

HOUSEHOLDERS INSURANCE PROPOSAL FORM



IMPORTANT: Please complete this form in block capitals giving full answers. Tick boxes where appropriate. If answer space is insufficient, please continue on a separate sheet of paper. If the home is jointly owned, please give the name of each owner.

TO BE COMPLETED BY THE BROKER

HOLD ON COVER NUMBER	<input type="text"/>	Date from which Insurance is required:	<input type="text"/>	NEW BUSINESS	<input type="checkbox"/>
POLICY NUMBER	<input type="text"/>	Date from which Insurance is to end:	<input type="text"/>	MID-TERM ADJUSTMENT	<input type="checkbox"/>
BROKER REFERENCE	<input type="text"/>	Period of Insurance			
AGENCY NO.	<input type="text"/>	Annual <input type="checkbox"/>	9 months <input type="checkbox"/>		
		6 months <input type="checkbox"/>	3 months <input type="checkbox"/>		

PAYMENT DETAILS

Please indicate how the premium is to be paid by ticking the appropriate boxes.

Annually by Cheque ☐

By Direct Debit ☐

(Bank Details Required)

Annually ☐

Half yearly ☐

Quarterly ☐

Monthly ☐

PROPOSER(S). Please provide details of the main proposer, and if applicable, any joint proposer

Is the policy to be issued in a name of an individual? YES ☐ NO ☐

Title	First Name(s)	Surname (s)	Date of Birth	Occupation(s)*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Full/Part Time occupation (include name and nature of business, e.g. Company Director is not sufficient)

Correspondence Address: To only be completed if the address differs from the insured address.

<input type="text"/>		
<input type="text"/>		
Town	County	Post Code <input type="text"/>
Daytime Telephone No. (inc. Code):		Evening Telephone No. (inc. Code):

BANK DETAILS (IF PAYING BY DIRECT DEBIT)

Branch sort code

Bank or Building Society account number

Please provide the name and address of the account holder if not a named person on this insurance

Title	Initials	Surname	Address	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of premises for which this insurance is to apply, if different from above:

<input type="text"/>		
<input type="text"/>		
Town	County	Post Code <input type="text"/>

Does any Building Society, Bank or Mortgage Company require their interest to be noted?

Yes ☐

No ☐

If Yes, state the name, full postal address and Sort-Code (if available)

Post-Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sort-Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PROPERTY USE: THIS SECTION MUST BE COMPLETED (TICK AS APPLICABLE)

1. OWNER OCCUPIED ☐ Is the property occupied as a permanent residence solely by you and your family? YES ☐ NO ☐
2. UNOCCUPIED ☐ Is the property in a condition in which it could be lived in as a home? YES ☐ NO ☐
3. STUDENT LET ☐
4. HOLIDAY HOME ☐ Is the property occupied by you or a member of your immediate family for at least some of the time? YES ☐ NO ☐
5. RENTED TO PROFESSIONALS ☐
5. RESIDENTIAL LET ☐
7. OTHER (Please specify)

SECTION TO BE COMPLETED IF THE PROPERTY IS UNOCCUPIEDNumber of years unoccupied?

- ☐ STANDARD COVER
- ☐ ONLY FIRE, LIGHTNING, EXPLOSION, EARTHQUAKE, AIRCRAFT AND OTHER AERIAL DEVICES OR ARTICLES DROPPED THEREFROM AND SUBSIDENCE, LANDSLIP OR HEAVE
- ☐ ONLY FIRE, LIGHTNING, EXPLOSION OR EARTHQUAKE, AIRCRAFT AND OTHER AERIAL DEVICES OR ARTICLES DROPPED THEREFROM

When the property is let is there an Assured Shorthold Tenancy Agreement in place for a minimum period of 6 months that is directly between the property owner and each tenant? YES ☐ NO ☐

Approximate year of construction Number of bedrooms

SUMS TO BE INSURED (Please ensure the values stated are adequate as underinsurance may reduce the amount of recovery in the event of a claim).

1. BUILDINGS (Full cost of reconstruction including outbuildings, surveyors fees and site clearance):£

A) Is the property a Listed Building?

Yes ☐ No ☐(I) Grade

(II) Is the property of historical interest?

Yes ☐ No ☐(III) If yes, please provide details

B) Is Accidental Damage cover required? (Owner Occupied or Let Policies only)

Yes ☐ No ☐**2. CONTENTS** (Only applicable if the proposer owns the property)£ **All items over £1,500 in value must be listed, showing the value of each individual item.****Proof of value in the form of a sale receipt or valuation certificate will be required for items exceeding £1,500 in value.**

Is Accidental Damage cover required? (Owner Occupied Policies only)

Yes ☐ No ☐GENERAL CONTENTS automatically covers the following **in the home** for;

Gold and silver articles and gold and silver plated items, jewellery and furs up to an overall value of £2,500 or 10% of the Contents (section 2 above) sum insured (whichever is the lesser), with a single article limit of £1,500.

Money and credit cards are covered up to a value of £250. Additional cover for outside the home is available under section 6, Extensions of Cover.

POLICY EXCESS FOR BUILDINGS AND / OR CONTENTS: Increase excess to £ **OPTIONAL EXTENSIONS.**

The following sections (3-6) are only available to **owner occupied policies** and must be taken out with section 2 above (Contents). Specified items over £1,500 must be advised separately in writing. If not advised and/or not shown on the Schedule of Cover they may not be covered for their full value. The value of each specified item over £1,500 must be supported by a valuation or receipt of purchase.

3. GOLD & SILVER ARTICLES AND GOLD & SILVER PLATED ITEMS (for jewellery see Other Valuables and Personal Effects section 5)In Home ☐ In Safe ☐ In Bank ☐**SUM INSURED**£ **4. PICTURES, PAINTINGS & WORKS OF ART** (over the single article limit of £1,500)**SUM INSURED**£ **5. OTHER VALUABLES AND PERSONAL EFFECTS****SUM INSURED****JEWELLERY**£ **FURS**£ **BAGGAGE AND
PERSONAL EFFECTS**£ **GEOGRAPHICAL LIMITS
FOR SECTION 5**In the home ☐UK/Europe* ☐Worldwide ☐

*UK/Europe includes cover for thirty days worldwide

6. EXTENSIONS OF COVER**LEGAL EXPENSES** (£50,000) Is Legal Expenses Cover Required?YES ☐ NO ☐**DOMESTIC DEEP FREEZE** (maximum limit £200)**SUM INSURED**£ **PEDAL CYCLES** (anywhere in the U.K.)**SUM INSURED**£ **PERSONAL MONEY** (maximum limit £300)**SUM INSURED**£ **CREDIT CARDS** (maximum limit £300)**SUM INSURED**£

GENERAL QUESTIONS ABOUT THE PROPERTY TO BE INSURED

- 1) Are any of the windows or doors boarded/bricked up? ☐ Yes ☐ No
- 2) Do you plan on undertaking any building works, refurbishment or renovations during the policy year? ☐ Yes ☐ No
- a) Are all planned works mentioned on the list below: ☐ Yes ☐ No
- Painting and decorating
- Incidental patch plastering and/or skimming
- General maintenance i.e. pointing, new guttering
- Garden works i.e. new outbuildings, walls, fences, patios etc
- Internal woodwork (restricted to new doors, skirting boards and architraves)
- Fitting of new bedrooms i.e. fitted wardrobes
- Erection of a conservatory only
- New bathrooms i.e. new sanitary ware where being undertaken by a contractor
- New Kitchens i.e. new cupboards, work surfaces and appliances where being undertaken by a contractor
- a) Area building works, refurbishment or renovations being undertaken by an independent contractor? ☐ Yes ☐ No
- b) Estimated cost of building works, refurbishment or renovations
- 3) If the property has a flat roof, does it account for less than 40% of the total roof area? (If there is no flat roof, please answer "Yes") ☐ Yes ☐ No
- 4) Is the property in a good state of repair? ☐ Yes ☐ No
- 5) Divided into bedsits? ☐ Yes ☐ No
- 6) Is cooking allowed in more than one designated area? ☐ Yes ☐ No
- 7) Is any part of the property including outbuildings used for any business purposes? ☐ Yes ☐ No

CONSTRUCTION TYPE

- 1) Type of wall construction for this property
- 2) Type of roof construction for this property
- 3) a) Is the property a House? ☐ Bungalow? ☐ Flat? ☐ Other (please specify)
- b) If a house or bungalow is it Detached? ☐ Semi-detached? ☐ Terraced? ☐
- 4) a) Are there fewer than 12 flats in the block? Yes ☐ No ☐
- b) Is the property a self-contained flat within a converted property? Yes ☐ No ☐

PROPERTY AND SURROUNDING AREA

- 1) Is the property within 400m of a well, cliff, quarry or other excavation (including mining etc.)? Yes ☐ No ☐
- 2) Is the property within 200m of any watercourse (including river, sea, reservoir, canal etc.) or in an area indicated as a flood risk area by the environment agency? Yes ☐ No ☐
- 3) Are you aware of previous flood damage to the property? Yes ☐ No ☐
- 4) Has the property ever been the subject of a survey which mentions settlement or movement to the buildings? Yes ☐ No ☐
- 5) Does the property or neighbouring properties show any signs of damage by subsidence, landslip or heave? E.g. cracking or bulging of the walls or have a history of subsidence, landslip or heave? Yes ☐ No ☐
- 6) Has the property been underpinned or provided with other means of structural support? Yes ☐ No ☐
- 7) Is the property protected by a smoke alarm? Yes ☐ No ☐
- 8) Are all the external doors secured by a mortice deadlock or locks conforming to BS3621 or a multi-point locking system? Yes ☐ No ☐
- 9) Are all accessible windows fitted with key operated window locks? Yes ☐ No ☐

Please note that unoccupied properties must have a mortice deadlock, locks conforming to BS3621 or multi-point locking system fitted to all external doors and purpose designed key operated window otherwise a £1,000 excess will apply to perils 6 and 8 (Refer to General Conditions).

- 10) Is the home protected by an operative intruder alarm? Answer only if a discount is to apply. Yes ☐ No ☐
- 11) If Yes, Monitored by a central station? (If yes monitored by central station, a discount + endorsement will apply, is this acceptable?) Yes ☐ No ☐
- 12) Are the premises regularly left unattended day or night? Yes ☐ No ☐
- If Yes please give details
- 13) If Jewellery is insured, please indicate if in: Locked furniture ☐ Safe ☐

PREVIOUS HISTORY

- 1) Name of current/previous insurers Policy number Expiry date
- 2) Has the risk address had continuous insurance in the last 12 months with no gaps in cover whilst owned by you? Yes ☐ No ☐
- 3) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue on special terms any insurance for the proposer or any other person to whom this insurance would apply? Yes ☐ No ☐

If **Yes** give details below:

- 4) Has the proposer or any other person whose property is to be insured hereunder sustained any loss or damage in the last five years which would be covered by this type of insurance? Yes ☐ No ☐

If **Yes** complete the following details:

Please provide the date of the most recent claim

Policy type (Buildings or Contents)	Cause of loss (storm, theft, etc...)	Date	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

- 5) Has the proposer or any person residing at the property ever been declared bankrupt been the subject of bankruptcy proceeding or have any outstanding CCJ's? Yes ☐ No ☐

PERSONAL DATA PROTECTION AND IMPORTANT INFORMATION

BASIC INFORMATION ABOUT PERSONAL DATA PROTECTION

In compliance with current regulations on personal data protection, We would inform You of the following basic aspects concerning privacy and data protection:

Data Controller	OCASO S.A. SEGUROS y REASEGUROS (OCASO)
Purpose of processing data	To develop a contractual relationship.
	Compliance with legal obligations.
	To manage and undertake the necessary activities for the prevention, detection and control of fraud, as well as for the prevention and/or detection of money laundering and/or financing of terrorism.
	To offer You a quote and for the administration of Your policy, including renewal.
	Validation and assessment of risk.
Legitimate interest for processing data	Establish, implement and develop the contractual relationship between the data owner and OCASO.
	Compliance with legal obligations.
	The lawful basis for processing data by OCASO.
	Consent of the data owner.
Data receivers	Government, regulatory or law enforcement agencies.
	Financial entities.
	Credit reference agencies.
	Claims suppliers entities.
Rights of the data subject	You have the right to access, rectify and erase data, restrict its use, object to processing, and exercise Your right to portability of personal data, all for free, as detailed in the complete information on data protection.
Complete information on data protection	You can consult the additional and detailed information on data protection at https://www.ocaso.co.uk/en/data-protection .

IMPORTANT INFORMATION REGARDING THIS STATEMENT OF FACTS

Please read the following information carefully.

This Statement of Facts is a record of the answers and/or information you have given us. We will be relying on the accuracy and comprehensive scope of your answers and/or information provided by you when considering your application for insurance or for renewal of insurance and whether to give the insurance or not and on what terms.

Any misrepresentation by you or someone acting as your agent may result in claims being rejected, claims settlement being reduced or the policy being invalid.

If you are satisfied that this is a true statement of the facts, you need take no further action and should retain this statement with the Key Facts document and the policy document and General Conditions. If any of the details are incorrect, please contact us immediately. You will be advised of any resultant changes in premium or cover and you will be issued with a replacement Statement of Facts.

You should show this notice to any parties who have an interest in the property insured under this policy.

PLEASE NOTE

THIS CONTRACT IS NOT AVAILABLE FOR BEDSITS OR PROPERTIES THAT ARE BRICKED OR BOARDED UP.

DECLARATION

I / We declare that to the best of my / our knowledge and belief, all the answers and/or information given on this Statement of Fact are true and complete. I/We also declare that if any answers and/or information on this Statement have been computer or electronically generated, such answers and/or information are true and complete. If the answers to the questions and/or information provided have been written by another person, that person has acted as my/our agent and the answers and/or information given by them will be treated as if they have been given by me/us.

I / We further declare that the property insured:

a) does not constitute a bedsit

b) is not bricked or boarded up

You should keep a record of all answers and/or information supplied to us (including copies of all letters) in connection with this contract.

SIGNATURE OF PROPOSER.....

DATE

AGENCY STAMP/SIGNATURE

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Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the whole form and send it to: **OCASO S.A. SEGUROS Y REASEGUROS**
3RD FLOOR, 12 APPOLD STREET - LONDON EC2A 2AW

Service User Number

9	1	6	1	0	3
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1. Name and full postal address of your Bank or Building Society

To: The Manager
Bank or Building Society
Address
Postcode

4. Bank or Building Society account number

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5. Reference number

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2. Name (s) of account holder (s)

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3. Branch sort code

(from the top right hand corner of your cheque)

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6. Instruction to your Bank or Building Society

Please pay OCASO S.A. Seguros y Reaseguros Direct Debits from the account detailed in this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this Instruction may remain with OCASO S.A. Seguros y Reaseguros and, if so, details will be passed electronically to my bank/building society.

Signature (s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Ocaso S.A. Seguros y Reaseguros will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Ocaso S.A. Seguros y Reaseguros to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Ocaso S.A. Seguros y Reaseguros or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Ocaso S.A. Seguros y Reaseguros asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.





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