



**NEW INDIA  
ASSURANCE**



Please complete this proposal and return it to  
your insurance adviser or to:

The New India Assurance Company Limited,  
3rd Floor,  
Crown House  
Crown Street,  
Ipswich,  
Suffolk IP1 3HS

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# Proposal

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**RESIDENTIAL  
PROPERTY OWNERS**

# Residential Property Owners Policy



## Proposal Form

### IMPORTANT NOTE:

You must give full and true answers to all questions.  
If you do not do so, your insurance cover may not protect you in the event of a claim.  
You should keep all correspondence in connection with your Proposal.  
Some or all of the information which you supply to New India Assurance Company Ltd in connection with this insurance will be held by the Company on computer.  
Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of insurance.

THE DECLARATION AT THE END OF THIS PROPOSAL MUST BE COMPLETED. THE INSURANCE DOES NOT COME INTO FORCE UNTIL YOUR PROPOSAL HAS BEEN ACCEPTED BY NEW INDIA ASSURANCE COMPANY LTD.

### THE LAW APPLICABLE TO THIS CONTRACT

The parties to this contract have the right to choose the law that should apply. New India propose to apply English law except for those customers who at inception of the contract are domiciled:

- i) in Scotland where Scots law will apply or
  - ii) in Northern Ireland where the laws of Northern Ireland will apply.
- In absence of any written agreement to the contrary, the appropriate law as detailed above will apply.  
A copy of this Proposal can be supplied on request, within a period of 3 months after its completion. Please note that the information you are asked to supply may be used to provide you with details of other New India products and services.  
A copy of this policy is available on request

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS USING A BALL-POINT PEN.

TICK BOXES WHERE APPROPRIATE.

<b>Date from which cover is required</b>	<b>Daytime telephone number</b>
/ /	
<b>Proposer's full name and Date of Birth</b>	
/ /	
<b>Trading name of Proposer</b>	
<b>ERN (HMRC Employer Reference Number)</b>	
Do you have any Subsidiary Companies? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If 'Yes' please provide a list including any ERN not stated above	
<b>Proposer's postal address</b>	
Postcode (must be completed):	
<b>Occupation</b>	<b>Business</b>
	<i>Residential property owner</i>

### A. Buildings

Properties to be insured			
Please give full details of each property to be insured. If insufficient space, please continue on a separate sheet of paper.			
Property A:	Property B:		
Postcode (must be completed):		Postcode (must be completed):	
Sum Insured (see note 1):	£	Sum Insured (see note 1):	£
Property C:	Property D:		
Postcode (must be completed):		Postcode (must be completed):	
Sum Insured (see note 1):	£	Sum Insured (see note 1):	£
Note 1: The Sum Insured should represent the full rebuilding cost (see page 3 of the information leaflet, Assessing your Sum(s) Insured).			

<b>Total Sum Insured</b>	
£	(Minimum Sum Insured £50,000)
Is the Accidental Damage extension required? <input checked="" type="checkbox"/> YES	Is Day One Reinstatement Inflation Protection required? <input checked="" type="checkbox"/> YES
Do you require Terrorism Cover? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

# Residential Property Owners

## Additional Building interests (if any) such as the Bank or Building Society which has granted a mortgage (Please give their name and full address)


### Building Excess

Do you wish to increase the Standard Building Excess (£100)?  YES  NO If "YES" please indicate below the level of Excess required.  
*An Excess is the first portion of each claim to be paid by yourself for loss or damage.*  £250  £500

### B. Liability to the Public - Automatically included

### C. Contents of Communal Areas - Furniture, furnishings and household goods

PLEASE COMPLETE IF COVER IS REQUIRED IN EXCESS OF THAT AUTOMATICALLY INCLUDED  
(£5000 SUM INSURED FOR CARPETS IN COMMUNAL AREAS IS PROVIDED AUTOMATICALLY)

Is insurance required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "YES" please state the Sum Insured you require for each individual property.
Property	Sum Insured (see note 2)
A	£
B	£
C	£
D	£
Note 2: The Sum Insured chosen must represent the replacement cost of all insured items less a deduction for wear and tear.	

### Voluntary Excess - Contents of Communal Areas

Do you wish to increase the Standard Contents Excess (£100)?  YES  NO If "YES" please indicate below the level of Excess required.  
*An Excess is the first portion of each claim to be paid by yourself for loss or damage.*  £250  £500

### D. Landlord's Contents of Individual Residences - Furniture, furnishings and household goods

Is insurance required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "YES" please state the Sum Insured you require for each individual property.
Property	Sum Insured (see note 2)
A	£
B	£
C	£
D	£
Note 2: The Sum Insured chosen must represent the replacement cost of all insured items less a deduction for wear and tear.	

### Voluntary Excess - Contents of Individual Residences

Do you wish to increase the Standard Contents Excess (£100)?  YES  NO If "YES" please indicate below the level of Excess required.  
*An Excess is the first portion of each claim to be paid by yourself for loss or damage.*  £250  £500

## E. Employer's Liability

RISKS INVOLVING MORE THAN 6 EMPLOYEES REFER TO NEW INDIA

Is insurance required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES" please complete the following schedule of earnings for all employees.		
Category of employees	Number	Estimated Annual Earnings (see note 3)
Clerical employees		£
Employees engaged in maintenance		£
Employees engaged in security		£
Caretakers		£
Others (please give details)		£
		£
<small>Note 3: For the purpose of this question, 'earnings' means the total wages, salaries, commission, bonuses and other earnings without any deduction in respect of National Insurance, Income Tax, Holiday without pay, Contributory or graduated pensions or other amounts whether deducted by agreement with the person or otherwise.</small>		

## F. Legal Expenses

1. Is insurance required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>If 'Yes' Please answer these questions in respect of yourself, your partners, your directors and any member of your family directly connected with the business.</b>		
(a) Has any dispute or litigation of the type to be insured occurred during the past three years?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If 'Yes', please give details _____		
(b) Have any statutory licenses necessary to engage in your business been issued by a Governmental or Local Authority? ( <i>Legal Expenses licence disputes cover operates only in respect of the licences specified or advised to New India before a dispute begins</i> ).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If 'Yes', please give details _____		

## General Information - to be completed by ALL Proposers

1. The Sums Insured represent		
a) for Buildings - the full rebuilding cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b) for Contents - the full replacement cost of all items insured less an allowance for wear and tear.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. The Buildings are:		
a) built of brick, stone or concrete and roofed with slates, tiles, metal or concrete	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b) in good repair and free from damage or defect of any kind	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
c) in an area normally free from flooding	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d) free from and in an area normally free from subsidence, ground heave, landslip or coastal or river erosion	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
e) free from previous underpinning or any remedial action of any type in connection with subsidence, ground heave, landslip or coastal or river erosion.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<small>A minimum excess of £250 may be applied if you answer "NO" to questions 2a, b or c</small>		
3. The private dwelling houses or flats contain no restaurant or other accommodation for social amenities and are occupied solely for private residential purposes.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. The property is: a) normally occupied by night and will not be left unoccupied for more than 30 consecutive days	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If 'Yes', please specify length of lets _____		
b) a Flat <input type="checkbox"/> Maisonette <input type="checkbox"/> House <input type="checkbox"/> Block of flats <input type="checkbox"/>		
If you have answered "NO" to any of statements 1-4, please give details on a separate sheet.		
5. The private dwelling houses or flats are let as bedsitters or short term lets.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If 'Yes', please specify length of lets _____		
6. The private dwelling houses or flats are let as holiday accommodation.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. During the last 5 years have you or your spouse (or, in the case of a firm, any director or partner) suffered loss, destruction or damage or been liable for accidents involving other persons in respect of the events which you wish to insure?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. Has any Insurer imposed special terms or declined insurance at any time in respect of the risks to be insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you or any members of your family or anyone normally residing with you (or, in the case of a firm, any director or partner) been subject to any declaration of bankruptcy or liquidation or administration or been convicted of or received a police caution for or been charged with but not yet tried for any offence other than driving offences?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you have answered "YES" to any of questions 6-9, please give details below.		
10. Does any aspect of the building have a flat roof? If you have answered "YES" to the above, please give full details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A minimum excess of £250 may be applied if you answer "YES" to the above.		
In the spaces provided below please indicate the name(s) of your present Insurers for:		
a) Buildings <input type="text"/>	b) Contents <input type="text"/>	
New India reserve the right to contact your present/previous Insurers for further details of your insurance history.		
11. Would you like details of our premium by instalment scheme? (not available for terrorism premium)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YOURS IS A TENANTED PROPERTY, PLEASE COMPLETE THE FOLLOWING SECTION.  
IF NOT, IGNORE THIS SECTION AND PROCEED TO THE DECLARATION AT THE END OF THIS PROPOSAL.

1. Is the property multi-tenure? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES" please complete question 3.		
2. Do you provide accommodation under contract or directly with a rent guarantee for the DSS for the homeless or Asylum seekers? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3a). Do the tenants share kitchen facilities? YES <input type="checkbox"/> NO <input type="checkbox"/>	b) Do the tenants share bathroom facilities? YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. Are references taken? YES <input type="checkbox"/> NO <input type="checkbox"/>		
5. Length of tenancy agreement?		YEARS <input type="text"/> MONTHS <input type="text"/>
6. Is the tenancy agreement with the tenant? YES <input type="checkbox"/> NO <input type="checkbox"/> If "NO" please give details below.		
7. Will you or an authorised representative (e.g. Caretaker) be permanently resident at the risk address? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If "NO" do New India insure your main residence? YES <input type="checkbox"/> NO <input type="checkbox"/>		
8. Are the premises protected with fire detection/prevention facilities? YES <input type="checkbox"/> NO <input type="checkbox"/>		
9. Are all external doors fitted with deadlocks conforming to BS3621? (Please note: This includes the entrance doors to individual flats) YES <input type="checkbox"/> NO <input type="checkbox"/>		
10. Do you have any other tenanted property insured elsewhere? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you have answered "YES" please provide details.		
Address <input type="text"/>		
Insurer <input type="text"/>		

## Declaration

You must sign the declaration below

Please read carefully the note at the beginning of this proposal and this declaration before signing.

I/We declare that to the best of my/our knowledge and belief all the statements and particulars made with regard to this proposal are true and I/we apply for a contract of insurance with New India Assurance Company Ltd to be expressed in the usual terms of the Insurer's policy.  
I/We have not withheld any material facts.  
I/We understand that non-disclosure or misrepresentation of a material fact will entitle the Insurer to avoid any insurance granted. (A material fact is one likely to influence acceptance or assessment of this proposal by the Insurer. If you are in any doubt as to what constitutes a material fact you should consult New India Assurance Company Ltd).  
I/We consent to the seeking of information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.  
I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Signature(s) _____
Print full name _____
Position of signatory for firm or Company _____
Date        /        /



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