



# Household Insurance – Information Capture Sheet

When completing the Information Capture Sheet, or having your Insurance Advisor complete it on your behalf, you must provide all material facts. Failure to disclose such necessary information or disclose false information could invalidate any insurance cover in the event of a claim.

**Note to the Introducer:** The Information Capture Sheet is provided for the purposes of capturing client's cover requirements prior to producing a full quotation using the Source software. Submission to underwriters of an Information Capture Sheet is not an acceptable means of application. A fully completed Application Form produced from the Quotation Documentation section of the software and submitted electronically is the only acceptable means of submitting new business to underwriters for acceptance.

### 1. FIRST APPLICANT'S DETAILS

Title  Forename(s)

Surname  Date of Birth  /  /

Occupation  Nature of Business

### 2. SECOND APPLICANT'S DETAILS

Title  Forename(s)

Surname  Date of Birth  /  /

Occupation  Nature of Business

### 3. CONTACT DETAILS

Correspondence Address(s)

Applicant 1	Applicant 2
<input type="text"/>	<input type="text"/>

Applicant 1 Contact Tel  Applicant 2 Contact Tel

### 4. RESIDENTS

Please give details of all other persons aged over 18 residing at the insured property (other than the applicant/s)

Name	Age	Occupation	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of minors (those aged under 18) residing at the property:

#### Declarations about you and your home

Please read the following statements carefully and tick only those which apply

- The home is occupied by someone other than the applicant(s) and their relatives, or occupied in whole or part by tenants or paying guests.
- The applicant(s) or someone living in the home has been convicted of, or received a police caution for any criminal offence (other than motoring offences) or has a prosecution pending.
- The applicant(s) or someone living in the home has previously had an insurance policy cancelled, been refused insurance or had special terms imposed.
- The home (including any garages or outbuildings) is used for business purposes and/or there are callers to the property in connection with the applicant's business or profession.
- The applicant(s) or someone living in the home is engaged in the entertainment business.
- The applicant(s) or someone living in the home has been declared bankrupt.
- The applicant(s) or someone living in the home smokes.

### 5. PROPERTY OWNERSHIP

**If property is owned is it:**

Outright?     On mortgage?

Mortgage Lender

Mortgage Lender's Address

**If property is rented is it:**

Furnished?

Part Furnished?

Unfurnished?

Roll / Account Number:

### 6. INSURED ADDRESS

**If the insured address is different to the correspondence address,** enter this below. (If insured address has been lived at for less than 12 months please note previous address in additional notes section)

Postcode:

#### Property description

- Detached house
- Semi-detached house
- Terraced house
- Detached bungalow
- Semi-detached bungalow
- Terraced bungalow
- Flat
- Maisonette
- Studio
- Other

Number of bedrooms  Year home was built

#### Declarations about you and your home

Please read the following statements carefully and tick only those which apply

- The home has a non standard construction (i.e. the external walls are not built of brick, stone or concrete, or less than 80% of the home is not roofed with slate, clay or concrete tiles, concrete or metal).
- The property is solely built of stone.
- The property uses asbestos in its construction.
- The home (including garage) is in a bad state of repair or is not maintained.
- The home is not self contained (i.e. it does not have a separate and private entrance under your sole control).
- The home will not be lived in from commencement date of this insurance or completion of purchase.
- The home (including garage) is in a locality where there is evidence (or a history) of subsidence, heave, landslip or flooding.
- The home (including garage and outbuildings) has sustained previous damage by subsidence, heave or landslip, and/or has it been underpinned or provided with other means of structural support.
- The home is not my main residence, or is a holiday (or weekend) home, or is likely to be left unoccupied for more than 30 days at a time.
- The home (including garage) is situated less than ¼ mile (400m) from the nearest river, watercourse or sea.

- The home (including garage) is currently undergoing renovation or construction work.
- The home is a listed building.
- The home is normally unoccupied throughout the day.
- The home is normally unoccupied outside normal working hours.
- The home is not fitted with any smoke detectors.
- The home does not have a gas central heating system.

### 7. BUILDINGS INSURANCE

Buildings Sum Insured

Type of cover

Buildings Total Excess

Date of Purchase

Date of Occupancy

Claims Free Years 

### 8. CONTENTS INSURANCE

Contents Sum Insured

Type of Cover

Contents Total Excess

Claims Free Years

Amount of valuables included within Contents Sum Insured

Details of valuables worth over £1,000

Description	Value

Is the final exit door secured by a deadlock, all other external doors either secured by a deadlock or fitted top and bottom with key operated security bolts, and accessible windows fitted with key operated window locks?

Is your home protected by an intruder alarm system installed and maintained by a NACOSS (National Approval Council for Security Systems) recognised firm?

Name of burglar alarm Installation Company

Name of burglar alarm Maintenance Company

Are you a member of a police approved Neighbourhood Watch Scheme?

Are there any other protections installed at the insured property?

Enter details of additional protections at the property

### 9. PERSONAL POSSESSIONS COVER

Unspecified Personal Possessions Sum Insured

Details of Specified Personal Possessions

Group	Description	Value

Details of Pedal Cycles & Accessories

Manufacture	Model	Value

### 10. INSURANCE HISTORY

Have you held insurance before?

Previous insurer:

Policy number:

Details of previous claims and losses

Date	Category	Amount	Details

What date do you want cover to commence? (Cover can not be backdated)

### 11. OPTIONAL EXTRAS

(Available from the Options section of the 'Quotation Results' screen)

- Family Legal Protection
- Garden Cover

ADDITIONAL NOTES: