**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings |  Yes | [ ]  |  No | [ ]  |
| ◦ Had a proposal refused or declined |  Yes | [ ]  |  No | [ ]  |
| ◦ Had insurance cancelled or special terms imposed |  Yes | [ ]  |  No | [ ]  |
| ◦ Had any convictions for criminal offences  |  Yes | [ ]  |  No | [ ]  |

1. **Proposer Details/Buildings Cover:**

|  |  |
| --- | --- |
| ◦ Renewal Date |       |
| ◦ Current Insurer |       |
| ◦ Company Name |       **(only complete this box if you are a landlord)** |
| ◦ Title |  |
| ◦ Forename  |       |
| ◦ Surname |       |
| ◦ Telephone Number |       |
| ◦ Mobile Number |  |
| ◦ Email  |       |
| ◦ Street Number/Name |       |
| ◦ Town/City |       |
| ◦ County |       |
| ◦ Postcode |       |
| ◦ Year of Construction |       |
| ◦ Number of Storeys |       |
| ◦ Is the Building Listed  |  |
| ◦ Property Ownership |  |
| ◦ Property Type |  |
| ◦ Exterior Walls |  |
| ◦ Flat Roof |  |
| ◦ Number of Bathrooms/Toilets |       |
| ◦ Number of Bedrooms |       |
| ◦ Is the Building in a Good State of Repair | Yes [ ]  No [ ]  |
| ◦ Any Claims (in the Last 5 years) | Yes [ ]  No [ ]  |
|  | If yes, please give details.       |
|  | If no, number of years claim free. |
|  |  |

1. **Contents Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Contents Cover | Yes [ ]  No [ ]  |
| ◦ Landlords Fixtures & Fittings/Contents | £       **(only complete this box if you are a landlord)** |
| ◦ Contents – Electrical Items  | £       |
| ◦ Contents – Personal Effects  | £       |
| ◦ Contents – All Other Contents | £       |
| ◦ Specified Items (valued over £2,000) | Please give details and approximate values.      |

1. **Additional Details:**

|  |  |
| --- | --- |
| ◦ Any Cats or Dogs  | Yes [ ]  No [ ]  |
| ◦ Alarm System | Yes [ ]  No [ ]  |
| ◦ Professionally Installed Alarm System | Yes [ ]  No [ ]  |
| ◦ Professionally Maintained Alarm System | Yes [ ]  No [ ]  |
| ◦ Alarm – Police Response | Yes [ ]  No [ ]  |
| ◦ 24 Hour CCTV Recording | Yes [ ]  No [ ]  |

1. **Loss of Rent: (only complete this section if you are a landlord)**

|  |  |
| --- | --- |
| ◦ Loss of Rent Value | £       |
| ◦ Indemnity Period (months) |  |

1. **Property Owners Public Liability: (only complete this section if you are a landlord)**

|  |  |
| --- | --- |
| ◦ Select Limit of Indemnity | £  |
| ◦ Indemnity Period (months) |  |

1. **Other Options:**

|  |  |
| --- | --- |
| ◦ Legal Protection | Yes [ ]  No [ ]  |
| ◦ Home Emergency  | Yes [ ]  No [ ]  |
| ◦ Protected “No Claims” (if applicable) | Yes [ ]  No [ ]  |
| ◦ Buildings Accidental Damage | Yes [ ]  No [ ]  |
| ◦ Contents Accidental Damage | Yes [ ]  No [ ]  |
| ◦ Loss Recovery Insurance  | Yes [ ]  No [ ]  |

**Please email the completed form to** **admin@tcfellis.co.uk** **and we will respond within 48 hours.**

 **Any Additional Information**

|  |
| --- |
|       |