

Property Insurance Enquiry Form



Please complete and return this form to:

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

Property Sales: 0845 490 11 11 • Facsimile: 0845 490 66 66 • email: property-sales@tailoredinsurance.com

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How did you hear about us?		Inception / Renewal Date	
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Contact Details

Full Name		Title	
Home Telephone No.		Daytime Telephone No.	
Mobile Telephone No.		E-mail Address	

Applicants Address (the address to be insured)

House Name or Number		Street	
Area		Town	
County		Post Code	

Property Details

Condition/ Area

Is your home (including outbuildings):

Built of brick, stone or concrete and roofed with at least 80% slates, tiles, concrete or metal?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' No ' please provide full details at the end of this form

In a good state of repair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' No ' please provide full details at the end of this form

Currently undergoing renovation or construction work?	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 listed building?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

Free of any signs of damage caused by landslip, subsidence or heave?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' No ' please provide full details at the end of this form

In a locality where there is evidence or history of subsidence, heave, landslip or flooding?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

Situated less than a mile from the nearest river, watercourse or sea?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

Has your home sustained previous damage caused by subsidence, heave or landslip?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

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

Used 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

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Property Details (continued)

Please select one of the following property types:

Bungalow	<input type="checkbox"/>	Flat	<input type="checkbox"/>	House	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Mansion	<input type="checkbox"/>	Other *	<input type="checkbox"/>

* Please provide full details at the end of this form

If your home is a Bungalow/ House or Mansion is it:

Detached	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>	Terraced	<input type="checkbox"/>
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Please confirm the property ownership:

Lease	<input type="checkbox"/>	Own	<input type="checkbox"/>	Rent	<input type="checkbox"/>
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How many bedrooms are there in your home? *

* This should include any room originally built to be a bedroom even if now used for other purposes.

Approximately, what year was the property built?

Applicants Personal Details/ History

Applicants Details

Spouse/ Partner's Details

Title		Title	
First Name		First Name	
Surname		Surname	
Date of Birth		Date of Birth	
Marital status		Marital status	
Occupation		Occupation	
Employers business		Employers business	

Has you or your family:

Had any insurer decline, cancel, declare void any household insurance or had special terms imposed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

Been convicted of any offence or have any prosecution pending? *	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If ' Yes ' please provide full details at the end of this form

* Driving offences and offences that are spent under the Rehabilitation of Offenders Act 1974 can be disregarded.

Do you or does any person residing within the property smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Claims and Losses

Please provide details if you or any member of your family (relevant to the quotation being requested) 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

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Buildings Cover

Is cover for buildings required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If buildings cover is not required then please go to the next section, **Contents Cover**

What is the rebuilding cost of your buildings? *	£
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* By buildings we mean the main property and any additional structures such as outbuildings, barns etc.

Do you require Accidental Damage cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Amount of No Claims Bonus for Building Insurance (period of continuous insurance held without a claim)	
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Contents Cover

Is cover for contents required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If contents cover is not required then please go to the next section, **Legal Expenses**

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.)	£

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.

This option is only available if Contents cover is required.

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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All Risks/ Personal Belongings Cover (continued)

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"/>

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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.

Looking after your needs

First Point continually strives to meet your expectations and tailor insurance to your individual needs by offering a dedicated professional service combined with a comprehensive range of competitive products providing superior high quality cover. With this in mind could we interest you in anything else?

<input type="checkbox"/> Car Insurance	Make and Model	<input type="text"/>	Renewal Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Family Fleet Portfolio	No. of Vehicles	<input type="text"/> <input type="text"/>	Renewal Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Other Buildings cover	Sum Insured	£ <input type="text"/>	Renewal Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Other Contents cover	Sum Insured	General Contents £ Fine Art and Antiques £ Valuables and Jewellery £	Renewal Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Domestic Let Properties	No. of Properties	<input type="text"/> <input type="text"/>	Renewal Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Other	I'm interested in	<input type="text"/>	Renewal Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Thank you for taking the time to complete this form.