

Household Insurance Quotation Information

POLICYHOLDER DETAILS:		Policyholder 1	Policyholder 2
Full name			
Date of birth			
Occupation & Business			
Address/Postcode to be covered			
Marital status			
Phone nos. / email			
Source of enquiry/VIP details			
please scroll down to page 2 and add any additional details in free text			

THE PROPERTY:			
1. Is the property detached, semi-detached, mid terrace, bungalow, flat?	<input type="text"/>		
2. In what year was the property built?	<input type="text"/>		
3. Number of bedrooms	Number of Bathrooms?	<input type="text"/> <input type="text"/>	
4. Is the property of standard construction. e.g. brick/stone walls & tile/slate roof. If "No" please state on page 2	Yes	No	
5. Is there a flat roof on the property? If "yes" please state the percentage on page 2	Yes	No	
6. How many occupants are there residing in the property?	<input type="text"/>		
7. Is there a Mortgage on the Property and if so who is the provider?	<input type="text"/>		
8. Is the insured address your main residence?	Yes	No	
9. Is the Property solely occupied by you and your family?	Yes	No	
10. Is the property let?	Yes	No	
11. Is the property listed?	Grade 2	Grade 2*	Grade 1
12. Is the property or any outbuildings:			
12.1 Used for business or professional purposes?	Yes	No	
12.2 Free from and showing no signs of subsidence, cracking, heave or landslip?	Yes	No	
12.3 Free from flooding?	Yes	No	
12.4 More than 200m from a watercourse or the sea?	Yes	No	
13. Are there any trees or shrubs within 7 metres (22 feet) of your home (whether inside or outside your garden) which are more than 3 metres (10 feet) tall? (if yes please provide details including type of tree, height and distance at the bottom of this form)	Yes	No	
14. Is the property in good state of repair? If "No" please state on page 2	Yes	No	
15. Are there any works or refurbishment planned or ongoing? If "yes" please detail on page 2	Yes	No	
16. Is the property protected by:			
16.1 Annually maintained alarm system?	Bells only	Central Stationed	Redcare
Please enter type:	<input type="text"/>		
16.2 Five-lever mortice deadlocks or British Standard 3621 locks on all external doors?	Yes	No	
16.3 Key operated locks on all accessible windows and top and bottom of patio doors?	Yes	No	
16.4 Smoke detectors?	<input type="text"/>		
17. Safe? Please enter make, model and cash rating on page 2	<input type="text"/>		
HAVE YOU OR ANYONE LIVING WITH YOU: Details (Please state on page 2)			
18. Sustained any loss or damage in the last 5 years which would have been covered by insurance (excluding motor) had it been in force, whether or not a claim was made?	Yes	No	
19. Had any insurance cancelled, refused or subjected to special terms or been asked to take extra precautions?	Yes	No	
20. Ever been convicted of or charged (but not yet tried) with any criminal offence other than driving offences?	Yes	No	
21. Has any person to be covered by this insurance been the subject of any bankruptcy proceedings, debt relief order, individual voluntary arrangement (IVA) or County Court Judgement (CCJ)?	Yes	No	

AMOUNTS INSURED:	£	Details	£	Details	
22. Buildings	<input type="text"/>	<input type="text"/>			
23. General Contents	<input type="text"/>	<input type="text"/>			
24. Accidental Damage:					
Contents	Yes	No	Buildings	Yes	No
25. Outdoor items	<input type="text"/>	<input type="text"/>			
26. Legal Expenses	Yes	No			
27. Garden cover	<input type="text"/>	<input type="text"/>			
Fine Art & Antiques: (Separate Sum from the above Contents Sum Insured) please indicate below if any one item is valued over £15,000					
28. Pictures, paintings, sketches, prints etc	<input type="text"/>	<input type="text"/>			
30. Antique furniture	<input type="text"/>	<input type="text"/>			
31. Books	<input type="text"/>	<input type="text"/>			
32. Statues and sculptures of a non-fragile nature	<input type="text"/>	<input type="text"/>			
33. Porcelain, glass, brittle and fragile items	<input type="text"/>	<input type="text"/>			
34. Clocks, barometers and other mechanical art	<input type="text"/>	<input type="text"/>			
35. Gold, silver and other precious metals	<input type="text"/>	<input type="text"/>			
36. Other items (please specify)	<input type="text"/>	<input type="text"/>			

Policy questions continue on page 2 ↓

AMOUNTS INSURED: £	Details	£	Details
Valuables: (Separate Sum from the above Contents Sum Insured) please indicate below if any one item is valued over £5,000			
37. Jewellery and watches to be covered outside the home	<input type="text"/>		
38. Jewellery and watches kept in the home only	<input type="text"/>		
		39. Jewellery and watches kept in a safe in the home	<input type="text"/>
		40. Furs	<input type="text"/>
		41. Guns	<input type="text"/>

Would you like a quote for your Motor Insurance?		
Yes	No	Date Required: <input type="text"/>

Would you like a quote for Travel Insurance?		
Yes	No	Date Required: <input type="text"/>

DATE COVER REQUIRED	EXISTING INSURER	CURRENT PREMIUM
<input type="text"/>	<input type="text"/>	<input type="text"/>

We are grateful that you are taking the time to complete this form and would like you to be aware of the following points:

The purpose of this form is to collect from you information relevant to your home insurance in order for Sutton Winson to provide a prompt premium indication.

On occasion further information may be required and we will contact you by your preferred means.

A contract of insurance can not be concluded by use of this form and completion of this form does not guarantee any underwriters acceptance.

A separate proposal form may be required from the finally chosen and agreed insurer.

You have a duty to take reasonable care that the information you have provided is accurate. If there are inaccuracies you should let us know as otherwise your insurance may be cancelled or treated as if it never existed, your claim rejected or not fully paid.

Please see our "Terms of Business" for full details.

ADDITIONAL DETAILS OF ANY CLAIMS, SPECIAL REQUIREMENTS, ITEMISED VALUABLES ETC.