

# THE COMPTON GROUP

(Compton Developments Ltd - Tapestart Ltd -Helpfavour Ltd - Gracefavour Ltd)

## Proposal Form for Residential Property Insurance

(This form is also acceptable for offices, shops and small commercial properties)

Please complete this form in **BLOCK LETTERS**.

**N.B. All sections of the proposal must be completed before the premium and cover available can be confirmed. Please tick the appropriate boxes and give a definite answer to each question. Cover will not apply until the proposer(s) has received confirmation that this application form has been accepted.**

Date from which cover is required
/ /
The insurance will be annually renewable on the date specified in the policy schedule

How do you wish to pay Annually or Monthly instalments
Annually <input type="checkbox"/> Monthly <input type="checkbox"/>
Please tick the box

Proposers Full Names
Mr/Mrs/Miss/Ms (1)
Mr/Mrs/Miss/Ms (2)

Dates of Birth
(1)
(2)

Proposers Postal Address – for correspondence
Postcode

Proposers Occupations/Professions
(1)
(2)
Unless the nature of the trade or business in which you work is clear from the job description, please specify

Daytime telephone numbers
(1)
(2)

Properties to be insured
Please give full details of each property to be insured. If insufficient space please continue on a separate sheet of paper
Property Address (if different from the postal address above)
Postcode
Approximate year property was built: <input type="text"/>
Type of Property: Bungalow <input type="checkbox"/> House <input type="checkbox"/> Maisonette <input type="checkbox"/> Purpose Built Flat <input type="checkbox"/> Conversion Flat <input type="checkbox"/>
Is the Property: Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Mid Terrace <input type="checkbox"/> End of Terrace <input type="checkbox"/>
Sum Insured: £ <input type="text"/> (N.B. An amount must be specified; “unlimited” cover is not available.) (minimum £50,000)
N.B. The Sum Insured should represent the full cost of rebuilding the property (including garages and outbuildings) to the present specification plus approximately 15% to cover demolition costs and architects’ and surveyors’ fees. (This amount will be automatically index linked by the insurer each year in line with changes in the House Rebuilding Index issued by the RICS).
If you are unsure how to assess this figure you can use the Association of British Insurers/BCIS on-line house rebuilding cost calculator at <a href="http://www.abi.org.uk">www.abi.org.uk</a> or you can contact Compton Insurance Services Ltd on 01792 315465/4/3 to discuss your requirements. In addition your mortgage lender (if applicable) may wish to specify a minimum amount for insurance as security for their loan, and we recommend that you check this with them.
If you <b>do not</b> require Accidental Damage cover please tick here <input type="checkbox"/>

Ownership – is the property :
Owned on a mortgage <input type="checkbox"/> Owned outright <input type="checkbox"/> Rented from Local Authority <input type="checkbox"/> Rented from Private Landlord <input type="checkbox"/> Other ** <input type="checkbox"/>
** please specify details
Do you require the name of any interested party to be noted in your policy e.g. Mortgagee? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give the name and address:

TENANTED PROPERTY – please complete this section if the property to be insured is let out to tenants	
1. How many tenants occupy the property?	
2. Length of tenancy agreement?	
3. Is the tenancy under the control of a management company?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. If you manage the tenancy yourself, are references taken?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Is the property let to any person(s) not subject to an Assured Shorthold Tenancy Agreement? If you have answered ‘Yes’ to this please describe the type of tenancy agreement:	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Is any part of the property let to students, asylum seekers or DSS recipients?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**N.B. PLEASE ALSO COMPLETE OTHER SIDE OF FORM**

# General Information - to be completed by ALL PROPOSERS

(Please tick the box)

- |   | YES  | NO   |
|---|--|--|
| 1. Do the sum(s) insured represent full rebuilding costs?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 2. Is the property constructed of brick, stone or concrete and roofed with slates, tiles, asphalt, concrete or metal? | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 3. Is the property (a) in a good state of repair?<br>(b) will it be so maintained at all times?                       | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 4. Is the property occupied by you, your domestic partner and family members only, as a private dwelling?             | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Is the property your permanent residence (i.e. not used as a weekend, weekday or holiday home only)?               | <input type="checkbox"/>                             | <input type="checkbox"/>                             |

**If you have answered 'NO' to any of the Questions 1 – 5, please give full details on a separate sheet.**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 6. Is the property or any part of the property occupied or used for any trade or business purposes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there any area of flat felt roof on timber boarding at the property which exceeds 50% of the total roof area?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the property have any special exposure to damage by storm or flood?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the property have any sign of damage by subsidence, heave or landslip?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you aware of any previous damage to the property or any other properties in the near neighbourhood by subsidence, heave or landslip?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the property currently unoccupied?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the property likely to be unoccupied for more than 60 consecutive days at any time in the future?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the property undergoing (or likely to be undergoing) any refurbishment or building works?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you or any person to be insured suffered any loss, damage, injury or liability in the last 3 years (whether insured or not) from any of the events to be insured by this policy? If 'yes' please provide full details of date, type of claim (e.g. theft, fire, flood etc) and the amount of the claim. (This also applies to any "Optional Covers" you have opted to include) | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you or any person to be insured:   |                          |                          |
| (a) ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than motoring offences)?   | <input type="checkbox"/> | <input type="checkbox"/> |

**If you have answered 'YES' to any of the Questions 6-15, please give full details on a separate sheet.**

**In the spaces provided below please indicate the name(s) of your present Insurers for:**

- a. Buildings b. Contents

*Zurich reserve the right to contact your present/previous Insurers for further details of your insurance history.*

## OPTIONAL COVERS - Do you require any of the following additional covers?

	YES	NO	
<b>Contents and Personal Belongings</b>	<input type="checkbox"/>	<input type="checkbox"/>	If <b>YES</b> , please complete the relevant sections of the Contents Insurance proposal on the next page.

### DECLARATION

**You must sign the declaration below**

**This declaration also applies to any "Optional Covers" you have opted to include in the policy**

PLEASE NOTE - No advice has been given as to the suitability of this product. We do recommend that you read the material that will be sent to you with your quotation to confirm that this product matches the demands and needs of those wishing to protect the structure of the property to be insured and its contents (if this option is selected) against loss or damage by specified causes, and for family legal protection and assistance (if this option is selected) to provide legal support as defined in the policy. There is the possibility that other taxes and/or costs may exist that are not paid via The Compton Group or imposed by them.

Please read carefully the note at the beginning of this proposal and this declaration before signing.

I/We declare that the answers in this Proposal are true to the best of my/our knowledge and belief.  
I/We consent to the information on this form and on any claim/we may make being supplied to IDS Ltd so that it can be made available to other insurers.  
I/We also agree that, in response to any searches you may make in connection with this application or any claim, IDS Ltd may supply information it has received from other insurers about other claims I/we have made.  
NB This insurance will not be effective until the Proposal has been received and accepted by Zurich Insurance plc.

Signature(s) .....
Position if signing for firm or Company .....
Date .....

**The Compton Group residential property scheme is underwritten by Zurich Insurance plc, a public limited company incorporated in Ireland Registration no 13460. Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland. UK branch registered in England and Wales Registration no. BR 7985 VAT No. 107 8316 77. UK Branch Head Office Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ. Authorised by the Irish Financial Regulator and regulated by the Financial Services Authority for the conduct of UK business.**

# Home Solutions Contents Insurance

**IMPORTANT – Please read before completing this form.** Please complete this form in block capitals giving full answers. Tick boxes where appropriate. If answer space is insufficient, please continue on a separate sheet of paper. **If the house is jointly owned, please give the name of each owner.**

This form is only to be used where Zurich insure the buildings

## General questions

### Construction/type

1. How many bedrooms does your home have? (this should include any room originally built to be a bedroom even if now used for other purposes)

### Condition/area

2. Is your home, (including garage) currently undergoing renovation or construction work?

### Occupancy/use

3. Is your home:

(a) Occupied in whole or part by tenants or paying guests?

(b) To be lived in from the commencement date of this insurance or the date of completion of purchase?

(c) Used for any business purposes other than clerical? (This includes any garage or outbuildings)

(d) A weekend or holiday home?

(e) Normally unoccupied during the day?

4. Please state: (a) The total number of occupants of your home

(b) The number of occupants aged under 18

## Personal history

5. Have you or any member of your family sustained any loss or damage or had any claims made against you for the cover being requested, during the past 3 years?

If yes, please give details of all incidents wherever they occurred even if not covered by insurance.

Policy type (Buildings or Contents)

Cause of loss (storm, theft, etc.)

Date

Cost

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. Are you claiming a Contents No Claim Discount? If yes, indicate number of consecutive years free of Contents claims to date

7. Do you or does any person living in your home smoke?

8. Are you or any member of your family engaged in the entertainment profession in any way?

Please give details of any additional information referring to questions 1-8.

Additional information

## Security

9. (a) Is your home protected by the door and window locks and bolts described in the Summary of Cover?

(b) Is your home protected by an intruder alarm system installed and maintained by a NSI or SSAIB Recognised Firm?

(c) Are you a member of a police approved Neighbourhood Watch Scheme?

## Contents Insurance

Cover for Contents is only available for homeowners or tenants of properties rented unfurnished from private landlords. You may find it useful to refer to our prospectus before completing the following questions.

10. (a)

We may require your home to be protected by the door and window locks and bolts described in the prospectus and these must be put into operation when the home is unattended or at night (other than occupied bedrooms). Your insurance adviser will advise you if this is the case

Is £40,000 sufficient to cover the full replacement cost of your contents?

If No please indicate the level of cover required, in multiples of £5000 e.g £45,000, £50,000, £55,000 or £60,000

£

(b)

Please state below any valuables (*gold, silver or other precious metals, jewellery, watches, furs, pictures or other works of art, collections of stamps or coins*) which exceed £2500 in value: (valuations or receipts must be provided for any articles valued over £5000). Do not include any article insured separately under Personal Possessions.

1.
2.
3.

£
£
£

(c)

If the total amount of valuables exceeds 40% of the contents sum insured, please state the value of such items.

£
---

(d)

Do you wish to upgrade to Accidental Damage cover?

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(e)

You may increase the standard £50 excess to £100, £150 or £250 in return for a premium discount. If you wish to increase this to a higher amount then please show the amount of excess you require.

£
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## Personal possessions

11. (a)

Do you require cover for Unspecified Personal Possessions? A £50 excess applies. If cover is required on any article which exceeds £2,500 or pedal cycles valued at more than £500, these should be shown under Specified Personal Possessions.

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(b)

Is the standard cover of £2000 for Unspecified Personal Possessions sufficient for your needs?

--

If No you may increase this to a maximum of £7,500. Please state the level of cover you require.

--

(c)

Specified Personal Possessions. Please describe below articles valued at more than £2,500, or pedal cycles valued at more than £500, which are to be specifically insured and state the sum to be insured. Valuations or receipts must be provided for any articles over £5000

1.
2.
3.

£
£
£

Please continue on a separate sheet if necessary

## Important notes

You must tell us if any of the information on which this insurance is based changes. Failure to do so may result in your insurance no longer being valid and claims not met. If in doubt about any change, please tell us. If your policy is amended as a result of any change, we will be entitled to vary the premium and terms for the rest of the period of insurance. You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance.

**Fraud Prevention and Detection** – In order to prevent and detect fraud we may at any time:- Share information about you with other organisations and public bodies including the Police; Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to:- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household; Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies; Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity; Undertake credit searches and additional fraud searches. We can supply on request further details of the databases we access or contribute to.

**Claims History** – Under the conditions of your policy you must tell us about any insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database. We may search these databases when you apply for insurance, in the event of any incident or claim, or at a time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

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

If you decide that you do not want to accept the policy (or any future renewal of the policy by us) tell us (or your insurance advisor) of your decision, in writing or by phone using the contact details provided on the covering letter within 14 days of receiving the policy (or for renewal, within 14 days of the policy renewal date). If no claims have been made we will refund the premium you have paid. If a claim is made we charge you for the days we have been on cover (applying a minimum premium of £15 plus insurance premium tax) and then refund the remainder of the premium you have paid.

If you would like to request a policy document, please call us and we will arrange for this to be sent to you.

Zurich Insurance Company holds your details in accordance with the Data Protection Act 1998

**Policy Administration** - In order to administer your insurance policy, Zurich Insurance Company may share personal data provided to us with other companies within the Zurich Financial Services Group and with business partners, including overseas companies. If we do transfer your information, we make sure that it has the same level of protection that it has with us under all relevant legislation within the UK.

A copy of this proposal form will be supplied to you on request within a period of 3 months after its completion.

## Declaration

I declare that to the best of my knowledge and belief all the answers are true and no material fact has been omitted (see important notes above)

I agree that if any answer has been written by any other person he/she for that purpose be regarded as my agent and not the agent of the Company.

I/We have read the Important notes section and I/We understand how the policy data may be used and have informed other parties relating to this insurance accordingly.

Your signature(s)	Date / /
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