

PREFERRED CHOICE

Home insurance application form

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| FOR OFFICE USE ONLY: Insurance adviser: | Customer: |
|--|-----------|

Date Cover to commence*: Premium Quoted: £

*Cannot be before the application is accepted by the Company

Reference Number (please quote this number when you contact us):

A copy of the completed application form is available on request but you should keep a record of all information supplied to us for the purpose of entering into this contract. A specimen policy is available on request. Your policy will be issued by Royal & Sun Alliance Insurance plc.

All your answers to our questions are material facts and provided you have answered them to the best of your knowledge and belief we consider that you have fulfilled your requirement to disclose material facts. If you are not sure whether to report any change or if any of these details are incorrect or change, you must tell us immediately.

We may re-assess your cover and premiums when we are told about changes in your circumstances. If you do not tell us about changes or give us incorrect information, the wrong terms may be quoted, we will be entitled to reject payment of a claim or a payment could be reduced. In some circumstances your policy might be invalid, and you may not be entitled to a refund of premium.

Remember to sign and date the Declaration at the end of the form. If there is insufficient space in any of the boxes for your response, please continue on a separate sheet of paper if necessary.

Wherever we ask questions on this application form about YOUR FAMILY we mean you, your spouse/partner, children (including foster), parents or any other relatives or domestic employees normally living with you.

APPLICANTS DETAILS

Name(s): (Mr/Mrs/Miss/Ms/Dr) (Please note, if the policy is to be in joint names, both applicants must sign the declaration at the end of the form)

Address of the home to be insured:

Postcode:

Address for communication (if different from home to be insured):

Postcode:

Date of Birth:

Tel No: Home:

Occupation:

Tel No: Work:

Spouse/Partner's Date of Birth:

Tel No: Mobile:

Spouse/Partner's Occupation:

Is your home: (i) House Bungalow Flat

If house/bungalow is it: (ii) Semi-detached Detached Terraced

No of bedrooms:

When was your home built?: Year

A compulsory excess is applicable to all sections (apart from Legal expenses).

If an additional voluntary excess is required for a reduction in premium, please tick the appropriate amount below:

£100 £250 £500 NB. This amount is in addition to the compulsory excess

Has any of YOUR FAMILY been convicted of any offence?

Yes No

(Driving offences and offences which are spent under the Rehabilitation of Offenders Act 1974 can be disregarded)

If YES please provide details in the space below:

PREVIOUS INSURANCE DETAILS

1. With regard to the Section(s) you have selected, has YOUR FAMILY:

a) Previously held insurance? Yes No

b) Had any Insurer decline, cancel or declare void any home insurance or impose special terms? Yes No

c) Sustained any loss, damage, or liability during the last three years whether insured or not? Yes No

If YES please provide details in the space below. Details of any losses should provide the date, circumstances, amount and insurer if insured at the time of the loss.

YOUR HOME

Please tick the appropriate box. If you tick any shaded boxes, please provide further details in the box below.

2. Is the property built of brick, stone, or concrete and roofed with slates, tiles or concrete? Yes No

3. Is the property in a good state of repair and will it be so maintained? Yes No

4. Has the property or the land belonging to it flooded in the last 5 years? Yes No

5. (i) Is the property free from any signs of damage caused by landslip, subsidence or heave? Yes No

(ii) Has the property ever suffered from any damage caused by landslip, subsidence or heave? Yes No

6. (i) Is the property lived in only by YOUR FAMILY? Yes No

(ii) Is the property unoccupied for more than 60 days in a year? Yes No

(iii) Is your home normally occupied during the day? (By normally we mean there are no periods of unoccupancy due to all adult residents being in full time work or full time education) Yes No

7. Does the property have its own separate lockable entrance under YOUR FAMILY'S sole control? Yes No

8. Is the property a weekend or holiday home? Yes No

9. Is the property a listed building? Yes No

9a. If yes, what Grade?

10. Do you intend to carry out any renovation/reconstruction work other than routine maintenance or decoration at the property? Yes No

If YES please state:

Type of work:

Cost of Contract:

Date work to commence:

Please provide further details in the space below if you have ticked any of the SHADED boxes above:

11. (i) Is the property used for any business or professional purposes, except clerical business use by YOUR FAMILY? Yes No
- (ii) Do you have any visitors to the property in relation to the business? Yes No
 If YES, please state average number of visitors in one month:

Please provide further details in the space below if you have ticked any of the SHADED boxes above:

PHYSICAL SECURITY

12. Are all external doors protected by five lever mortise deadlocks or alternatively a multi-point locking system? Yes No
13. Are all ground floor, basement windows and any accessible upper floor windows secured by key operated window locks? Yes No
14. For patio or French doors or windows:
- If they are hinge type, are they secured by key operated security bolts operating vertically internally top and bottom?; or, Yes No N/A
 - If they are sliding type, are they secured by key operated bolts fitted internally top and bottom? Yes No N/A
15. Are all doors in domestic outbuildings and garages fitted with key operated security devices? Yes No N/A
16. Are all panes of glass in louvre windows securely fixed with suitable adhesive into their brackets? Yes No N/A

ALARM PROTECTION

17. Is your home protected by an alarm system? Yes No
 If YES, is it installed and held under a maintenance contract with one of the following inspectorates?
 If YES, please indicate: NSI SSAIB
18. Does the alarm extend to include:
- a) garages Yes No
 - b) domestic outbuildings Yes No
19. Please indicate the method of signalling:
- a) Bells or siren only
 - b) Central station or remote signalling
- Please attach a copy of the specification for the alarm – this will be held in our confidential security files.

SAFE PROTECTION

20. Do you have a safe at home? Yes No
 If YES,
- a) is it: Wall Freestanding Underfloor
 - b) please state make and model:

COVER DETAILS

Buildings

21. What is the rebuilding cost of your buildings?

£

(By buildings we mean the main property and any additional structures such as outbuildings, barns etc.)

22. Does the value of any individual additional structure exceed 20% of the buildings sum insured?

Yes No

If yes, please state:

a) the sum insured

£

b) the type of structure

c) what the structure is used for

23. Is the Interest of any other party to be noted (e.g bank, building society etc.)?

Yes No

If YES, please provide details in space below:

Name:

Address:

Postcode:

Contents and Valuables

24. Please indicate the total replacement cost of each of the following categories:

(i) General Property (This relates to all of your contents **excluding** Valuables)

£

(ii) Valuables (by valuables we mean jewellery and watches, pictures, paintings, etchings and items of precious metal)

Unspecified items – Please state the total amount of valuables with individual values **below** £5,000

£

Specified items – Please list any valuables with individual values **above** £5,000 in the table below:

| | Item | Description | Value |
|---|------|-------------|-------|
| Jewellery (including watches) | | | |
| | | | |
| | | | |
| | | | |
| Items kept in the bank | | | |
| | | | |
| | | | |
| | | | |
| Pictures, paintings, etchings and items of precious metal | | | |
| | | | |
| | | | |
| | | | |

If there is insufficient space to include all specified valuables, please use a separate sheet and attach this to your application

Note: Original valuations or receipts must be provided for items valued over £10,000.

NOTICE TO APPLICANTS

Claims and Underwriting Exchange

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 a request for insurance, we may search the register.

Under the conditions of your policy, you must tell us about any incident (such as fire, water damage, theft or an accident) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the register.

We may search these databases when you apply for insurance, in the event of any incident or claim, or at 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.

Copy Information

You should keep a record (including copies of letters) of all information you have given to us.

DECLARATION

I/We declare that to the best of my/our knowledge and belief, the statements made by me/us or on my/our behalf are true and complete.

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 Applicant(s):

Date:

CUT HERE



Instruction to your Bank or Building Society to pay Direct Debits



Please fill in the whole of this form with the covering letter and send it to:
RSA, PO Box 144, New Hall Place, Liverpool L69 3EN

Name and full address of your Bank/Building Society

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address | |
| | |
| | |
| Postcode | |

Name(s) of Account Holder(s)

Branch Sort Code

Bank or Building Society account number

Service User Number

Policy number

Instruction to your Bank or Building Society.

Please pay Royal & Sun Alliance Insurance plc Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Royal & Sun Alliance Insurance plc and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may refuse to accept instructions to pay Direct Debit for some types of accounts

CUT HERE

Please detach and keep with your records

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Royal & Sun Alliance Insurance plc will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Royal & Sun Alliance Insurance plc to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Royal & Sun Alliance Insurance plc or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Royal & Sun Alliance Insurance plc asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

CUT HERE

EASY METHODS OF PAYMENT TO CHOOSE FROM:

Monthly premiums by Direct Debit:

Simply complete the direct debit form attached to the application form and let your Insurance Representative do the rest. We will arrange a Direct Debit with your Bank or Building Society. You should retain the Direct Debit guarantee overleaf for your records.

By Cash or Cheque:

You can pay the annual premium to your Insurance Representative by cash or cheque.