



HOME CHANGE OF ADDRESS DECLARATION

Policy Number:

New Address:

Mr/Mrs/Miss/Ms/MX Forename: Other initials:

Surname

Telephone Number:

Email Address:

The Date From Which Cover Is Required: / /

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

Please state the number of bedrooms:

The type of property is:

Semi- Detached Detached Terraced Flat Maisonette

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.)

Please continue overleaf

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

- | | Yes | No |
|---|----------------------------------|----------------------------------|
| a) built of brick, stone or concrete and roofed with slates, tiles, metal asphalt or concrete (if there is an area of Flat Roof please provide the following information in the 'Details' box below, material, age, condition and the % of the overall roof that is flat) | <input type="radio"/> | <input checked="" type="radio"/> |
| b) in good repair and free from damage or defect of any kind | <input type="radio"/> | <input checked="" type="radio"/> |
| c) in an area normally free from flooding | <input type="radio"/> | <input checked="" type="radio"/> |
| d) free from and in area normally free from subsidence, ground heave, landslip or coastal or river erosion | <input type="radio"/> | <input checked="" type="radio"/> |
| e) free from previous underpinning or any remedial action of any type in connection with subsidence, ground heave, landslip or coastal or river erosion | <input type="radio"/> | <input checked="" type="radio"/> |
| f) occupied solely by yourself and members of your family | <input type="radio"/> | <input checked="" type="radio"/> |
| g) self-contained with no shared facilities | <input type="radio"/> | <input checked="" type="radio"/> |
| h) used in any part for business or professional purposes | <input checked="" type="radio"/> | <input type="radio"/> |
| i) regularly unoccupied during the day or night, except for normal working hours, holidays, shopping or recreational purposes | <input checked="" type="radio"/> | <input type="radio"/> |
| j) left unoccupied for more than 30 consecutive days | <input checked="" type="radio"/> | <input type="radio"/> |
| k) a weekend or holiday home | <input checked="" type="radio"/> | <input type="radio"/> |

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

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: / /