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INNOVATIVE INSURANCE

PROPOSAL FORM

Residential Property Owners Insurance

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

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1. IMPORTANT INFORMATION

1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

1.2 Data Protection – How we will use your Data

The Basics:

Camberford Law plc, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights:

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberfordlaw.com/privacy

Contact Details

Camberford Law plc
Data Protection Officer
50 Fenchurch Street
London
EC3M 3JY

2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

3. PROPOSER DETAILS

3.1 **Proposer(s):**
Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

3.2 **Individual Name(s):**
Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

3.3 **Correspondence Address:**
Full postal (correspondence) address:

Post Code:

3.4 **Years Established:**
Number of years the proposer has been established:

3.5 **Years Experience:**
Number of years experience of the proposer within your business activities:

3.6 **FCA Classification:**
Please complete the following information which we must have for regulatory classification.

Does the Proposer’s annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

4. BUSINESS ACTIVITIES

- 4.1 The business description for the proposed policy will be **Ownership and/or management of the buildings**. If this is not sufficient to describe your business, please provide an explanation below:

- 4.2 Is your ownership of the buildings part of your trade, business or profession?

YES/NO

- 4.3 Are you registered in and domiciled in the United Kingdom?

YES/NO

5. GENERAL QUESTIONS

5.1 Please read the following questions and state if they are true in respect of this proposal.
Have you ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

5.2 Financial Status and History of the proposer:

Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

YES/NO

5.3 Please use the box below to detail any further information

6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

7. INSURANCE PRODUCTS

7.1 BUILDINGS AND LANDLORD CONTENTS

7.1.1 Ownership

If you are NOT the owner of all the premises to be insured, please state your interest:

7.1.2 Interested Party

If you require any interested party to be noted, please state details:

7.1.3 Age of Buildings and Number of Storeys

Please complete the table to confirm the Age and Number of Storeys in respect of each premises to be insured:

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

7.1.4 Premises Occupancy

Please complete the table to confirm the type of tenancy in respect of each premises to be insured.

Premises 1	Premises 2	Premises 3	Premises 4

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7.1.5 Premises Occupancy

If further information is necessary to fully describe the type of tenants in any property, please provide full details:

7.1.6 Tenancy Agreement

Are all tenancy agreements on the basis of an Assured Shorthold Tenancy (or Short Assured Tenancy if in Scotland) and for a minimum period of 6 months?

YES/NO

7.1.7 Sub-Let / Owner Occupied

Are any premises to be insured sub-let or owner occupied - in full or in part?

YES/NO

7.1.8 Tenancy Breach

Are any premises to be insured occupied by a tenant that is in breach of their tenancy agreement?

YES/NO

7.1.9 Cooking Area

Is cooking confined to fixed cooking appliances in designated kitchen areas?

YES/NO

7.1.10 Bedsits

Are any of the premises to be insured occupied as bedsits or shared accommodation?

YES/NO

7.1.11 Construction

Are ALL of the buildings of the premises to be insured "Standard Construction"?

YES/NO

Note: "Standard Construction" is deemed to mean brick, stone or concrete walls with roof or slate tile, concrete, asphalt, felt, metal or asbestos.

7.1.12 Flat Roofing

Please state the approximate percentage of flat roofing, if any. We will assume 0% if unanswered.

%

7.1.13 Good Condition

Are all premises to be insured in a good state of repair and will be maintained as such?

YES/NO

7.1.14 Flat/Maisonette

Are any of the premises to be insured an individual flat or maisonette?

YES/NO

7.1.15 Unoccupied

Will any of the premises to be insured be unoccupied or undergo major renovations or building works (other than general redecoration and general improvements) during the forthcoming period of insurance?

7.1.16 Listed Building

Are any of the premises to be insured listed/protected?

If YES, please provide details:

7.1.17 Sum Insured/Cover Required

Please state the Sum Insured required for Buildings and Landlord's Contents at each of the premises to be insured.

Note: Loss of Rent and Alternative Accommodation are included at 20% of each Building Sum Insured unless otherwise agreed in writing by us.

	Premises 1	Premises 2	Premises 3	Premises 4
Buildings Sum Insured	£	£	£	£
Landlord's Contents Sum Insured	£	£	£	£

7.1.18 Subsidence (please answer the following questions in respect of this proposal)

Are all Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave?

Are any Premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave?

7.1.19 Flood (is any Premises in a flood plain or area that has previously flooded?)

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.20 Terrorism. Do you require Terrorism Cover?

7.2 PROPERTY OWNERS LIABILITY

7.2.1 Property Owners Liability

Please state the Limit of Indemnity required for Property Owners Liability

£

7.3 EMPLOYERS' LIABILITY

7.3.1 Employers' Liability Limit

Please state the Limit of Indemnity required for Employers Liability

£

7.3.2 Type of Work

Do your employees undertake manual work other than low hazard general (routine) maintenance and housekeeping?

YES/NO

7.3.3 Number of Employees

Please state the total number of employees that you have

7.3.4 HMRC Employers Reference Number

Company	ERN Status	ERN Number

If exempt, please explain below:

8. CLAIMS HISTORY

8.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

9. DECLARATION

9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: