

# Gold Home Proposal Form



ALL QUESTIONS MUST BE ANSWERED IN FULL WHERE APPROPRIATE. PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS AND INITIAL ANY ALTERATIONS. IT IS ESSENTIAL THAT YOU PROVIDE US WITH ALL MATERIAL FACTS. A MATERIAL FACT IS ONE THAT WOULD BE LIKELY TO INFLUENCE OUR ASSESSMENT AND/OR ACCEPTANCE OF YOUR PROPOSAL. IF YOU ARE IN ANY DOUBT AS TO WHETHER A PARTICULAR ITEM OF INFORMATION IS MATERIAL YOU SHOULD DISCLOSE IT. **FAILURE TO DISCLOSE ALL MATERIAL FACTS MAY INVALIDATE YOUR INSURANCE OR MAY RESULT IN THE INSURANCE NOT OPERATING FULLY.** YOU SHOULD KEEP A RECORD OF ALL INFORMATION SUPPLIED TO US (INCLUDING COPIES OF LETTERS). A COPY OF THE PROPOSAL WILL BE SUPPLIED TO YOU IF REQUESTED WITHIN THREE MONTHS OF ITS COMPLETION. **WE RESERVE THE RIGHT TO DECLINE ANY PROPOSAL. NO COVER IS IN FORCE UNTIL ACCEPTANCE IS CONFIRMED BY US.** UNLESS WE HAVE AGREED OTHERWISE WITH YOU, THIS INSURANCE IS GOVERNED BY ENGLISH LAW.

## YOU THE PROPOSER

Proposer's full name(s) (Mr/Mrs/Ms/Miss/Other)

Your spouse's, civil or business partner(s) full name(s) (Mr/Mrs/Ms/Miss/Other)

Correspondence Address

Postcode

Daytime telephone no.  Evening telephone no.

Address of property to be insured if different from the above

Postcode

Please fully describe your occupation(s) and type of work including any part-time work e.g. "Sales Manager of an Advertising Firm" not just "Manager"  
 You

Your spouse's, civil or business partner(s)

Your date of birth  Your spouse's, civil or business partner(s)

Insurance to commence from  for 12 months

## ABOUT YOUR INSURANCE HISTORY

1. Have you or anyone who normally lives in the home to be insured:

	YES	NO
a) had any insurance declined, cancelled, declared "void" or had any terms or conditions imposed?	<input type="checkbox"/>	<input type="checkbox"/>
b) been convicted, charged or received a police caution for any offence or have any prosecution pending (other than a motoring offence)?	<input type="checkbox"/>	<input type="checkbox"/>
c) had any County Court judgements made against you (or have any outstanding) or been declared bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
d) held any previous insurance of this type? If YES, please give details below, including expiry date. If NO (or if there has been a break in cover of more than 3 months) please provide an explanation below.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
e) had any loss or claim in the past five years, even if you were not insured at the time? If you have suffered any loss or damage by theft in the past five years, please give full details below of all additional security or precautions undertaken to prevent similar losses in the future.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

## ABOUT THE PROPERTY TO BE INSURED

	YES	NO		YES	NO
1. Is the home a:			7. Is the home built entirely of brick, stone or concrete (but not pre-fabricated walls or panels)?	<input type="checkbox"/>	<input type="checkbox"/>
a) house?	<input type="checkbox"/>	<input type="checkbox"/>	8. Is more than 30% of the total roof area flat and felt-covered?	<input type="checkbox"/>	<input type="checkbox"/>
b) bungalow?	<input type="checkbox"/>	<input type="checkbox"/>	9. Is the home to be insured:		
c) maisonette?	<input type="checkbox"/>	<input type="checkbox"/>	a) in a good state of repair and will it be properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
d) flat?	<input type="checkbox"/>	<input type="checkbox"/>	b) used in any part for business, trade or profession?	<input type="checkbox"/>	<input type="checkbox"/>
e) other?	<input type="checkbox"/>	<input type="checkbox"/>	c) ever to be left unoccupied for more than 30 days in a row?	<input type="checkbox"/>	<input type="checkbox"/>
2. If the home is a house or bungalow is it:			d) occupied as your permanent residence solely by you and members of your family?	<input type="checkbox"/>	<input type="checkbox"/>
a) detached?	<input type="checkbox"/>	<input type="checkbox"/>	10. If you are a tenant, is the home:		
b) semi-detached?	<input type="checkbox"/>	<input type="checkbox"/>	a) rented furnished?	<input type="checkbox"/>	<input type="checkbox"/>
c) terraced?	<input type="checkbox"/>	<input type="checkbox"/>	b) rented unfurnished?	<input type="checkbox"/>	<input type="checkbox"/>
3. If the home to be insured is a flat or maisonette is it:			c) Local Authority-owned?	<input type="checkbox"/>	<input type="checkbox"/>
a) in a purpose built block?	<input type="checkbox"/>	<input type="checkbox"/>	d) Housing Association owned?	<input type="checkbox"/>	<input type="checkbox"/>
b) in a converted building?	<input type="checkbox"/>	<input type="checkbox"/>	e) leased under a tenancy agreement for at least six months?	<input type="checkbox"/>	<input type="checkbox"/>
c) ground floor or basement?	<input type="checkbox"/>	<input type="checkbox"/>	11. Are you aware of any history of subsidence, landslip, heave or flooding at the home or within 50 metres of the home?	<input type="checkbox"/>	<input type="checkbox"/>
4. In what year approximately was your home built?	<input type="text"/>	<input type="text"/>	12. Is the home within 200 metres of a river, a watercourse, the sea, a cliff, lake, reservoir, quarry or other excavation?	<input type="checkbox"/>	<input type="checkbox"/>
5. How many bedrooms are there in the home?	<input type="text"/>	<input type="text"/>			
6. How many people normally occupy the home?	<input type="text"/>	<input type="text"/>			

## BUILDINGS - MINIMUM SUM INSURED £150,000 (Complete this section if you wish to insure your Buildings)

	YES	NO		YES	NO
1. Please enter the amount to be insured: £ <input type="text"/>			6. Have the buildings been underpinned or provided with other means of structural support?	<input type="checkbox"/>	<input type="checkbox"/>
This amount should include the garage and all outbuildings and represent the full cost of reconstruction in their present form plus an amount for demolition costs, architects' and surveyors' fees.					
2. Do you wish to increase the £75 standard excess?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have the buildings been monitored or are they currently being monitored for subsidence, heave or landslip?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you wish to include Accidental Damage cover? (An increased premium will apply)	<input type="checkbox"/>	<input type="checkbox"/>	8. Have the buildings been the subject of a valuation or survey which mentions settlement, movement or structural defect? (If YES, please send a copy with this form)	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the property a 'listed building' (If YES please confirm grading?)	<input type="checkbox"/>	<input type="checkbox"/>	9. Have you previously been refused or had terms applied for insurance against subsidence, heave or landslip?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does anyone else have a financial interest in this building, such as a bank or building society? If YES, please give details, including the address, mortgage account or roll number. Please tick if a duplicate schedule is required for the lender.	<input type="checkbox"/>	<input type="checkbox"/>	10. Are there any diagonal cracks or bulges in the internal or external walls of the buildings?	<input type="checkbox"/>	<input type="checkbox"/>

**If you have ticked ANY of the shaded boxes, please provide full details on a separate sheet of paper. If providing details of losses or claims and previous insurance, please ensure you include the names of the insurer(s) and full details of the losses or claims, including the date, circumstances and amount of each loss or claim.**

**CONTENTS - MINIMUM SUM INSURED £35,000 (Complete this section and the Home Protection Questions if you wish to insure your Contents)**

1. Please enter the amount to be insured: £

This amount should include all items contained in the home and represent the full cost of replacing them as new with the exception of clothing, household linen and pedal cycles where a deduction should be made for wear and tear. **YES NO**

2. Do you wish to increase the £75 standard excess?  £

3. Do you wish to include Accidental Damage cover? (An increased premium and a £75 excess will apply)

4. Does the total amount of all valuables\* exceed 35% of the contents sum insured.    
If YES please advise the estimated value.  £

5. Does any single item of valuables\* (including pairs or sets) exceed £1,500? If YES, please list the items and their value below. **YES NO**  
\* see the definition of valuables at the bottom of this page

**HOME PROTECTION QUESTIONS (These MUST be answered if Contents insurance has been requested)**

If you have any doubt as to the nature of the locks on your doors and windows please refer to your insurance adviser or a locksmith.

1. Are all the external doors to the home secured by 5-lever mortise deadlocks that conform to British Standard 3621? **YES NO**

2. Do all the external doors except the door you normally leave by have key-operated security bolts at the top and bottom of each opening leaf, as well as the locks referred to in Q1 above?

3. Are all of the ground and basement windows and other easily accessible\* windows secured by key operated window locks or screwed permanently shut? (\*without the use of a ladder.)

4. Do you have an intruder alarm fitted to the home? If YES

a) Was the system installed by a registered member of the National Security Inspectorate (NSI) such as NACOSS, Integrity 2000 or AISC?

b) Is the system currently maintained under an annual maintenance contract with a member of NACOSS, Integrity 2000 or AISC?

c) Is the alarm bells only?

d) Is the alarm monitored by a central station?

e) Have the Police ever advised you that they will not respond to an alarm call at your home?

5. Is there a safe installed in the home?    
If YES please supply the make, model & type (i.e. wall or underfloor) and the cash rating.

**PERSONAL ITEMS (This is only available if Contents insurance has been chosen)**

This section will provide cover for items while outside your home. Please state the amount to be insured in the appropriate box(es) which should represent the maximum amount taken out of the home at any one time. Any item over £1,500 should be specified. \*see definition of Valuables.

1. Unspecified valuables\*, clothing and personal belongings. (Minimum amount £2,500.) Maximum value any item £1500.  £

2. Pedal Cycles (maximum any one cycle £750). (Please provide the serial numbers of all cycles over £250)

Make	Model	Serial Number	Value £

3. Specified Items  
Any item over £1,500 MUST be supported by a recent purchase receipt or a valuation not more than 3 years old. NO COVER WILL BE IN FORCE unless such supporting documents are provided. Continue on a separate sheet if necessary

Item description	Value £
1	
2	
3	

\* Valuables – this refers to jewellery, gem stones, pearls, gold, silver or other precious metals, furs, watches, portable televisions, audio, video and computer equipment, telescopes, binoculars, photographic equipment, musical instruments, sporting and camping equipment and guns.

**MONEY AND CREDIT CARDS (This is only available if Contents insurance has been chosen)**

1. Do you require this cover? **YES NO**

Please tick the number of units you require

	Units	Money	Credit Cards	Season Tickets
<input type="checkbox"/>	1	£250	£1,000	£1,000
<input type="checkbox"/>	2	£500	£2,000	£2,000
<input type="checkbox"/>	3	£750	£3,000	£3,000

**DATA PROTECTION**

The details you have provided will be used by Equity Red Star Services Limited to process your request in accordance with the Data Protection Act 1998 and other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes. Your data may also be processed outside the European Economic Area. In all instances we take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling, it may be necessary to pass your information to carefully selected third parties and other Group companies. By proceeding with this application you signify your consent to such information being processed in this way.

If you have any queries, please contact: The Company Secretariat, Equity Insurance Group Limited, Library House, New Road, Brentwood Essex, CM14 4GD.

**DECLARATION**

**DECLARATION** I/We declare that to the best of my/our knowledge and belief all the information given on this Proposal is true and complete and that nothing which might influence the Underwriters in accepting or assessing the Proposal has been withheld. I/We also declare that if any details or answers on this form have been computer-generated or written by another person, that person has acted as my/our agent.

PROPOSER'S SIGNATURE(S)

DATE

DATE

SPOUSE/CO-PROPOSER/  
PARTNER'S SIGNATURE(S)

DATE

**PLEASE USE THE SPACE BELOW, TO SUPPLY FULL DETAILS WHERE YOU HAVE TICKED ANY OF THE SHADED BOXES.**

Use a separate sheet if necessary.