

Data Capture Form - Home Insurance

<input type="checkbox"/> Tick if your home has ever suffered from an incident of subsidence or flooding .	<input type="checkbox"/> Tick if your home is unoccupied for more than 30 consecutive days per year.
<input type="checkbox"/> Tick if your home is not in a good state of repair.	<input type="checkbox"/> Tick if you or anyone in your home has had insurance refused / cancelled .
<input type="checkbox"/> Tick if your home is not built to standard construction .	<input type="checkbox"/> Tick if you or anyone in your home has, or have pending, any criminal conviction other than minor motoring offences.

PROPOSER & PROPERTY DETAILS

Title (Mr, Mrs, Miss, etc):	First Name:	Surname:	Date of Birth:
Marital Status:	Telephone:	Email Address:	
Address of Property to be insured:			Postcode:
Cover Type: Buildings and Contents / Buildings only / Contents only	Number of bedrooms:	Ownership: Owned on a mortgage / Rented / Owned outright	
Property Type: Flat / Terrace / Semi detached / Detached	Year of construction:	Professionally installed security alarm system: YES / NO	
Approved Locks: YES / NO	Smoke Alarms: YES / NO	Occupied 9 to 5: YES / NO	Any claims or losses during past 3 years: YES / NO

COVER REQUIREMENTS

BUILDINGS COVER REQUIREMENTS

Accidental Damage Cover Required: Yes No

Your Buildings Cover quote will be based on your property having a maximum rebuilding cost plus fees of £450,000. Should you require a higher amount, please indicate:

£

CONTENTS COVER REQUIREMENTS

Accidental Damage Cover Required: Yes No

High risk Items Sum Insured (e.g. electrical goods, jewellery, etc):

£5,000 / £7,500 / £10,000

The standard Single Item limit is £2,000. Do you have any single items valued over £2000. If so please list:

Pedal Cycles Cover Amount Required: Yes No

COVER REQUIREMENTS CONTINUED...

Voluntary Excess Amount: (Standard £100 - Can be increased by £150 or £250 to reduce premium): £

Household & Family Legal Expenses Cover Required Yes No

Please give details of any claims or losses the client has had during the past 3 years (on any property):

Claim Description:	Date of Claim:	Cost of Claim:

Start Date:

THE FOLLOWING INFORMATION IS NOT ESSENTIAL TO OBTAIN A QUOTE AND WILL NOT BE USED IT IF YOU DO NOT PROCEED. HOWEVER, IT WILL SAVE YOU TIME SHOULD YOU WISH TO PROCEED WITH THE QUOTE

BANK DETAILS

Bank Name:	Name of Account Holders:
Bank Address:	Account Number:
	Branch Sort Code:

Card Type: and Payment Type:

MORTGAGE DETAILS

Mortgage Policy Number:

Mortgage Lender Name & Address:

Internal use only:

Business Consultant name:	Business Consultant number:
---------------------------	-----------------------------