



# Flex

Home Insurance Proposal Form

Plum  
Underwriting

## Proposal Form

There are conditions, limitations, exclusions and excesses within the wording, a copy of which will be provided on request. A copy of your completed proposal will be available (on request) provided the insurance is effected, but you should keep a record (including copies of letters) of all the information supplied. This proposal must be read in conjunction with the key facts sheet.

### Proposer

|               |            |           |
|---------------|------------|-----------|
| Title         | Forenames  | Surname   |
| Date of Birth | Occupation |           |
|               |            | Telephone |

### Joint Proposer

|               |            |           |
|---------------|------------|-----------|
| Title         | Forenames  | Surname   |
| Date of Birth | Occupation |           |
|               |            | Telephone |

**Please Note:** If you want to include additional policyholders please enter their details in the information box overleaf

### Address Details

Address to be insured

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

Correspondence Address  
(If different from address to be insured)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

### Third Party Financial Interest

Where buildings insurance is required state any Building Society, Bank or other financial institution that is providing you with a mortgage or loan on your property:

Name of Company

Address including postcode

\_\_\_\_\_

Account number/reference

Postcode

| Declaration Statements about You  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Have you or any other persons living with you ever been convicted of or charged with any offence (other than motoring offences or spent convictions)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or any other persons living with you ever been made bankrupt or entered into a bad debt arrangement with creditors?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or any other persons living with you ever had insurance cancelled, refused, declined or voided?  | <input type="checkbox"/> | <input type="checkbox"/> |



## Property Details

Approximate year of build

Construction of Walls

Construction of Roof

Number of Bedrooms

Is the home Grade Listed? (If Yes, please specify grading type)

|                          |                          |                             |                          |
|--------------------------|--------------------------|-----------------------------|--------------------------|
| House - Detached         | <input type="checkbox"/> | Flat - Ground Floor         | <input type="checkbox"/> |
| Bungalow - Detached      | <input type="checkbox"/> | House - Terraced            | <input type="checkbox"/> |
| Flat - Basement          | <input type="checkbox"/> | Bungalow - Terraced         | <input type="checkbox"/> |
| House - Semi Detached    | <input type="checkbox"/> | Flat - Other                | <input type="checkbox"/> |
| Bungalow - Semi Detached | <input type="checkbox"/> | Other (please give details) | <input type="checkbox"/> |

## Security Details

YES NO

Are final exit doors secured by mortice deadlocks with a least 5 levers or a rim deadlock confirming to British Standard 3621 or, if the door(s) are UPVC or double glazed, a multi-point locking system with either a lever or built-in deadlocking cylinder?

YES  NO

Are all other external doors secured by a mortice deadlock or a deadlock confirming to British Standard 3621 or by a multi-point locking system with either a lever or built-in deadlocking cylinder or key-operated security bolts fitted internally to the top and bottom?

YES  NO

Are all opening sections of the basement, ground floor and easily accessible windows, fanlights and skylights to the buildings secured by key-operated window locks?

YES  NO

Is the home fitted with a burglar alarm? (If No, please proceed to Safe Questions)

YES  NO

If Yes, who installed alarm?

Is the alarm maintained under a contract?

YES  NO

If Yes, how often is it maintained?

Every 6 Months

Every 12 Months

Other

What type of signalling does the alarm use?

Bells Only

Central Station

Packnet

Digital Communicator

Connected to Police

Redcare

BT Redcare GSM

Dual Communicator

Other

Is there a safe in the home? (If No, please proceed to next section)

YES  NO

If Yes, what type?

Wall Safe

Under Floor Safe

Free Standing Safe

Other

What is the model of the safe?

What is the make of the safe?

**If you have ticked any of the shaded boxes please give further details:**

---



---



---



---



---



---



---



---



---



---



Please complete this section where you require cover away from the home. The excess you have chosen for CONTENTS will apply to these covers.

|                      |   |
|----------------------|---|
| Personal Possessions | £ |
| Jewellery            | £ |
| Furs                 | £ |
| Computer Equipment   | £ |
| Mobile Phones        | £ |
| Guns                 | £ |

Please specify any individual items over £1,000

| Description | Sum Insured (£) |
|-------------|-----------------|
|             |                 |
|             |                 |
|             |                 |
|             |                 |

| Additional Covers                                  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Domestic freezer contents cover?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please state sum insured                   | £                        |                          |
| Pedal cycles cover anywhere in the United Kingdom? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please state sum insured                   | £                        |                          |

Please specify any pedal cycles with a value of more than £1,000 in the area below:

| Description | Sum Insured (£) |
|-------------|-----------------|
|             |                 |
|             |                 |
|             |                 |
|             |                 |

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you require cover for your Personal money? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please state sum insured              | £                        |                          |
| Do you require cover for your Credit cards?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please state sum insured              | £                        |                          |

| Claims History  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Has the proposer or any member of the family or any person normally residing at the premises sustained any loss or damage during the last 5 years which would have been covered under this insurance, whether claimed or not? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please give details including a brief description, location of the loss (at a previous address or away from the home) amount and status of the claims (settled, declined, outstanding or not claimed for)

| Date of Loss | Brief Description of Loss/Damage | Location | Amount | Status |
|--------------|----------------------------------|----------|--------|--------|
|              |                                  |          |        |        |
|              |                                  |          |        |        |
|              |                                  |          |        |        |
|              |                                  |          |        |        |
|              |                                  |          |        |        |
|              |                                  |          |        |        |
|              |                                  |          |        |        |
|              |                                  |          |        |        |
|              |                                  |          |        |        |
|              |                                  |          |        |        |

Total number of years since your last claim

## Previous Insurance

Please provide the name of your previous insurer

|   |           |
|---|-----------|
| Total number of years you have held home insurance: | Buildings |
|   | Contents  |

## Law Applying

The parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be governed by the laws of England and subject to the exclusive jurisdiction of the courts of England.

## Data Protection Act 1998

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this Home Insurance and handling of any claims which may arise under it, Underwriters may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

## Declaration

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 understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you are in any doubt as to whether a fact is material or not you must disclose it in this space below).

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

**Subject to acceptance by Underwriters, when would you like the insurance to commence? (DD/MM/YYYY)**

**Signature of Proposer(s)**

**Date of Proposal (DD/MM/YYYY)**

FOR OFFICE USE ONLY

Broker

Binder/Broker/Agency Number

Premium Quoted

Quote Reference

Coverholder Initials

Date

©2010 Plum Underwriting Ltd, all rights reserved.  
Plum Underwriting Ltd is authorised and regulated by the Financial Services Authority No 309166



[www.plum-underwriting.com](http://www.plum-underwriting.com)