

Let Property Owners Proposal Form

For Cornish Mutual use only

Inspector's No.	Start Date	Quoted annual premium £	Number of policy to be cancelled or amended.	Policy Number: LP
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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.

If more than two people please add additional information to the box underneath

Details of the proposer(s)

Full name:	Full name:
Trading name (if any):	
Correspondence address:	
.....	
Tel:	Mobile
Fax:	Email:
Business website address (if any):	

Details of joint proposer (if any)

Full name:	Full name:
Trading name (if any):	
Correspondence address:	
.....	
Tel:	Mobile
Fax:	Email:
Business website address (if any):	

Address of property to be insured

Address:	
.....	
.....	Postcode
Describe the type of lets:	
.....	

Details of any mortgagee, freeholder or other interested party to be recorded in the policy

Full name:
Address:	
.....	
.....	Postcode

General Information

If you answer 'Yes' to any of the following questions, please give full details in the Additional Information box.

Is the let property to be insured:	built other than of brick, stone or concrete (other than Mundic block), or roofed other than with slates, tiles, metal, concrete or asphalt?	Yes/No
	in an area subject to flooding or have flood waters ever entered the property?	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 property or the site on which it stands ever been affected by these causes?	Yes/No
	subject to more than one tenancy agreement at the same time?	Yes/No

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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 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.

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..... Signature of Policyholder.....

Position held..... Position held.....
(if company or partnership) (if company or partnership)

Date..... 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

email: enq@cornishmutual.co.uk www.cornishmutual.co.uk