

## Home Proposal Form

\* if property is let or sub-let please complete instead property owners proposal form

Ref. No./Policy No. <input style="width:95%;" type="text"/>	Agency No. <input style="width:95%;" type="text"/>
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Please take care to complete this form fully and correctly and to disclose all material facts which are likely to influence our acceptance and assessment of your proposal. If you are in any doubt about whether or not a fact is material, you should disclose it. Omission or mis-statement may affect the settlement of claims under the Policy or make the Policy invalid. It is important that you insure for the full value of the property as otherwise your claim may be prejudiced.

<b>Please complete the form in BLOCK Capitals</b>					
Full Name of Proposer(s) <input style="width:95%;" type="text"/>					
Address of Property to be Insured <input style="width:95%;" type="text"/>					
<input style="width:95%;" type="text"/>	postcode	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	Telephone	<input style="width:95%;" type="text"/>
Communication Address if different from above <input style="width:95%;" type="text"/>					
<input style="width:95%;" type="text"/>	postcode	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	Telephone	<input style="width:95%;" type="text"/>
Occupation of a) Proposer <input style="width:95%;" type="text"/>			b) Spouse <input style="width:95%;" type="text"/>		
Period of Insurance					
From	<input style="width:95%;" type="text"/>	Day	<input style="width:95%;" type="text"/>	Month	<input style="width:95%;" type="text"/>
	<input style="width:95%;" type="text"/>	Year	to	<input style="width:95%;" type="text"/>	Day
	<input style="width:95%;" type="text"/>	Month		<input style="width:95%;" type="text"/>	Year
					at noon

### COVER

Please tick the appropriate box for each section. If Yes, please insert the Sum Insured required.

Sections and Items	Sum Insured or Limit of Liability															
<div style="background-color: #0056b3; color: white; padding: 2px;"><b>Section 1 Buildings</b></div> <div style="text-align: right; padding: 5px;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <p style="text-align: right; margin-right: 20px;">£</p> <p style="text-align: right; padding: 5px;"><b>Accidental Damage Extension</b></p> <p style="font-size: small;">The sum to be insured must represent the full rebuilding cost, i.e. Building of the private dwelling house, outbuildings used for domestic purposes, fences, walls, gates, swimming pools including architect's and surveyor's fees, Local Authority charges and costs of debris removal.</p> <p>Enter full value of Building if Sum Insured is only partial value and give the reason for the requirement for partial cover. <input style="width: 50px;" type="text"/></p> <p><b>Please provide details of Bank/Building Society if building is subject to a mortgage</b></p> <p>Name &amp; Address of Bank/Building Society <input style="width: 95%;" type="text"/></p> <p><input style="width: 95%;" type="text"/></p> <p>Account No. <input style="width: 95%;" type="text"/></p> <p style="text-align: right;">Year Property was built <input style="width: 95%;" type="text"/></p>	£															
<div style="background-color: #0056b3; color: white; padding: 2px;"><b>Section 2 Contents</b></div> <div style="text-align: right; padding: 5px;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <p style="text-align: right; margin-right: 20px;">£</p> <p style="text-align: right; padding: 5px;"><b>Accidental Damage Extension</b></p> <p style="font-size: small;">The sum to be insured must represent the full replacement value as new except in respect of wearing apparel and household linen. <b>Valuables</b>- comprising gold and silver articles, jewellery, furs, cameras, binoculars, pictures and other works of art, collections of stamps, coins and medals should not exceed one third of the sum insured and the value of any single article if greater than 5% of the Sum Insured should be specified below. Items that are insured under <b>Section 4-"All Risks"</b> (except those covered under Item 1 Personal Effects) should be excluded from this Section. <b>Note:</b> Evidence of value must be submitted for any article valued at £1,250 or more.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:5%; padding: 5px;">Items</th> <th style="width:70%; padding: 5px;">Description</th> <th style="width:25%; padding: 5px;">Sum Insured</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">1</td> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;">4</td> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> </tbody> </table>	Items	Description	Sum Insured	1	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	2	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	3	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	4	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	£
Items	Description	Sum Insured														
1	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>														
2	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>														
3	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>														
4	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>														
<b>Section 3 Liability</b>	Automatically Included <b>£2,000,000</b>															

**Section 4 "All Risks"**

Yes  No

Only acceptable with **Section 2-Contents**. Do not include any property which is to be insured only under **Section 2**.

- Item 1 Personal effects and clothing (excluding furs, jewellery, gold and silver articles and sports/golf equipment).
  - Item 2 Miscellaneous jewellery, furs, watches, personal ornaments gold and silver articles. Cameras and Sports Eqt.
  - Item 3 Personal money } Maximum Together £1,000  
Credit cards }
  - Item 4 Specified items of jewellery, furs, watches, personal ornaments, gold and silver articles and cameras.
- Note:** Evidence of value must be submitted for any article valued at £1,250 or more

£  
£  
£  
£

Items	Description	Sum Insured
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

**Section 5 Frozen Food** Please specify make/model of freezer

Yes  No

Make <input type="text"/>	Model <input type="text"/>	Year of Manufacture <input type="text"/>
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£

**GENERAL QUESTIONS**

Please answer the following questions and tick the relevant box, where applicable and if appropriate provide details

- 1 (a) The whole of the building is occupied by me and members of my family for private residential purposes. Yes  No   
 (b) Is self-contained Yes  No  (c) Has its own lockable entrance door. Yes  No   
 (d) If above a shop is there direct access to residential portion? Yes  No
- 2 Is any part of the building used for trade, professional or business purpose? If Yes, please provide details  
 Yes  No
- 3 Is the building  
 (a) constructed solely of brick, stone or concrete and roofed with slates, tiles, concrete, asphalt or metal? Yes  No   
 If No, please provide details including whether any part of the roof is flat and covered with felt.  
  
 (b) in good repair and will be so maintained? If No, please provide details  
 Yes  No   
 (c) exposed to flooding, landslip, subsidence or coastal erosion? If Yes, please provide details  
 Yes  No   
 (d) Front and rear exit doors fitted with British Standard 5 lever Mortice deadlocks Yes  No   
 (e) Accessible windows fitted with window locks Yes  No   
 (f) Fitted with a Burglar Alarm Yes  No   
 (g) if yes to (f), is it subject to a maintenance contract Yes  No
- 4 Is the address to which cover applies  
 (a) left regularly unoccupied? If Yes, please provide details  
 Yes  No   
 (b) left unfurnished? If Yes, please provide details  
 Yes  No   
 (c) a flat? If Yes, please provide details  
 Yes  No
- 5 Have you as proposer or any person to be insured made any claims or sustained any losses in respect of the risks now proposed within the last 3 years? If Yes, please provide details  
 Yes  No
- 6 Has any Company or Underwriter ever declined to accept or renew the insurance now proposed or imposed terms? If Yes, please provide details  
 Yes  No
- 7 Have you or any person to be insured previously held a policy with China Taiping Insurance? If yes, please provide policy number  
 Yes  No

**DECLARATION**

I/We declare that to the best of my/our belief the sums to be insured represent the full rebuilding/replacement cost.

I/We agree that: (a) the Sums Insured under Sections 1 and 2 may be adjusted according to the indices mentioned on the policy. (b) this proposal form has, to the best of my/our knowledge, been completed correctly. (c) to the best of my/our knowledge and belief nothing material affecting any of the risks proposed has been concealed. (d) this proposal shall be the basis of and shall form part of the Contract between myself/ourselves and the China Taiping Insurance (e) I/We will pay the premium on demand.

Signature

Date

(Cover does not commence until acceptance of the proposal by the Company)