

Home Insurance Proposal Form

For Cornish Mutual use only

Inspector's No. /Member No	Start Date	Quoted premium £	Number of policy to be cancelled or amended HH HC HB	New Policy No HH
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Please read the accompanying summary of insurance before completing this form and keep a record (including copies of letters) of all information supplied to us for the purpose of entering into the contract. **Please use capital letters for your answers.**

Details of the proposer(s)	<p>If more than two people please give details in the Additional Information box on page 3</p> <p>Full name(s):</p> <p>Date of birth:</p> <p>Full name(s):</p> <p>Date of birth:</p> <p>Address of property to be insured:</p> <p>.....</p> <p>Correspondence address (if different from above):</p> <p>.....</p> <p>Contact telephone number: Mobile phone:</p> <p>Fax: Email address:</p> <p>Occupation or business (whole and part-time):</p>																										
General Information	<p>If you answer 'Yes' to any of the following questions please give details in the Additional Information box on page 3.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="6" style="width: 30%; padding: 5px;">Is the property to be insured (or the property in which the Contents to be insured are contained):</td> <td style="padding: 5px;">built other than of brick or stone or roofed other than with slates, tiles, metal or asphalt?</td> <td style="width: 10%; padding: 5px;">Yes/No</td> </tr> <tr> <td style="padding: 5px;">used for your trade, occupation, business or work purposes? If 'Yes' please give details</td> <td style="padding: 5px;">Yes/No</td> </tr> <tr> <td style="padding: 5px;">a Listed building?</td> <td style="padding: 5px;">Yes/No</td> </tr> <tr> <td style="padding: 5px;">in an area subject to flooding or have flood waters ever entered the home?</td> <td style="padding: 5px;">Yes/No</td> </tr> <tr> <td style="padding: 5px;">in an area affected by subsidence, heave or landslip?</td> <td style="padding: 5px;">Yes/No</td> </tr> <tr> <td style="padding: 5px;">showing any signs of damage by subsidence, heave or landslip or has the building or the site on which it stands ever been affected by these causes?</td> <td style="padding: 5px;">Yes/No</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 30%; padding: 5px;">Have you or has anyone normally living with you:</td> <td style="padding: 5px;">been refused insurance or had special conditions imposed?</td> <td style="width: 10%; padding: 5px;">Yes/No</td> </tr> <tr> <td style="padding: 5px;">ever been convicted of, or received a formal police caution for, or is any prosecution pending in respect of arson or any offence involving dishonesty of any kind, e.g. fraud, robbery, theft or handling stolen goods?</td> <td style="padding: 5px;">Yes/No</td> </tr> <tr> <td style="padding: 5px;">had any loss caused by any of the risks to be insured in the last 3 years.</td> <td style="padding: 5px;">Yes/No</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Have you held household insurance in the last 3 years? If 'Yes' please give details of your latest insurance</td> <td style="width: 20%; padding: 5px;">Yes/No</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name of Insurance Company</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Expiry date</td> </tr> </table>	Is the property to be insured (or the property in which the Contents to be insured are contained):	built other than of brick or stone or roofed other than with slates, tiles, metal or asphalt?	Yes/No	used for your trade, occupation, business or work purposes? If 'Yes' please give details	Yes/No	a Listed building?	Yes/No	in an area subject to flooding or have flood waters ever entered the home?	Yes/No	in an area affected by subsidence, heave or landslip?	Yes/No	showing any signs of damage by subsidence, heave or landslip or has the building or the site on which it stands ever been affected by these causes?	Yes/No	Have you or has anyone normally living with you:	been refused insurance or had special conditions imposed?	Yes/No	ever been convicted of, or received a formal police caution for, or is any prosecution pending in respect of arson or any offence involving dishonesty of any kind, e.g. fraud, robbery, theft or handling stolen goods?	Yes/No	had any loss caused by any of the risks to be insured in the last 3 years.	Yes/No	Have you held household insurance in the last 3 years? If 'Yes' please give details of your latest insurance	Yes/No	Name of Insurance Company		Expiry date	
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Tick the appropriate box which relates to the type of property to be insured

Semi-detached house	Tick	Semi-detached bungalow	Tick	Detached house	Tick
Detached bungalow	Tick	Terraced house	Tick	Flat or maisonette	Tick

Any other type of building please give details in the Additional Information box on page 3

If you answer 'Yes' to any of the following questions please give details in the Additional Information box on page 3.

Is the property left unoccupied for more than 30 days at a time?	Yes/No
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Is the property (or any part) occupied by paying guests/lodgers, lent or let to tenants?	Yes/No
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Is the property in a good state of repair? If the answer is 'No' please give details in the Additional Information box.	Yes/No
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State approximate year of construction of the property ignoring date of modifications or extensions.	Date:
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Please state the number of bedrooms (whether occupied as bedrooms or not)	
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**Section 1 -
Buildings Insurance**

If you require Buildings insurance please complete this Section if not please go to Section 2

State the sum to be insured (Important: please refer to the notes on page 1 of the summary of insurance)	£
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**Section 2 -
Contents Insurance**

If you require Contents insurance please complete this Section if not please go to the important information on page 4.

State the sum to be insured (Important: please refer to the notes on page 2 of the summary of insurance)	£
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Do you want to exclude cover for accidental damage to contents in the property?	Yes/No
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This insurance currently includes a standard excess of £50, if you wish to take a higher excess your premium may reduce. Please make a selection below:

Additional excess:	£100	Tick	£250	Tick	Greater than £250 please state: £
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For an additional premium the following optional extensions' which provide cover for items whilst outside the property, are available. Please complete your requirements.

Personal Money (Limit is £500)	Yes/No
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Pedal Cycles (Limit is £1,000 per pedal cycle)	Yes/No
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Clothing and Personal Effects	Yes/No
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If 'Yes' please state required sum insured	£
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Unspecified valuables	Yes/No
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If 'Yes' please state required sum insured	£
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Specified items (including sports equipment). Please list items to be insured, with their value, below. Please note proof of value will be required for any item worth more than £5,000

	£
	£
	£
	£
	£
	£
	£
	£
	£

Do you require insurance under the above optional extensions to provide cover outside Great Britain, Northern Ireland, the Republic of Ireland, the Isle of Man and the Channel Islands?	Yes/No
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If 'Yes' please give details in the Additional Information box and include the sum insured your require for clothing, personal effects and unspecified valuables when abroad, as the limit you have selected for Great Britain may be higher when travelling outside the area.

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Important Information

Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

The insurance we offer is based upon the information provided to us and you must ensure that all information is complete and accurate and that any facts which may influence our decision to accept the risk on the terms offered have been disclosed. This duty to disclose information continues throughout the life of a Policy and at each renewal. If you fail to disclose material information you may invalidate your insurance cover which may mean that part, or all, of any claim may not be paid.

We recommend that you should keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this insurance.

Please tick the box if you would like a copy of this proposal sent to you.

Marketing Preferences

From time to time Cornish Mutual would like to keep you up to date with information and offers on other insurance products and services that we feel may be of interest to you.

We respect your privacy and will **never** share your information outside Cornish Mutual and its agents for marketing purposes. We also **will not inundate** you – we will only ever alert you to products or offers we think you may benefit from.

No I do not wish to receive offers or information from Cornish Mutual by post.

Yes please send me news, offers and information from Cornish Mutual by email.

Please note you will be given the option to unsubscribe from emails at any time.

Declaration

I/we declare that to the best of my/our knowledge and belief the answers given are true and complete.

I/we agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of The Cornish Mutual Assurance Co. Ltd.

I/we declare that this proposal form is for insurance in the normal terms and conditions of the Insurer's Policy.

I/we agree that the information provided on this proposal form and any information supplied by me/us shall be incorporated in and form part of the insurance contract

I/we wish to effect insurance with, and apply to become a member of, The Cornish Mutual Assurance Company Limited in accordance with the terms of the Company's Memorandum and Articles of Association.

Before signing the Declaration please check your answers carefully particularly if this proposal form is not completed in your own hand.

Signature of Policyholder(s)

Date



Head office

CMA House
Newham Road
Newham
Truro
Cornwall TR1 2SU

Tel: 01872 277151
Fax: 01872 223053

Exeter office

Unit A
Exeter Livestock Centre
Matford
Exeter
Devon EX2 8FD

Tel: 01392 824964
Fax: 01392 256107