**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**](mailto:admin@tcfellis.co.uk) **and we will respond within 48 hours.**

**Any Additional Information**

|  |
| --- |
|  |