

Household



QUOTE FORM

FOR AGENT USE ONLY

Please note requests for quotations can be completed entirely online by using our system Home & Legacy Online at <http://broker.homeandlegacy.co.uk>. Alternatively, type the required information into the fields below, save the form to your computer and email as an attachment to quotations@homeandlegacy.co.uk. We can also be contacted by telephone 0344 893 8370, Monday to Friday 9am to 5pm.

If cover is required for more than one property a separate form should be completed for each.

You are required to answer all questions accurately and honestly and not to omit any relevant information. If you give us incorrect or incomplete information the wrong terms may be quoted, the insurers may be entitled to reject payment of a claim or payment could be reduced. In certain circumstances the policy might be invalid, and there may not be any entitlement to a refund of premium.

No insurance cover can be provided until Home & Legacy has accepted the application. It may not be possible to quote in all circumstances.

Please ensure that you have read the Important Information at the end of the form before sending to us.

THE AGENT

Agency number _____ Agent name _____
Account handler name _____ Account handler telephone number _____
Account handler email address _____
(we'll send the quote and any communication to this address)

THE INSURED

Title _____ First name(s) _____ Last name(s) _____
Date of birth _____
Occupation _____
(full description of business is required)

JOINT INSURED (IF APPLICABLE)

Title _____ First name(s) _____ Last name(s) _____
Date of birth _____
Occupation _____
(full description of business is required)

PREVIOUS CLAIMS, LOSSES OR INCIDENTS

Have there been any claims, losses or incidents which would be covered under this policy or has a claim been made under a buildings or contents policy in the last 5 years? No Yes

(Please include all incidents whether insured or not; also claims made and withdrawn or rejected.)

If yes,

Date(s)	Description of incident(s)	Total Cost (Paid and Outstanding)	Settled?	
_____	_____	£ _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	£ _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	£ _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	£ _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	£ _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	£ _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>

CORRESPONDENCE DETAILS FOR THE INSURED

Address _____

Town/City _____ Postcode _____

Contact telephone number _____

Email address _____

ADDRESS OF PROPERTY TO BE INSURED (IF DIFFERENT TO THE CORRESPONDENCE ADDRESS)

Address _____

Town/City _____ Postcode _____

Please indicate the nature of occupancy

Main residence

Holiday home

Second home

Let property

THE COVER

What type of cover does the insured require? Buildings Contents Buildings & Contents

Excess required? £250 £500 £1,000

(The excess selected will apply for buildings and contents, for most claims that are less than £10,000. There is no excess for liability claims. For buildings cover the excess for subsidence, heave and landslip claims is £1,000.)

THE COVER

What is the buildings sum insured (the cost to rebuild all of buildings if they are totally destroyed)? £ _____

(Buildings include the main domestic structure, garages & outbuildings, decorative finishes, domestic fixed fuel tanks, fixtures & fittings, garden walls, hedges, fences, gates, paths and drives, hard tennis courts, lawns, patios, steps, terraces, ornamental man made ponds, fountains, bridges, permanently fitted hot tubs and swimming pools, radio and TV aerials, satellite dishes, solar panels, external lighting, alarm systems, surveillance equipment and lifts; underground service pipe and cables, sewers and drains.)

If known, indicate the approximate value for outbuildings included within the buildings sum insured above £ _____

What is the contents sum insured excluding fine art, antiques, collectables, jewellery and watches (the cost to replace all items as new)? £ _____

(Use our [contents checklist](#) to help calculate the contents sum insured.)

Is cover required for any fine art, antiques and collectables?

No Yes

(Items made of precious metal/semi-precious/precious stone; books, manuscripts, drawings, etchings, paintings, photographs, prints; collectable furniture; gold & silver plated items; porcelain, sculptures, collectable items or object d'art; rugs & tapestries; stamps coins or medals forming part of a collection but not jewellery and watches.)

If yes,

a) Is cover required for fine art, antiques and collectables kept permanently in a bank vault or safe depository?

No Yes

If yes, what is the sum insured? £ _____

b) What is the sum insured for unspecified fine art, antiques and collectables (the total market value for all items)? £ _____
(Individual items, pairs or sets worth over £15,000 need to be specified)

c) Is cover required for specified fine art, antiques and collectables (individual items, pairs or sets worth over £15,000)?

No Yes

If yes, give details

Description of item(s)	Sum insured
_____	_____
_____	_____
_____	_____
_____	_____

Is cover required for any jewellery and watches?

No Yes

(This includes articles worn containing gemstones, silver, gold, platinum or other precious metals and watches, pearls and gemstones.)

If yes,

a) Is cover required for any jewellery or watches kept permanently in a bank vault or safe depository? No Yes

If yes, what is the sum insured? £ _____

b) What is the sum insured for unspecified jewellery and watches? £ _____
(Individual items, pairs or sets worth over £5,000 need to be specified.)

c) Is cover required for specified jewellery and watches (items, pairs or sets worth over £5,000)?

No Yes

If yes, give details

THE COVER

Description of item(s)	Sum insured
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Who is the current insurer/provider? _____

If none, give reason for this _____

THE PROPERTY

What is the property type?

Bungalow (detached) Bungalow (semi detached) Bungalow (terraced) Flats (converted)

Flats (purpose built) House (detached) House (semi detached) House (terraced)

Maisonette Mansion

Approximately what year was the property built? _____

How many bedrooms does the property have? _____

How many bathrooms does the property have? _____

Are all buildings (including outbuildings other than greenhouses or garden sheds) constructed of brick, stone or concrete walls and roofed with slate or tile? No Yes

If no,

a) What is the roof made of? _____

b) What are the walls made of? _____

Is the roof flat or partially flat? No Yes What is the percentage of flat roof? _____

THE SECURITY OF THE PROPERTY

Do all ground, lower ground and accessible upper floor windows, fanlights and skylights have key operated locks? No Yes

Are all exit doors fitted with 5 lever mortice deadlocks, multi-point locking systems, or other BS3621 equivalent? No Yes

Is an intruder alarm installed? No Yes

(Only answer yes if the alarm has an annual maintenance contract with an intruder alarm company approved by the National Security Inspectorate (NSI), National Approval Council of Security Systems (NACOSS) or Security Systems and Alarm Inspection Board (SSAIB).)

If yes, please indicate the type of intruder alarm

Bell only Central station Dualcom Redcare Other/Details unknown

If other, give further details _____

Is a safe installed? No Yes

(Only answer yes if the safe is installed in accordance with the manufacturer's instructions.)

If yes, what is the safe's cash rating? £ _____

START DATE & TARGET PREMIUM

Cover start date _____ Please indicate the target premium (if any) £ _____

GENERAL QUESTIONS

Please tick to confirm as appropriate.

(For any statements that cannot be agreed please provide further details in the space provided below under the heading 'Further information.')

The insured (or any member of their household):

- | | | |
|---|-----------------------------------|--------------------------------|
| a) has never had an insurance proposal refused or declined | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| b) has never had a renewal refused | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| c) has never had an insurance policy cancelled | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| d) has never had any special terms imposed | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| e) does not have any unspent non-motoring criminal convictions, or police cautions | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| f) does not have prosecutions pending for any non-motoring criminal offences | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| g) has never been declared bankrupt or insolvent in a personal or business capacity | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| h) has never been the subject of a court judgment in respect of debt either in a personal or business capacity. | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |

The property is the main residence of the insured.

Disagree Agree

The buildings (including all outbuildings) at the property are in a good state of repair.

Disagree Agree

The property is not used for any business or professional purposes other than work of a clerical nature and there are no business visitors or employees.

Disagree Agree

The property will not be left unoccupied for more than 45 consecutive days or for a total of 180 days or more in any one calendar year.

Disagree Agree

The property is unoccupied during the day.

Disagree Agree

The property or grounds have not previously flooded.

Disagree Agree

The buildings (including all outbuildings) at the property have not suffered previously from structural damage caused by:

- | | | |
|--|-----------------------------------|--------------------------------|
| a) subsidence (downward movement of the ground beneath the buildings, other than by the action of made up ground settling or by structures bedding down within ten years of construction); | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| b) landslip (sudden downward movement of sloping ground); or heave (upward movement of the ground beneath the buildings as a result of the soil expanding); | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| c) heave (upward movement of the ground beneath the buildings as a result of the soil expanding);
and | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |
| d) do not have any signs of damage to them (such as internal or external stepped or diagonal cracking) that may be due to subsidence, landslip or heave. | Disagree <input type="checkbox"/> | Agree <input type="checkbox"/> |

There are no building works being carried out or planned at the property.

Disagree Agree

The buildings (including outbuilding) at the property are not listed.

(Listings can be checked at [Historic England](#) or [Historic Environment Scotland](#).)

Disagree Agree

If any buildings are listed, please indicate the listing that applies:

Grade 1	<input type="checkbox"/>	Grade 2	<input type="checkbox"/>	Preservation Order	<input type="checkbox"/>
Grade 2*	<input type="checkbox"/>	Grade A	<input type="checkbox"/>	Protected	<input type="checkbox"/>

FURTHER INFORMATION

Please use this space to provide additional information if required. If relevant, also include any information that would enable us to help support you with the application, due to the personal circumstances of the insured.

MULTI-TRIP TRAVEL INSURANCE (OPTIONAL ADDITIONAL COVER)

If optional multi-trip travel insurance is to be included please tick to indicate the type of cover required

Worldwide Travel Worldwide Travel (including Winter Sports)

Has the insured (joint insured) or any members of their household permanently living with them up to age 79:

- a) been prescribed regular medication, received treatment or had a consultation with a doctor or hospital specialist for any medical conditions in the last 6 months? No Yes
- b) been referred to, treated by or are currently under the care of a doctor or medical professional? No Yes
- c) been diagnosed as having a terminal illness. No Yes

If yes, to any of the questions above, please give further details in the space provided below.

IMPORTANT INFORMATION

Privacy Notice (How we use information)

To find out how the data provided will be used, you can find a copy of our 'Privacy Notice' at www.homeandlegacy.co.uk. Alternatively, you can ask us for a copy.

Declaration

When you send us this application you are confirming that you have permission from your client for their information to be sent to us and have told them how we will use it.

You are also declaring that the information supplied is accurate and complete and that to the best of your knowledge no relevant information has been withheld or omitted. You accept and understand that providing false information is fraud and can have the following consequences: non-payment of claims, policy cancellation, difficulty in obtaining insurance in the future or significant extra cost in doing so.

If there is anything that you do not understand please contact Home & Legacy.

Signature: _____

Name: _____

Date: _____

WWW.HOMEANDLEGACY.CO.UK

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