

# HOUSEHOLD Quotation Form



For Agent Use Only

## Section 1 – Agent Details

Agency No. \_\_\_\_\_ Agent Name \_\_\_\_\_  
Account Handler \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Fax. No. \_\_\_\_\_ Email \_\_\_\_\_

This form can be completed online. Simply type the required information into the fields below, save the file to your computer and then email as an attachment to: [quotations@homeandlegacy.co.uk](mailto:quotations@homeandlegacy.co.uk). Forms can also be printed and faxed to: 0844 893 8386 or sent to: Home and Legacy, Lower Ground Floor, 500 Avebury Boulevard, Milton Keynes, MK9 2LA. Telephone: 0844 893 8370 Monday to Friday 9am – 5pm.

Please ensure that you have read the Important Information at the end of the form before sending to us.

## Section 2 – Target

Inception Date \_\_\_\_\_ Target Premium \_\_\_\_\_  
Holding Broker/Intermediary \_\_\_\_\_

## Section 3 – Proposer Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation (*full description, if Company Director state business nature*) \_\_\_\_\_

## Section 4 – Joint Proposer Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation (*full description, if Company Director state business nature*) \_\_\_\_\_

## Section 5 – Risk Address

Address of the premises to be insured \_\_\_\_\_  
Town/City \_\_\_\_\_ Postcode \_\_\_\_\_  
Current Insurer (*if none, give reason*) \_\_\_\_\_  
No. of Claim Free Years \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

### Section 6 – Previous History

Have you or anyone living with you at the premises to be insured; *(Please tick box)*

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| ever had a proposal refused or declined?                                    | <input type="checkbox"/> | ever had a renewal refused?                   | <input type="checkbox"/> |
| ever had an insurance cancelled or declared void?                           | <input type="checkbox"/> | ever had special terms or conditions imposed? | <input type="checkbox"/> |
| ever been convicted for any non-motor criminal offences?                    | <input type="checkbox"/> |   |                          |
| been cautioned for a charge but not yet tried for any non-motoring offence? |                          |   | <input type="checkbox"/> |

If you have 'ticked' any boxes above, please give further details in the space provided in section 17.

#### Claims/Losses (within the last 5 years)

If you or anyone whose property is to be insured has sustained any loss, damage, or liability for any events that you wish to insure against, whether insured or not, in the last 5 years, please give details:

Date	Type of Claim/Loss/Damage	Cost
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____

### Section 7 – Correspondence Address

Correspondence Address *(If different from above)*

Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ Postcode \_\_\_\_\_

### Section 8 – Premises Details

#### Property Type

- |                        |                          |                      |                          |
|------------------------|--------------------------|----------------------|--------------------------|
| Detached               | <input type="checkbox"/> | Flat (Purpose Built) | <input type="checkbox"/> |
| Semi-Detached          | <input type="checkbox"/> | Flat (Conversion)    | <input type="checkbox"/> |
| Terraced               | <input type="checkbox"/> | Bungalow             | <input type="checkbox"/> |
| Semi-Detached Bungalow | <input type="checkbox"/> |                      |                          |

Number of bedrooms \_\_\_\_\_

#### Residence

- |             |                          |              |                          |
|-------------|--------------------------|--------------|--------------------------|
| Main        | <input type="checkbox"/> | Holiday Home | <input type="checkbox"/> |
| Second Home | <input type="checkbox"/> | Let          | <input type="checkbox"/> |

Listed *(if the buildings are listed, tick to indicate the listing rating)*

- |    |                          |   |                          |
|----|--------------------------|---|--------------------------|
| 1  | <input type="checkbox"/> | A | <input type="checkbox"/> |
| 2  | <input type="checkbox"/> | B | <input type="checkbox"/> |
| 2* | <input type="checkbox"/> |   |                          |

## Section 8 – Premises Details

continued

**Year Built** \_\_\_\_\_ **Has a risk appraisal survey previously been undertaken at the premises?** YES  NO

*(If you have answered “yes” to the above please confirm who the survey was undertaken by)*

**Mortgagee/Interested Party Details** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town/City** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Material Facts** (relevant information that may influence the insurer in the acceptance of this insurance)

*Please tick if;*

buildings are NOT in good condition and repair

any business activities are conducted at the premises which are NOT clerical or art-related work

any works are planned or currently conducted at the premises

buildings at the premises will be unoccupied for MORE than 45 consecutive days

buildings at premises are NOT built of standard construction i.e. built of brick/stone/concrete and pitch roofed with slate, tile, concrete, asphalt or incombustible mineral material

buildings HAVE been subject to survey which mentions settlement or movement?

buildings HAVE previously suffered damage from subsidence, landslip or heave or have any sign of damage to them that may be due to subsidence, landslip or heave (such as internal or external cracks)

buildings or grounds HAVE been flooded or have any special exposure to flood or storm

buildings ARE located within 250 metres of a site of excavation, water course or a body of water

buildings at the premises are occupied during the day

part of the building is thatched?

*If you have ‘ticked’ any boxes above, please give further details in the space provided in section 17.*

## Section 9 – Buildings Insurance

**Building Sum Insured** (the full rebuilding cost of the property) £ \_\_\_\_\_

**Buildings Deductible** (the amount of the first part of the loss you wish to bear) £ \_\_\_\_\_

### Additional Covers (Sum Insured)

Outbuildings £ \_\_\_\_\_ Other £ \_\_\_\_\_

## Section 10 – Security

All accessible windows, fanlights and skylights are fitted with key operated locks

All final exit doors are fitted with at least 5 lever mortice deadlocks

*If the property does not comply with the above security please give details of alternative security below:*

*If there is an Alarm or Safe installed at the premises, please complete below:*

### Signalling

Audible  Dualcom Plus

Central Station  PAKNET

Digital Communication  Police Direct Line

Redcare GSM  Redcare

### Intruder Alarms

NSI NACOSS Approved and Maintained  Not Accredited

SSAIB Approved and Maintained

### Safe

Anchored  Free Standing

Strong Room  Under Floor

Wall Standing

Cash Rating \_\_\_\_\_ Make & Model \_\_\_\_\_

## Section 11 – Contents Insurance

**Contents Sum Insured** (the cost to replace items at current prices) £ \_\_\_\_\_

**Contents Deductible** (the amount of the first part of the loss you wish to bear) £ \_\_\_\_\_

*Please tick, if cover is required for the following – (optional under the Principal Home contract)*

Business Property

Students' Belongings away from the home

## Section 12 – Personal Possessions Cover

**Sums Insured** (the cost to replace items at current prices)

*Note – Items with individual values exceeding £2,500, for Principal Home, £5,000 for Prestige Home or £10,000 for Ultra Home should be individually listed under Section 13 below.*

**(If you are uncertain which contract you require please list all items above £2,500).**

Unspecified Personal Possessions (**excluding** Jewellery and Watches) £ \_\_\_\_\_

Unspecified Jewellery and Watches £ \_\_\_\_\_

Unspecified Personal Possessions (**including** Jewellery and Watches) kept in a locked safe within the home £ \_\_\_\_\_



## Section 16 – Other Covers

**Money and Credit Cards** (available with Personal Possessions cover only – Section 12 above)

**Sums Insured** (maximum £5,000 Personal Money and £30,000 Credit Cards)

Personal Money £ \_\_\_\_\_ Credit Cards £ \_\_\_\_\_

**Travel** (cover for all members of your household permanently living with you up to age 79)

*Please tick, if required*

Worldwide Travel

Worldwide Travel (including Winter Sports)

## Section 17 – Additional Notes

### Important information

**Data Protection** – for the purposes of the Data Protection act 1998, the data controller in relation to any personal data you supply to us in connection with this cover is the insurers.

By giving us this information you are confirming that your client has given you permission to provide it to us and that you have told them what their data will be used for.

All relevant facts must be disclosed. A relevant fact is one that is likely to influence the insurers in the assessment or acceptance of this risk. If you are in any doubt as to whether a fact is relevant, you must disclose it to us. Insurers reserve the right to refuse this insurance if any information disclosed makes the risk unacceptable to them.

Home and Legacy takes online security very seriously. Use of our submission by email service may require you to send information to us over the internet that could be classed as sensitive information under the Data Protection Act 1998. You should ensure that your organisation has appropriate security systems in place to protect the information you are providing to us before submitting.

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