



**NEW INDIA
ASSURANCE**



.....
PROPOSAL FORM
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**R E S I D E N T I A L
P R O P E R T Y O W N E R S**

Residential Property Owners Policy



**NEW INDIA
ASSURANCE**

Proposal Form

IMPORTANT NOTE:

You must give full and true answers to all questions and disclose every material circumstance which you know or ought to know.
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.

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.

A copy of this Proposal can be supplied on request, within a period of 3 months after its completion. A copy of this policy wording is available on our website or can be obtained from your insurance broker or our Ipswich office.

DATA PROTECTION:

The data supplied by you will only be used for the purposes of processing your policy of insurance including underwriting administration and handling any claim which may arise. The data supplied will not be passed to any other parties other than those which are mentioned herein. It is important that the data you have supplied is kept up to date. You should therefore notify the Insurer promptly of any changes. You are entitled to ask to inspect the personal data which is held about you. If you wish to make such an inspection you should contact the Insurer. The Insurer may respond to enquiries by the Police and regulatory bodies concerning your policy in the normal course of their investigations and where it is necessary to administer your policy effectively or to protect your interests. The Insurer may disclose the data you have supplied to other third parties such as professional firms employed by the Insurer, solicitors, loss adjusters, reinsurers and reinsurance brokers, repairers, replacement companies, risk surveyors, Employers Liability Tracing Office and other insurers. The data may also be shared with agents or databases for the purposes of preventing and detecting fraud. For full details of our privacy policy please visit our website at www.newindia.co.uk.

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS USING A BALL-POINT PEN.
TICK BOXES WHERE APPROPRIATE.

Proposer's full name

Trading name of Proposer

ERN (Please Insert HMRC Employer Reference Number or State if Exempt)
The ERN can be found on many documents including P45, P60 and P11/D. The format is usually NNN/LLNNNNN or NNN/LNNNNN where N is a number and L is a letter.

Do you have any Subsidiary Companies?

YES

NO

If 'Yes' please provide a list of Subsidiary Companies covered by this policy including any ERN not stated above

Please provide the total turnover of this and all businesses conducted in the name of the proposer

£

Proposer's postal address

Postcode (must be completed):

Occupation

Business

Residential property owner

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.

Total Sum Insured

£ (Minimum Sum Insured £50,000)

Please Advise the type of property to be insured. Are they detached houses, semi-detached houses, terraced houses, maisonettes, individual flats, blocks of flats or other categories of dwellings?

Is the Accidental Damage extension required? YES NO Is Day One Reinstatement Inflation Protection required? YES NO

Do you require Terrorism Cover? YES NO NO

If "YES" does the Proposer own business premises and/or other assets which do not form part of this Proposal? YES NO NO

If "YES" are all the other premises and/or assets insured for Terrorism Cover with a Pool Re member? YES NO NO

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 (£250)? 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. £

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 UNDER SECTION A)

Is insurance required? YES 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 (£250)? 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. £

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

Is insurance required? YES 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 (£250)? 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. £

E. Employer's Liability

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"/>		
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.		
(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:		
a) are built entirely 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) are 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) have never been flooded	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d) are 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) are 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
f) have not been erected on made up ground or recently cleared woodland	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
g) are free from exposure to		
(i) mines/underground workings	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(ii) cliffs embankments sloping site railway cuttings tunnels quarries or other excavations	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(iii) vibrations from major roads/railways	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(iv) large trees or dense vegetation within 15 metres	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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. If 'Yes', please specify length of lets	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
6. The private dwelling houses or flats are let as holiday accommodation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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"/>	
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.

TENANTED PROPERTY SECTION			
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. a) Is the tenancy agreement with the tenant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "NO" please give details below.
6. b) Is property sub-let by the leaseholders?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "YES" 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"/>	
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			
Insurer			

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 are a fair representation 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 disclosed every material circumstance which I/we know or ought to know. (A material circumstance 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 circumstance 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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