(s) of you or anyone to be insured under this section.

## E. Insurance For Car Hire

This section covers you not only for the total amount of excess for which you are liable if your hire car is damaged or stolen, but also for damage to the roof and undercarriage of the car, and windows and tyres.

Is Insurance for Car Hire cover required? Yes  No

Please select your cover option from the list below:

a) Europe (£66)

b) Europe Family and Partners (£106)

c) Worldwide up to 30 days (£77)

d) Worldwide Family and Partners up to 30 days (£127)

## F. Claims Concierge Service

This section provides personal, on site assistance with the preparation, presentation and negotiation of any property and alternative accommodation claim over £10,000.

Is the Claims Concierge Service required? Yes  No

## G. Cover Start Date

Date you want cover to start:

## H. 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

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as a fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

You can ask us for more information about this.

You should show this notice to anyone who has an interest in property insured under this policy.

In assessing claims made insurers may also undertake checks against publicly available information as necessary such as electoral roll, county court judgements, bankruptcy or repossessions.

The insurer for policies underwritten under this scheme is Sterling Insurance Company Limited. It is administered on their behalf by Towergate Underwriting Private Clients.

To set up and administer your policy Sterling Insurance Company Limited and Towergate Underwriting Private Clients 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 Private Clients 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.

## I. 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).

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  Date

Signature of joint proposer  Date







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