



OVERSEAS PROPERTY PROPOSAL FORM

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS

Proposers Name

Title	First Names	Surname	Occupation	Age

E-mail address

Home address

Postcode

Tel. No.

ABOUT THE PROPERTY TO BE INSURED

Risk Address

1. What is the property used for? (delete as appropriate):

Holiday Home / Holiday Home Let / Main Residence (max 30 days unoccupancy) /

Other (specify)

2. What type of property is it? (delete as appropriate):

Villa / Chalet / Apartment / Other (specify)

If an apartment is it self contained?

Yes / No

3. Type of locks on external doors?

4. Type of window locks ?

5. Do you have bars or grilles?

Yes / No

6. Do you have a safe?

Yes / No

7. Do you have a burglar alarm?

Yes / No

If Yes provide a full description

8. Any other protection?

9. Has any Insurer declined to accept, cancelled, refused to continue, or agreed to continue only on special terms, any insurance for the Proposer or any other person to whom this Insurance would apply? Yes / No

(If Yes please give details)

10. Name of previous Insurer

Date of expiry of Policy

11. Have you or any person living with you, ever been convicted of arson or any offence involving dishonesty (e.g. fraud, theft or handling stolen goods)? Yes / No (if Yes please give details)

Date that you would like cover to commence?

Is the Property to be insured:

12. Built of Brick, stone or concrete and roofed with slate, tiles, concrete or asphalt? Yes / No
13. In a good state of repair and be maintained as such? Yes / No
14. Free from flooding and not in an area which is especially exposed to the risk of damage by Storm, Tempest or Flood? Yes / No
15. Free from any signs of damage due to subsidence, landslip or heave and not in an area where there has been, or is evidence of these causes, (such as internal or external cracks) and not neighbouring a property which has been subject to the occurrence of subsidence, landslip or heave? Yes / No

If you have answered No to any question please give details:

QUESTION No.	DETAILS

16. Have You or any other person whose property is to be insured, sustained any loss or damage during the last six years, which would have been covered by this type of insurance had it been in force, whether or not a claim was paid? Yes / No If Yes, please give details:

DATE OF LOSS	AMOUNT PAID	FULL DESCRIPTION OF CIRCUMSTANCES

SUMS INSURED

BUILDING SUM INSURED (full Rebuilding Cost)

Please state any mortgage company to be named in the schedule:

CONTENTS SUM INSURED (Replacement as New)

PERSONAL POSSESSIONS

(Only available for Main Residences)

Please list all items valued over £1500

and provide a copy of a recent valuation

DECLARATION:

To the best of my knowledge and belief the information provided in connection with this Proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle underwriters to void the Insurance. (NB. A material fact is one likely to influence acceptance or assessment of this Proposal by underwriters). If you are in any doubt as to whether a fact is material or not you must disclose it to us.

This Proposal and the information provided in connection herewith contain statements upon which Underwriters will rely in deciding to accept this insurance.

Signature:

Date: