## **Additional Policyholder Form**



This form should only be used to include additional insured's on an existing policy. Should you need to change the main policyholder a new proposal form must be completed.

Policy No:						
Ad	ditional Policyholder Nam	e				
a)	for the proposer or any o	s any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms an insurance the proposer or any other person to whom this insurance would apply?  S   No   If yes, please give details below:				
b)	five years which would be	he proposer or any other person whose property is to be insured hereunder sustained any loss or damage in the last years which would be covered by this type of insurance?  No  If yes, please give details below:				
	Policy type (Buildings or Contents)	Cause of loss (Storm, theft etc)	Date	Cost (£)		
c)	Have you or any person residing with you ever been convicted of a criminal offence (including pending prosecutions) of than motoring convictions? (There is no requirement to disclose convictions which are deemed as spent under the Rehabilitation of Offenders Act 1974)  Yes  No  If yes, please give details below:					
	<b>DECLARATION</b> The questions on this for	m relate to facts considered as mate	rial to the underwriting of this	s policy.		

(nb. A material fact is one likely to influence the acceptance or assessment of your proposal by underwriters. If you are in doubt as to what constitutes a material fact, you should consult the company). I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

To the best of my knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I declare that the values stated are not less than the full reinstatement costs. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

Signature of Proposer	Date

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Authorised and regulated in Spain by the General Directorate of Insurance and Pensions.

Deemed authorised by the Prudential Regulation Authority

## **Basic Information About Personal Data Protection**

In compliance with current regulations on personal data protection, we would like to inform you of the following basic aspects concerning privacy and data protection:

Data Controller	OCASO S.A. SEGUROS Y REASEGUROS (OCASO)
	To develop a contractual relationship.
	Compliance with legal obligations.
Purpose of Processing Data	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.
	Establish, implement and develop the contractual relationship between the data owner and OCASO.
Legitimate Interest for Processing	Compliance with legal obligations.
Data	The lawful basis for processing data by OCASO.
	Consent of the data owner.
	Government, regulatory or law enforcement agencies.
Data Receivers	Financial entities.
	Credit reference agencies.
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