

# Home Application Form



**Allied Insurance**

Please complete this form, remembering to sign and date the Declaration at the end of the form. Please write in block capitals and tick the boxes as appropriate. The questions on this form, and any other questions which we specifically ask, relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may

invalidate your insurance. If in response to these questions you are in any doubt whether a fact is material you should disclose it. A copy of the completed application will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract. A specimen of the policy is available on request.

## Personal Details

Fullname (Mr/Mrs/Miss/Ms ) \_\_\_\_\_

Address of property to be insured \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address for communication (if different from property to be insured) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for different correspondence address \_\_\_\_\_

Date of Birth (you) \_\_\_\_\_ (you spouse) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Occupation (including any part-time occupation). Please state the exact nature of business.

You \_\_\_\_\_

Your spouse \_\_\_\_\_

Date insurance is to begin (which cannot be before the Application is accepted by the Company). \_\_\_\_\_

## 1 You and your home

1.1 Is your home:

**a** occupied only by you [by "you" we mean, your spouse, children, parents and other relatives who normally reside with you.]

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If no, how many tenants? (A family counts as one tenant)

Do you live on the premises?

<input type="checkbox"/>	<input type="checkbox"/>
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**b** used for any business or professional purposes?

<input type="checkbox"/>	<input type="checkbox"/>
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**c** a weekend or holiday home?

<input type="checkbox"/>	<input type="checkbox"/>
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Yes No

- d** left unoccupied for more than 2 two months in a year?
- e** built of brick, stone or concrete or roofed with slates, tiles, concrete asbestos or metal?
- f** in a good state or repair and will it be so maintained at all times?
- Do you intend to carry out work other than routine maintenance or decoration?
- Have you sustained any loss resulting from entry or attempted entry by thieves in the last two years?

**1.2** With regard to the section you are selecting, have you, or any person normally residing with you, at your present address or elsewhere:

- a** sustained any loss, damage or liability during the last five years, whether insured or not?
- b** had any insurer decline or cancel or declare void insurance or impose special conditions?
- c** previously held insurance?

If yes give name and address of insurer and the policy number(s)

**1.3** Have you or any member of you family normally residing with you, or directors where the applicant is a limited company, ever been convicted of any offence other than driving offences?

If you have ticked any of the colored boxes give details of your answers overleaf

#### 1.4 Discounts

If you can answer "yes" to questions **a** and **b**, you may be eligible for a discount of up to 10% from your premium. Additional discounts for **c**

- a** Is your home protected by an intruder alarm system (acceptable to our standards)? 5% discount (Contents insurance only)
- b** Is your home protected by: at least a five-lever dead lock to the final exit door and at least 5-lever dead locks or key operated security bolts to all other exit doors, including windows and patio doors, and key operated window locks to all ground floor opening windows? 5% discount (Contents insurance only)
- c** Discounts are also available for choosing an excess ( the amount you have to bear in the event of each claim) greater than the standard Rf200. If you wish to reduce your premium please select one of the following levels of excess.

Rf600 excess - 5.0% discount

Rf900 excess - 7.5% discount

N.B Discounts for increased excesses do not apply to the Personal Possessions section.





Additional Information

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For office use only. Agency Name.

**Declaration**

I declare that, to the best of my knowledge and belief, the statements made by me or on my behalf are true and complete.

X

X

Signature(s)

Date

**Please note**

If you have ticked any boxes on the Application which require you to supply additional information, please use the space provided above indicating to which question your answers relate.

**If you are supplying information on previous losses, please indicate dates and amounts involved.**

From time to time Allied Insurance will send customers details of policies and offers which we think will be of value and use to them.