

HOME CHANGE OF ADDRESS DECLARATION

New Address:

Title: Insured Name (in full):

Daytime Telephone Number:

Mobile:

Email:

Policy Number:

The Date From Which Cover Is Required: DD / MM / YY

New Sums Insured Buildings: £

(This is not market value but the cost of rebuilding)

Contents: £

(This figure should represent the cost involved to replace as new)

Mortgage/Other Interested Parties Details

Name of Lender:

Address of Lender:

Are you the owner/occupier of the property to be insured? Yes No

Semi-Detached Detached Terraced Flat Maisonette

Please state the number of bedrooms: The type of property is:

What year was the property built in *(please put approximate year if unsure)*:

UK properties only - Is your home fitted with the 'Minimum Security Precautions'? Yes No

(If 'No' we will only provide cover in certain 'high risk' areas once these precautions have been fitted.)

ALL SECTIONS MUST BE COMPLETED: Is the home...

- a) built of brick, stone or concrete and roofed with slates, tiles, metal asphalt or concrete
- b) in good repair and free from damage or defect of any kind
- c) in an area normally free from flooding
- d) free from and in area normally free from subsidence, ground heave, landslip or coastal or river erosion
- e) free from previous underpinning or any remedial action of any type in connection with subsidence, ground heave, landslip or coastal or river erosion
- f) occupied solely by yourself and members of your family
- g) self-contained with no shared facilities
- h) used in any part for business or professional purposes
- i) regularly unoccupied during the day or night, except for normal working hours, holidays, shopping or recreational purposes
- j) left unoccupied for more than 30 consecutive days
- k) a weekend or holiday home

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

If you have ticked any of the shaded boxes, please give details overleaf

Details:

Please check the information you have given, then read and sign the declaration.

Declaration:

Please read carefully. I/We declare that, to the best of my/our knowledge and belief, the information given on this form is true and complete and no material information that is likely to influence the assessment or acceptance of this proposal has been withheld. (If you are in any doubt as to whether information is material it must be disclosed.) I/We also declare that if any information on this form has been written by another person on my/our behalf, that person was acting as my/our agent for that purpose.

Signature(s)

(all policyholders must sign): _____

Date: _____