



# Proposal form for Property Owners Insurance

<b>Your / Company Details</b>				
Company Name				
Contact Name				
Telephone Number				
Email Address				
<b>Insured Details</b>				
Insured Name				
<b>Other Information</b>				
Holding Broker				
Current Insurer				
Any other Insurer /Broker approached for a quotation?			YES	NO <i>if yes, Details</i>
Renewal Date				
Target Premium				
Deadline Date				
Terrorism Quote required			YES	NO
<b>Claims Experience</b> Have there been any claims settled or submitted or any incidents that could give rise to a claim in the last five years?			YES	NO <i>If yes, please provide details below</i>
<b>Date</b>	<b>Type of Loss</b>	<b>Paid</b>	<b>O/S</b>	<b>Action taken to avoid recurrence</b>
<b>Additional Notes / Comments</b>				
For Multiple Property Enquiries - Please complete the following page per Property				
Number of Properties <input type="text"/>				



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<b>Property Details</b> Risk Address	
Postcode	
Owner Description	
Current / Intended Occupation	
Name of Tenant	
Is the Property vacant?	YES      NO <i>if yes, Please complete a Vacant Property Questionnaire</i>
Age of Property	
No of Storeys	
Is the Property Listed?	YES      NO <i>if yes, GRADE</i>
Construction:      Walls	<b>BRICK</b> <b>STONE</b> <b>OTHER</b>
Roof	<b>SLATE/TILE</b> <b>CONCRETE</b> <b>OTHER</b>
Floor	<b>WOOD</b> <b>CONCRETE</b> <b>OTHER</b>
Is any portion of the roof flat	YES      NO
If Yes – what percentage is flat	
If Yes – Construction of Roof	<b>TIMBER / ASPHALT</b> <b>CONCRETE</b> <b>OTHER</b>
Are there any adjoining premises	YES      NO
If yes - is there a complete firebreak wall between them and the insured premises	YES      NO
Are there sprinklers	YES      NO
Are the premises owner-occupied	YES      NO
Number of years owned	years
<b>Sums Insured</b>	
Buildings Declared Value	(we will add inflation provision)
Rent Sum Insured (per annum)	indemnity period
Communal Contents Sum Insured	
Contents Sum Insured	



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Property Owners Liability	(Limit of indemnity)	
Employers Liability Cover Required	YES	NO <i>if yes, Please provide the following details</i>
Wage Roll		
Number of Staff		
Nature of Staff		
Previous Convictions	YES	NO
Previously bankrupt	YES	NO
Previously disqualified	YES	NO
Previously declined any insurance	YES	NO
Previously not complied with Risk Improvements	YES	NO
Statement of Fact Acceptable	YES	NO