

HomeSure House

Proposal

Client No: Agency:

HFC Reference:

IMPORTANT NOTES

Please read before completing this form

You have an important duty to tell us any information that may affect the acceptance of this proposal.

You must tell us all material facts.

A material fact is one which could influence us in deciding whether or not to insure you (such as convictions), and if so at what terms and conditions and for what premium. If you are not sure whether something is a material fact you should disclose it. This may include giving us information that we have not asked for directly in the questions in the proposal.

If you do not disclose all the material facts your insurance may be invalid and we may refuse to pay any claims you make.

Your duty to disclose material facts is an on-going one. You must continue to keep us informed of material facts during the course of being insured with us.

I/We understand that:

- This proposal shall form the basis of the contract with TOWER Insurance;
- I am/We are obliged to tell TOWER Insurance about any information which may be material to the consideration of this proposal; and future renewals;
- Failure to provide any of this information may result in TOWER Insurance refusing to provide this insurance and any claim being declined;
- TOWER Insurance is collecting the information on this proposal to evaluate my/our insurance.

CUSTOMER DETAILS						
INSURED'S FULL NAME:				DATE(S) OF BIRTH		
OCCUPATION:						
POSTAL ADDRESS:						
TELEPHONE:	WORK:	HOME:	EMA	IL:		
SITUATION OF PROPERTY:						
MORTGAGEE NAME & ADDRESS:						
COVER OPTIONS Please indicate with a tick which options you require Replacement Value Indemnity Value Sum Insured: \$						
OPTIONAL SPECIAL BENEFITS Please indicate with a tick which options you require Earthquake Loss of Rent/Landlords Fixtures and Fittings Gale, Windstorm, Hurricance, Cyclone (Engineers Cyclone Certificate Required)						
PERIOD OF INSURANCE						

	PERIOD OF INSURANCE								
FROM:	/	/	TO:	/	/	AT 4.00PM			

PARTICULARS OF LAND						
Freehold or Leasehold?	Is there any covenant to rebuild?: YES NO					
If Leasehold, when does the lease expire? DATE						
Is there a valuation at the end of the lease? YES	NO					

DESCRIPTION OF HOUSE							
Is there any part of your property used for business activity or trade?							
If Yes, please detail below:							
Year Built:		Town Water Supply:	YES NO				
Owner Occupied	Tenanted	Holiday Home	Renting				
Is there an infra-red alarm?	YES NO						
Are there burglar bars on your doors and windows?	YES NO						

		CLAIMS DEC	CLARATION	Please tick 📝				
I/We hereby de	eclare that I/we have no	ce during the last 3 years	YES NO					
OR								
I/We hereby de	I/We hereby declare that I/we have not made a claim during the last 3 years on my/our House Insurance with							
			Insurance Company.					
OR								
I/We hereby h	I/We hereby have made the following House claims in the last 3 years.							
DATE	AMOUNT	INSURANCE COMPANY		DETAILS				

ENDORSEMENTS:				REPLACING:			
COVERNOTE:				CAMPAIGN:			
PREMIUM:	Please tick	Annual		Quarterly		М	onthly
CO PREMIUM CYCLO S S	ONE E'QUAKE	OTHER BENEFITS	FSL \$	STAMP DUTY	ADMIN FEE	ANNUAL PREMIUM \$	INST AMOUNT \$

DECLARATION						
Please complete carefully before signing. Where any question is answered NO, then further details are to be provided in the box below headed "Exceptions to this declaration".						
(a)	Have you told TOWER Insurance everything which is likely to affect the acceptance of this insurance?	U YES	□ _{NO}			
(b)	Have all insurers which you have dealt with:					
	agreed to insure you and your property at all times on standard terms?	YES	NO			
	offered renewals?	YES	NO			
	accepted all claims you have made?	YES				
(c)	Do you confirm over the last 5 years you have not suffered loss or damage to any property owned by you other than that disclosed in this proposal?	YES				
(d)	Is the property to be insured well maintained and free from any damage or inherent fault?	YES	NO NO			
(e)	Does the sum insured represent the full market value of the property insured?	YES	NO NO			
(f)	Do you confirm that you have not committed any criminal offences or been charged or convicted of any criminal offence (other than traffic or parking infringements) or been declared bankrupt during the last 10 years?	YES	NO			
(g)	Is all the information given in this proposal correct in every respect?	YES	NO NO			
(h)	Are you aware that if you choose not to provide any information requested on this form, TOWER Insurance may decline your application for insurance?	YES	NO			
Exe	ceptions to this declaration:					
I/We confirm that I/we have read and understood all the questions and answers on this proposal and that where it has been completed on my/our behalf by another person such as an agent/or employee of TOWER Insurance, I/we have read and confirm all the information provided is correct. Where this proposal is not signed by all insured parties, I confirm that I am authorised to sign this declaration and provide the authorities on their behalf.						
I	nsured's signature(s) Date					