

# **QUOTATION REQUEST**

Once completed please fax to 0871 277 1422 or email **Quotes@platinumifa.co.uk** 

Personal Details		
Proposer :	Title :	Initial : Surname :
Risk Address and Postcod		Correspondence Address (if different from Risk Address)
Telephone Number		Alternate Phone Number :
Email Address :  Date of Birth :	Occupation :	Employed / Self Employed / Co Director
	•	
Spouse / Partner / Join Date of Birth :	t Owner Title : Occupation :	Initial: Surname: Employed / Self Employed / Co Director
	оссирано	. ,
Cover Start Date : Please Provide Details	of Every Person (irrespectiv	Is this your first insurance Yes No  ve of age) Living at the Address
Name :	Date of Birth:	Occupation : Relationship :
		<u> </u>
Property Details		
Are you the: Owner	er 🗌 Occupier 🗀 La	ndlord Tenant Private Rented or Local Authority
Is your home : Detac	ched Semi-Detached Te	erraced
Is the Property Listed:	Yes / No If Yes please g	ive the Grading :
How many flats in the blo	ock: How many store	eys: Is there a Lift Yes No
Approximate Date Proper	ty Built : Nur	mber of Bedrooms (EVEN IF USED FOR OTHER PURPOSE):
A BEDROOM IS A ROOM USED OFFICE OR STUDY.	AS, OR ORIGINALLY BUILT TO BE, A	BEDROOM, EVEN IF IT IS USED FOR OTHER PURPOSES, SUCH AS A HOME
	D ( 1)	
<b>Previous Insurance</b>	Details	
Name of Current / Previo	ous Insurer :	Were any Special Conditions Imposed on the Policy :
10/by, did the easy areas		Delias Demostral Date s Delias Dremaismas
Why did the cover cease : Cancelled / Voide	d / Renewal not Offered	Policy Renewal Date: Policy Premium: £ pm / pa
Have YOU or ANYONE res BEEN REFUSED INSURANCE OR HAD If YES please give full deta	) SPECIAL TERMS AND / OR RESTRICTION	NS IMPOSED ON YOU, ON THIS OR ANY PREVIOUS HOME : Yes No

## **Claims History**

Please give details of any claims and / or loss or damage within the last 5 years (whether insurance was in force or not, at your current property or a previous property)

For the avoidance of doubt please ensure you understand the following two paragraphs:

ANY EVENT THAT OCCURRED WITHIN THE LAST 5 YEARS THAT WOULD BE COVERED ON A BUILDINGS AND / OR CONTENTS INSURANCE POLICY MUST BE DECLARED. THIS IS IRRESPECTIVE OF WHETHER YOU HAD INSURANCE AT THE TIME, A CLAIM WAS REFUSED OR YOU DECIDED NOT TO CLAIM.

IF YOU CALLED YOUR INSURANCE COMPANY TO DISCUSS AN EVENT THAT WOULD GIVE RISE TO A CLAIM BUT DECIDED NOT TO SUBMIT A CLAIM (FOR WHATEVER REASON), YOUR INSURER WILL HAVE LOGGED THIS AS A CLAIM. THIS IS BECAUSE THE EVENT OCCURRED WHETHER YOU CLAIMED FOR IT OR NOT. YOU MUST DECLARE IT.

Date of Claim / Event	Amount	Nature of Claim / Event

<b>Convictions and Bank</b>	kruptcy		
Have YOU or ANYBODY residing with you :			
Been convicted of, or have a prosecution pending for an offence other than a driving offence (you do not have to declare any offence deemed to be spent under the Yes No REHABILITATION OF OFFENDERS ACT 1974)			
If YES, Name of person(s) w Name	If YES, Name of person(s) with the conviction  Name   Date of Conviction   Sentence   Time Served		
1.	Date of conviction	Schience	Time Served
CONT.	<u> </u>	1	<u> </u>
2. CONT.			
Details of Each Conviction :			
1.			
2.			
If you have more than 4 con	victions, please give details or	n an Additional Sheet	
Have YOU or ANYBODY resident Been made Bankrupt or ha		☐ Yes ☐ No	
Date of Bankruptcy	Amount	Personal or Business	Date of Discharge
1. 2.			
3.			
4.			
<b>General Questions Al</b>	bout the Property to b	oe Insured	
Is it : 1. Built of brick, stone and	roofed with slate, tiles, concressionnaire must be completed)		☐ Yes ☐ No
2. In a good state of repair Yes No			
3. Ever suffered from, or show any signs of, damage due to subsidence, landslip or heave			ave 🗌 Yes 🗌 No
3a. Are any neighbouring properties showing any signs of damage by the above causes			☐ Yes ☐ No
4. Is the sole permanent occupation just for Yourself and Relatives normally living with you Yes			you 🗌 Yes 🗌 No
If you have answered <b>NO</b> to (	Question <b>4</b> , and the risk address	S IS EITHER <b>LET</b> OR <b>UNOCCUPIED</b>	Please confirm the following
For Let Properties Only			
The tenancy agreement is a	short hold agreement of at lea	ast six months	☐ Yes ☐ No
			lar) 🗌 Yes 🗌 No
Is the property multi-tenure (two or more unrelated persons)			☐ Yes ☐ No
Is the property let to Studen benefit	ts, Housing Association, Local	Authority or persons in receipt	of DSS Yes No
For Unoccupied Properties	Only		
Has the property been unoccupied for more than one year			☐ Yes ☐ No
			☐ Yes ☐ No
Are there any works to be u	Are there any works to be undertaken before the property is occupied Yes No		
If YES, please indicate the value of the works to be undertaken			£
Has the property been specifically purchased with the view to renovate and sell on			☐ Yes ☐ No

General Questions About the Property to be Insured	
Is the property located within 400 metres (1,312 FEET / 437 YARDS / 1/4 MILE) of a watercourse	Yes No
If Yes:	
The type of watercourse (E.G. STREAM, RIVER, DITCH)	
The distance from the watercourse	
The height above the highest watermark  Any history of flooding in the area	
Are there any trees within 7 metres (23 FEET / 8 YARDS) of the building	Yes No
If Yes :	
The type of tree	
The distance from the building	
The height of the tree(s)  Are the trees on: Your Property Neighbour's Property Local Authority Property	
Are the trees on :	
Is the property self-contained with a separate lockable entrance under your sole control	☐ Yes ☐ No
Used for any Business or Professional purposes	☐ Yes ☐ No
Constructed with a flat roof which covers more than 50% of the dwelling	☐ Yes ☐ No
Left regularly unattended (OTHER THAN NORMAL WORKING HOURS)	☐ Yes ☐ No
Used as a weekend or holiday home	☐ Yes ☐ No
Constitute the Bound to be because I	
Security at the Property to be Insured	
<ol> <li>Is the door used as the final exit from the home protected with a deadlock of at least 5 levers, conforming to BS3621</li> </ol>	☐ Yes ☐ No
<ol> <li>Are all other external doors either fitted as in (1) above or with any other lock conforming to BS3621</li> </ol>	☐ Yes ☐ No
3. Are patio doors (if applicable) fitted with key operated bolts / locks to prevent lifting	☐ Yes ☐ No
4. Are all ground floor and other accessible windows fitted with key operated locks	☐ Yes ☐ No
5. Is the home fitted with an alarm system	☐ Yes ☐ No
If an Alarm System is fitted	
A. Was the alarm fitted by a NACOSS or equivalent approved installer	☐ Yes ☐ No
B. Is the alarm under a maintenance contract	☐ Yes ☐ No
C. When was the alarm installed	
D. Is the alarm audible	☐ Yes ☐ No
E. Is the alarm connected to a 24 hour monitored line	☐ Yes ☐ No
F. Do you have a safe	☐ Yes ☐ No
If YES what type of safe is it :   Free Standing   Wall Safe   Under Floor Safe	
Buildings Cover	
Sum Insured: £ (minimum £35,000) This amount should reflect the cost of totally rebuilding the insured property.	
Standard Cover  Yes  No Standard Cover including Accidental Damage  Yes	□ No
NAME OF ANY MORTGAGE LENDER :	

<b>Contents Cover</b>			
Sum Insured : £		(minimum £15,000)	
Standard Cover	Yes No	Standard Cover including Accidenta	al Damage 🗌 Yes 🗌 No
Voluntary Excess for E	3uildings and / or Conte	ents (£100 Standard on all Policies)	£100 / £250 / £500 / £1000
Savings on the premiui	M CAN BE ACHIEVED IN EXCH	ange for a higher excess	
<b>Business at Hon</b>	ne (only answer if yo	DU ARE RUNNING A BUSINESS FROM	THE RISK ADDRESS)
Will the public visit t	the premises in connecti	ion with the business	☐ Yes ☐ No
If YES Please confirm the fre	equency of the visits and	d the areas of the HOME used for th	he business :
DESKTOP PUBLISHING UNI	ITS, MULTI-USER SMALL BUSIN	BOARDS, VISUAL DISPLAY UNITS AND PRINT IESS COMPUTERS, FACSIMILE MACHINES, PH IIPMENT AND OFFICE FURNITURE) IS COVER	HOTOCOPIERS, TYPEWRITERS, COMPUTER
If this is not adequate	e please state the figure	required £	<u>.</u>
DEPENDENT ON YOU	JR ANSWERS ADDITION	AL TERMS AND / OR PREMIUMS M.	AY BE IMPOSED
	NITENTS COVER IS SELEC	home and other items to	De covered
Sum Insured Unspeci	fied Items £		
Sum Insured Specifie	d Items £		
Description		Value	Cover Away from Home Y / N
1.			
2.			
3.			
4.			
5. Food in your Freeze			
-			
Pedal Cycles			
Makers Name	Model	Date of Manufact	ture Sum Insured
1.	Wodel	Date of Manage	Jun mouled
2.			
3.			
Money and Credit Ca	ards		
Sum Insured £			
Other Information	on		
			ANT. IF YOU ARE UNCERTAIN WHETHER ANY
ISSUE IS MATERIAL OR RELE	vant you <mark>MUST</mark> disclose i	II.	

### Notes and Declarations

This document will enable us to obtain quotes on the basis requested by the prospective policy holder and / or their agent. It is not an offer, nor acceptance of insurance, and there is no compulsion on the prospective policy holder to purchase our policy.

To obtain a quote this form must be signed by either the person requiring the insurance or an adviser who is a regulated Professional Introducer such as an insurance broker or independent financial adviser.

It is the responsibility of the named policy holder to ensure that all information provided is accurate and correct. The named policy holder will be provided with the insurer's "Statement of Fact" and they will have the opportunity to correct any inaccuracies or provide more comprehensive information before the policy is issued. Once a policy is in force, Platinum Financial Consulting trading as Home Insurance Help will not be held responsible for any claim, complaint or other issue that may arise as a result of a disconnect between the "Statement of Fact" and the findings of an insurer.

When a quote request and subsequent application is submitted on behalf of a customer by a "Professional Introducer" any dispute regarding the accuracy of the information submitted is entirely between the Professional Introducer and their client. We strongly advise Professional Introducers to ensure they are happy regarding the validity of the information used to produce a quote before proceeding to application stage.

#### Rebuild Value

We must make you aware that it is your sole responsibility to ensure that the Building Sum Insured in your policy is sufficient to cover the entire rebuilding costs of your property. If you did not insure yourself for the full rebuild amount, you would be financially liable for any difference in the actual cost to rebuild your property and the amount of benefit you requested in your policy.

Furthermore if you do not insure your property for the full rebuild value, any building claim could be reduced. This is even if the amount of claim is significantly below the building sum insured. For example if you request a building sum insured of £50,000, when the actual cost to rebuild your property is £100,000, then in the event of a building claim for £10,000, the insurer will take the view that you under-insured yourself by 50% and therefore they may only pay you £5,000 leaving you responsible for the other £5,000.

It is for the reasons above that we cannot accept any responsibility or liability for the rebuild value that you give us to submit to the insurer.

A website run by the Association of British Insurers helps you to calculate your rebuild value based on total floor space, type of property, location etc. You will need to register your name and email address in order to use the calculator. The link to this rebuild calculator website is http://calculator.bcis.co.uk/

Alternatively, if you have a mortgage on the property, your last mortgage offer may include a rebuild value that the mortgage lender requires you to ensure is covered by your insurance policy.

#### **Policy Holder Declaration**

Date:

I declare that the information disclosed on this form is a true and accurate reflection of my needs and circumstances
AND THAT I HAVE DISCLOSED ALL INFORMATION MATERIAL TO MY SITUATION. I UNDERSTAND THAT BEFORE I PROCEED WITH ANY POLICY
PURCHASE I WILL CONFIRM THAT THE INSURER'S "STATEMENT OF FACT" IS ALSO A TRUE AND ACCURATE REFLECTION OF MY NEEDS AND
CIRCUMSTANCES

	FACT" IS ALSO A TRUE AND ACCURATE REFLECTION OF MY NEEDS AND
Name :	
Date :	Signature :
Adviser Declaration (ONLY TO BE COMPLETED I	RY PROFESSIONAL INTRODUCERS)

I DECLARE THAT THE INFORMATION DISCLOSED ON THIS FORM IS A TRUE AND ACCURATE REFLECTION OF MY CLIENT'S NEEDS AND
circumstances and that they have disclosed all information material to their situation to me. I understand that it is my
responsibility to conduct an adequate fact find of their needs and circumstances
Name:
FSA Registration Number:

Signature : \_\_\_