

Unoccupied Home Insurance

Application Form

IMPORTANT NOTE: You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.



A. Cover Start Date

Date from which insurance is required / /

Please state the period of cover you require:

3 months (90 days) ☐ 6 months (182 days) ☐ 9 months (273 days) ☐ 12 months (annual renewable) ☐

B. Your Personal Details

Proposer

1. Title

Full Name

2. Date of birth

 / /

3. Occupation (including part time)

4. Nature of own or Employers' Business

5. Day time Telephone Number

6. Email address

Joint Proposer/Partner

7. Title

Full Name

8. Date of birth

 / /

9. Occupation (including part time)

10. Nature of own or Employers' Business

11. Day time Telephone Number

12. Email address

13. Are you the owner?

Yes ☐ No ☐

(i) If No, do you have Power of Attorney? (If Power of Attorney, please supply copy documentation)

Yes ☐ No ☐

(ii) Are you the Executor of the property? Please complete Executor's details

14. Correspondence Address

C. Previous Insurance History

1. a) Have you had any household insurance previously, either with us or any other insurance company?

Yes ☐ No ☐

If so, please state the company name, expiry date and/or policy number (if known)

b) If you have not held household insurance before what is the reason for this?

2. Have you, or any person to be insured:

a) ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by an insurer?

Yes ☐ No ☐

b) suffered any loss, damage, injury or liability at the risk address or any other property in the last 5 years (whether insured or not) from any of the events to be insured by this policy?

Yes ☐ No ☐

c) ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than motoring offences)?

Yes ☐ No ☐

D. About Your Property

1. Address of Property to be insured
(if different to correspondence address):

2. How long has the property been unoccupied?

3. How long do you expect the property to remain unoccupied?

4. Please state the reason for the unoccupancy of the property:

5. What are the current plans for the property?

6. Type of Property House ☐ Bungalow ☐ Flat/Maisonette ☐ Other (please give details) ☐
Terraced ☐ Semi-detached ☐ Detached ☐

7. Year Property Built

Number of bedrooms

8. Is the property to be insured:

a) built of brick, stone or concrete?

Yes ☐ No ☒

b) roofed with slate, tiles, concrete, asphalt or metal with no more than 20% of the total roof area of flat felt or bitumen?

Yes ☐ No ☒

c) in a good state of repair and will be so maintained?

Yes ☐ No ☒

d) a listed building

Yes ☐ No ☐

If Yes state grade

e) in a neighbourhood free from a history of storm or flooding?

Yes ☐ No ☒

f) in the vicinity of any rivers, streams or tidal waters?

Yes ☒ No ☐

g) used for business, trade or professional purposes?

Yes ☒ No ☐

9. In respect of subsidence, heave or landslip; is the property to be insured:-

a) showing any signs of damage (such as cracks, inside or outside)?

Yes ☒ No ☐

b) showing any signs of movement or been the subject of structural repairs at any time?

Yes ☒ No ☐

c) the subject of a valuation or survey report which mentions settlement or movement of buildings or recommends further investigation? (if "Yes" please supply a copy of the report with this proposal)

Yes ☒ No ☐

d) Are there any trees or shrubs within 7 metres of your home which are more than 3 metres tall? (whether inside or outside your garden. If Yes, please state species, height and distance from property)

Yes ☒ No ☐

If you have ticked any of the shaded boxes in sections C or D, please provide full details below, noting the question number beside your comments (if there is insufficient space, please complete on a separate piece of paper and attach to the proposal).

10. Please note requirements (a) to (e) of this section are compulsory and cover is not effective unless they are complied with.

(a) Is the final exit door fitted with either

Yes ☐ No ☐

(i) a lock approved to BS3621, or

Yes ☐ No ☐

(ii) a mortice deadlock of at least five levers, or

Yes ☐ No ☐

(iii) a rim automatic deadlatch with a key-locking handle on the inside, or

(iv) a key-operated multi-point locking system with at least three fixing points and a lock cylinder with at least five pins to the main entrance door?

Yes ☐ No ☐

(b) Are all other external doors fitted with key operated security devices top and bottom in addition to existing locks or a lock to the standard in (a) above except sliding patio doors?

Yes ☐ No ☐

(c) Does your property have sliding patio doors?

Yes ☐ No ☐

If answered yes do they have key operated locks mounted internally on the centre rail(s) or protection to the standard of (b) above?

Yes ☐ No ☐

(d) Do all ground floor opening windows and those accessible on other floors have key-operated security devices?

Yes ☐ No ☐

(e) Will the property be inspected internally and externally at least every seven days by you or your representative and written records retained?

Yes ☐ No ☐

11. Are any of the windows or doors boarded/bricked up?

Yes ☐ No ☐

12. Have the mains electricity, gas and water been switched off and the water system drained?

Yes ☐ No ☐

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

- Other

Yes ☐ No ☐

If you have ticked any of the shaded boxes in questions 10-13 above please provide full details below and include a full schedule of the works to be undertaken:

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Important, you must insure for the full reinstatement cost of the buildings, as defined by the Building Cost information Service of the Royal Institute of Chartered Surveyors, including any outbuildings plus an amount for any additional charges which could be incurred in rebuilding such as demolition costs, architects and surveyors fees and complying with the requirements of local authorities.

1. State the Building Sum Insured (minimum sum insured £35,000) £

If Applicable, Please state name and address (and relevant reference number) of other interested parties e.g mortgage provider.

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Important, you must insure for the full replacement cost of all contents, as new, less an amount for wear, tear and depreciation on clothing and household linen. If you make a claim and the sum insured is inadequate, the amount we pay in the event of a claim may be reduced.

Is contents Insurance required? Yes ☐ No ☐

Yes ☐ No ☐

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G. Notice to Applicants

Law Applicable to the Contract

The insurance contract to which this proposal relates is to be governed solely by the law applying to that part of the United Kingdom, Channel Islands or Isle of Man in which the home is located.

Personal Data

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as a fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

You can ask us for more information about this.

You should show this notice to anyone who has an interest in property insured under this policy.

In assessing claims made insurers may also undertake checks against publicly available information as necessary such as electoral roll, county court judgements, bankruptcy or repossessions.

Insurance Premium Tax

The Finance Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

A copy of your completed proposal form will be supplied to you if requested within 3 months.

Declaration

I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief. I understand that I/we must give full and true Answers to all questions and that if I/we have not done so my/our insurance cover may not protect me/us in the event of a claim. I/we have not withheld any material facts and understand that non-disclosure or misrepresentation of a material fact will entitle insurers to void this insurance. (Note: a material fact is one likely to influence acceptance or assessment of this application by insurers). If you are in any doubt as to what constitutes a material fact, you should consult our office). I/we agree that this application forms the basis of the contract between me/us and the insurers and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording. I/we understand that my/our personal details will be passed to or used by member companies of the insurers and to third parties such as claims administrators, loss adjusters or fraud investigators for the purpose of my/our insurance (for example underwriting processing and claims handling). You should show this notice to anyone who has an interest in property insured under this policy. I/we understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd so that they can make it available to other insurers. I/we also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

Signature of proposer

Date

Signature of joint proposer

Date

Note: If forms have been completed by joint proposers, both signatures are required before cover can be effective

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