

Add to or Amend Contents Insurance

Adding contents cover to a building insurance policy or making changes to your existing contents insurance including the sums insured, the addition of and changes to items insured outside of the home (all risks/ personal belongings cover), freezer food, money & credit cards and legal expenses.



Please complete and return this form to:

First Point Insurance Management, 9 Pondwood Close, Moulton Park, Northampton NN3 6RT

Customer Services: 0845 490 22 22 • Facsimile: 0845 490 66 66 • email: customer-services@tailoredinsurance.com

Policyholder's Details

Full Name of Policyholder		Reference/ Policy Number	
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Contact Details

Home Telephone No.		Daytime Telephone No.	
Mobile Telephone No.		E-mail Address	

Property Details

House Number or Name		Street	
Area		Town	
County		Post Code	

Occupancy/ Use

Is your home:

Occupied by anyone other than you or your relatives?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

Self contained? (having a separate lockable entrance under your family's sole control)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' No ' please provide full details at the end of this form

Likely to be left unoccupied for more than 30 days at a time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

A weekend or holiday home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

Use for any business purposes or professional purposes, except clerical business use by your family?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

Contents Cover

Please confirm the effective date for this change	
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Do you require Accidental Damage cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Amount of No Claims Bonus for Contents Insurance (period of continuous insurance held without a claim)	
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Do you require Freezer Food cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What is the total replacement cost of your:

General Property? (This relates to all of your contents excluding Valuables*)	£	
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* By valuables we mean gold, silver or other precious metals, jewellery, watches, clocks, furs, collections of stamps, paintings or other works of fine art (including antique furniture, sculptures etc.)

Gold, silver or other precious metals?	£	
Jewellery	£	
Jewellery in the bank?	£	
Fine art and antiques? (Including antique furniture, paintings, sculptures etc.)	£	
Collections? (Including Stamps, coins, books etc.)	£	

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All Risks/ Personal Belongings Cover

All Risks/ Personal Belongings cover refers to items you require to be insured outside of the home e.g. jewellery or sports equipment.

Is All Risks/ Personal Belongings cover required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If All Risks/ Personal Belongings cover is not required then please go to the next section, [Legal Expenses](#)

Specified All Risks/ Personal Belongings

Please specify any single items you wish to insure away from the home that exceeds £1,000 in value.

Description	Value	Description	Value
1.	£	4.	£
2.	£	5.	£
3.	£	6.	£

Unspecified All Risks/ Personal Belongings – General Belongings

Please specify the total value (excluding specified items) of all items that you wish to insure away from the home.	£
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Unspecified All Risks/ Personal Belongings – Valuables

Please specify the total value (excluding specified items) of all items that you wish to insure away from the home.	£
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Unspecified All Risks/ Personal Belongings – Sports Equipment

Please specify the total value (excluding specified items) of all items that you wish to insure away from the home.	£
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Pedal Cycles

Please specify any pedal cycles you wish to insure away from the home.

Description	Value	Description	Value
1.	£	3.	£
2.	£	4.	£

Money and Credit Cards

Is cover for money and credits required away from the home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Legal Expenses

Is cover for Legal Expenses required? *	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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* The cost of legal proceedings against another party. Full policy terms and conditions are available upon request.

Physical Security

Final Exit Doors

Does a mortise deadlock of at least 5 levers or a deadlock conforming to BS3621 protect your final exit doors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, are your final exit doors protected by a multi-point locking system or a lock of higher quality?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other Exit Doors

Does a mortise deadlock of at least 5 levers or a deadlock conforming to BS3621 protect all other external doors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, do you have multi-point locking systems or key operated security bolts fitted internally top and bottom?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Sliding Doors

Are all sliding patio doors and/ or french windows secured by key operated security bolts fitted internally top and bottom?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Windows

Are all ground floor, basement and accessible upper floor windows secured by key operated window locks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Alarm

Is your home protected by an alarm system installed and held under an annual maintenance contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, was it installed by NACOSS * or SSAIB ** approved installer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

* National Approved Council for Security Systems ** The Security Systems and Alarms Inspection Board

Type of Signalling (if applicable)

Bells or siren	<input type="checkbox"/>	Digital communicator	<input type="checkbox"/>	Dual Com	<input type="checkbox"/>
Redcare	<input type="checkbox"/>	Paknet	<input type="checkbox"/>	Other *	<input type="checkbox"/>

* Please provide full details at the end of this form

Safe

Do you have a safe installed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If so, please confirm the:

Manufacturer		Model	
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What type is it?

Freestanding	<input type="checkbox"/>	Underfloor	<input type="checkbox"/>	Wall	<input type="checkbox"/>
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Fire Protection

Does the property have a fire alarm?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the property have mains operated smoke detectors fitted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Claims and Losses

Please provide details if you or any member of your family has sustained loss or damage, whether covered by insurance or not, during the past 5 years. If None please state None.

Date	Cause and/ or description of damage	Amount of loss
		£
		£
		£
		£
		£

If required, further space is provided at the end of this form

Material Facts/ Further Information

Please use the space below to disclose any material facts that may influence the insurer in the assessment of your proposal. If you are in any doubt whether a fact is material then you should disclose it. Where further information was requested from you throughout this form you may also use the space below to confirm those details.

Thank you for taking the time to complete this form.