

PLEASE COMPLETE IN BLOCK CAPITALS, CHECK THE APPROPRIATE BOXES CLEARLY AND INITIAL ANY ALTERATIONS

Proposer's Full Name Mr/Mrs/Miss/Ms/Dr _____

Address of home to be insured (in full) _____ Post Code _____

Address for Correspondence (if different from above) _____

Telephone (Daytime) _____ (Home) _____

Email Address _____

Occupation _____

Date of Birth / / Date insurance required from / / for 12 months

How did you hear about Freisenbruch? _____

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

Is your home:

- | | | |
|---|------------------------------|-----------------------------|
| built of concrete block or Bermuda stone with a slate or tiled roof? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| left unoccupied for more than 40 days at a time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| immediately adjoining the sea or any other water source? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| in a location that is subject to possible flooding or where flooding has happened previously? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| located near to a cliff edge or on or near to a steeply sloping ground? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Is your home: (check the relevant boxes)

- | | | |
|---|--|---|
| single storey? <input type="checkbox"/> | rented furnished and occupied by you? <input type="checkbox"/> | used for any commercial purpose other than clerical? <input type="checkbox"/> |
| two storey? <input type="checkbox"/> | rented unfurnished and occupied by you? <input type="checkbox"/> | owned and occupied by you? <input type="checkbox"/> |
| an apartment? <input type="checkbox"/> | leased to tenants or used by paying guests? <input type="checkbox"/> | |

Is your home protected by:

- | | |
|---|---|
| a fire alarm connected to an off site 24 hr. manned monitoring company? <input type="checkbox"/> | smoke detectors? <input type="checkbox"/> |
| a burglar alarm connected to an off site 24 hr. manned monitoring company? <input type="checkbox"/> | |

Have you or any member of your household:

- | | | |
|---|------------------------------|-----------------------------|
| suffered loss during the last 5 years from any of the risks that you now wish to insure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| been refused insurance or had special terms or conditions applied by an insurer for any of the risks that you now wish to insure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| been convicted of or have any prosecution pending for any criminal offence (excluding traffic offences)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

BUILDINGS INSURANCE

- | | | |
|---|------------------------------|-----------------------------|
| Do you wish to insure the BUILDINGS of your home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you wish your Buildings Insurance to include the 'EXTRA DAMAGE' cover option? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you wish to insure the risks of Subsidence and Landslip?* | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| What is the total floor area of your home in square feet? | sq ft | |
| Amount to be insured | \$ | |
| Does this amount represent the full replacement value of the Buildings, including allowance for professional fees and removal of debris following a loss? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(Building Insurance continued on next page)

Do you have a seawall, dock, jetty or similar waterside structure which you wish to insure?* Yes No

If 'Yes'

a) state materials used for its construction

b) amount to be insured \$

Do you have a mortgage, or does any other party have an interest in the property? Yes No

If 'Yes' please name the interested party

*We will require an engineer's report. Please refer to Underwriters for specifications.

CONTENTS INSURANCE

Do you wish to insure the CONTENTS of your home? Yes No

Do you wish your Contents Insurance to include the 'EXTRA DAMAGE' cover option? Yes No

Do you wish to insure the risks of Subsidence and Landslip? Yes No

Amount to be insured (Do not include any amount you will be insuring under Personal Possessions insurance below) \$

Does this amount represent the full replacement cost of the Contents to be insured less an allowance for wear and tear on clothing and household linen and external satellite equipment? Yes No

Does the amount of any Valuable (*) exceed 5% of the amount insured above? Yes No

What is the total number of days that you and your household travel per year? days

*Valuables are articles made of precious metal, watches, jewelry, furs, pictures, works of art, collections of coins, medals or stamps other than those insured separately under Personal Possessions Insurance below.

PERSONAL POSSESSIONS INSURANCE

- FOR ITEMS YOU TAKE OUTSIDE YOUR HOME
- ONLY AVAILABLE IF CONTENTS ARE ALSO INSURED UNDER HomeCover
- THE AMOUNT YOU SELECT TO BE INSURED SHOULD REPRESENT THE FULL NEW REPLACEMENT COST EXCEPT FOR CLOTHING AND PEDAL CYCLES WHERE AN ALLOWANCE SHOULD BE MADE FOR WEAR, TEAR AND BETTERMENT.

Do you wish to insure your PERSONAL POSSESSIONS? Yes No

Do you require cover for:

A) Unspecified Valuables, Clothing and Personal Effects, Personal Money and Credit/Charge cards? (for items worth less than \$1,000 each) Yes No

Amount to be insured (minimum \$2,500) \$

This amount should represent the maximum value you wish to insure of items (excluding Personal Money and Credit/Charge cards), away from the home at any time.

B) Specified Items? (for items worth more than \$1,000 each) Give a full description of each item below, state its value and provide a current valuation.

ITEM 1	\$
ITEM 2	\$
ITEM 3	\$
ITEM 4	\$
ITEM 5	\$
ITEM 6	\$

C) Sports Equipment? Yes No

Amount to be insured (minimum \$1,000) \$

D) Pedal Cycles? Yes No

Description (including make and model of cycle(s))	Serial No.	Insured Value
CYCLE 1		\$
CYCLE 2		\$
CYCLE 3		\$
CYCLE 4		\$

SMALL BOATS INSURANCE

Not available for boats over 16' in length or 17 knots maximum design speed

- Do you wish to insure your SMALL BOAT(S)? Yes No
- Are you the sole owner of the boat? Yes No
- Will the boat be used by anyone other than you or your immediate family? Yes No
- Will the boat ever be used for racing? Yes No
- When not in use will the boat be removed from the water? Yes No

If 'No' where and how will the boat be moored?

Details of the boat (the Insured Value should be the full replacement cost as new including any fittings, equipment, trailer and launching trolley less an allowance for wear, tear and betterment)

Class or Type of Boat	Age (yrs)	Horsepower & Serial No. of Engine	Insured Value
			\$
			\$
			\$
			\$

TRAVEL

- Do you wish to have TRAVEL? Yes No
- What is the total number of days that you and your household travel per year? days
- Does the amount of your luggage and personal effects exceed \$2,000? Yes No

Please note that this Annual Travel Cover is only intended for short, inexpensive holidays. If you are undertaking a particularly expensive vacation, or a trip that is out of the ordinary, please contact us to ensure that your coverage is sufficient.

ADDITIONAL INFORMATION

Please read the following carefully and then sign and date the Declaration

IMPORTANT – The answers you have given to the above questions will usually provide us with sufficient information to enable us to consider this Proposal Form. However, because no list of questions can be exhaustive, please consider carefully whether there is any other information known to you that could influence our acceptance and assessment of the risk. Material information would include any special feature of the property or its location which make losses more likely to happen or more serious if they do. Please disclose to us on a separate sheet of paper any such information even if you have doubts as to whether it is material or not, as failure to do so could invalidate your policy. You should keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

Before signing the Declaration, please check your answers carefully, particularly if this Proposal Form is not completed in your own hand.

DECLARATION

I declare that to the best of my knowledge and belief, the answers above are true and all material information as explained above has been disclosed. I agree that if any answer had been written by any other person, such person shall for that purpose be regarded as my agent and not the agent for the Insurers. I agree that this Proposal is for insurance under the normal terms and conditions of the Insurer's policy and shall be incorporated in and form the basis of the insurance contract.

Signature of Proposer Date

THIS INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THIS PROPOSAL FORM. THE INSURERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL FORM.