

HOUSEHOLDERS BLOCK POLICY PROPOSAL FORM



IMPORTANT: Please complete this form in block capitals giving full answers. Tick boxes where appropriate. If answer space is insufficient, please continue on a separate sheet of paper. **If the home is jointly owned, please give the name of each owner.** The first two pages of this form are generic and apply to each of the property insured under this block policy

TO BE COMPLETED BY THE BROKER

HOLD ON COVER NUMBER <input style="width: 80%;" type="text"/>	Date from which insurance is required <input style="width: 100%;" type="text"/>	NEW BUSINESS <input type="checkbox"/>
POLICY NUMBER <input style="width: 80%;" type="text"/>	Period of Insurance	MID-TERM ADJUSTMENT <input type="checkbox"/>
BROKER REFERENCE <input style="width: 80%;" type="text"/>	Annual <input type="checkbox"/> 9 months <input type="checkbox"/>	
AGENCY <input style="width: 80%;" type="text"/>	6 months <input type="checkbox"/> 3 months <input type="checkbox"/>	

PAYMENT DETAILS

Please indicate how you wish to pay by ticking the appropriate boxes.

Annually by cheque

By Direct Debit Annually Half yearly Quarterly Monthly

PROPOSER(S). Please provide details of yourself and any joint proposer

Title	First name(s)	Surname	Date of Birth	Occupation(s) *

* Full/Part time occupation (include name and nature of business, e.g. Company Director is not sufficient)

Correspondence Address:

Town <input style="width: 90%;" type="text"/>	County <input style="width: 90%;" type="text"/>	Post Code <input style="width: 100%;" type="text"/>
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Daytime Telephone No. (inc code): <input style="width: 90%;" type="text"/>	Evening Telephone No. (inc code): <input style="width: 90%;" type="text"/>
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BANK DETAILS (IF PAYING BY DIRECT DEBIT)

Branch sort code Bank or Building Society account number

Please provide the name and address of the payer if not yourself or a named person on this insurance

Title	Initials	Surname	Address	Postcode

PLEASE ALSO COMPLETE THE DIRECT DEBIT MANDATE AT THE END OF THIS PROPOSAL FORM

PREVIOUS HISTORY

a) Name of current/previous insurers Policy number Expiry date

b) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue on special terms any insurance for the proposer or any other person to whom this insurance would apply? Yes No If Yes, give details below:

c) Has the proposer or any other person whose property is to be insured hereunder sustained any loss or damage in the last five years which would be covered by this type of insurance? Yes No Date Cost

Policy type (Buildings or Contents)	Cause of loss (storm, theft, etc)		

d) Have you or any person residing with you ever been convicted of any criminal offence (including pending prosecutions) other than motoring convictions? Yes No If yes, please provide details below:

You are not required to disclose convictions that are deemed as "spent" under the Rehabilitation of Offenders Act 1974

POLICY NUMBER _____ INCEPTION DATE ___/___/___

Page 1 of PROPERTY ___ OUT OF ___

Address of premises for which this insurance is to apply:

Town	County	Post Code

Does any Building Society, Bank or Mortgage Company require their interest to be noted? Yes No

If Yes, state the name, full postal address and Sort-Code (if available)	Post-Code				
	Sort-Code				

PROPERTY USE: THIS SECTION MUST BE COMPLETED (TICK AS APPLICABLE):

1. OWNER OCCUPIED 2. UNOCCUPIED 3. STUDENT OCCUPIED
4. HOLIDAY HOME 6. RENTED TO PROFESSIONALS
7. OTHER (Please specify) _____

Approximate year of construction Number of bedrooms

SUMS TO BE INSURED (Please ensure the values stated are adequate as underinsurance may reduce the amount of recovery in the event of a claim).

1. BUILDINGS (Full cost of reconstruction including outbuildings, surveyors fees and site clearance): £

Is the property a Listed Building or have any historical interest? Yes No
Do you require Accidental Damage? (Owner Occupied only) Yes No

Grade

2. CONTENTS (Applicable only if you are the owner of the property)

Do you require Replacement as New? Yes No

£

Do you require Accidental Damage? (owner occupied policies only) Yes No

GENERAL QUESTIONS ABOUT THE PROPERTY TO BE INSURED

ONLY COMPLETE THIS SECTION IF YOU HAVE TICKED PROPERTY USE: UNOCCUPIED

ARE ANY OF THE WINDOWS OR DOORS BOARDED/BRICKED UP? Yes No

IS THE PROPERTY UNDERGOING RENOVATION? Yes No

If Yes, please list the works below i.e. decorating, new bathroom, rewiring, etc

IS THE WORK BEING UNDERTAKEN BY A CONTRACTOR? Yes No

Please note that unoccupied properties **must** have five lever mortise deadlocks to fitted to all external doors and key operated window locks fitted to all accessible windows (note: multi-point locking systems on UPVC doors are acceptable)

CONSTRUCTION TYPE/CONDITION

a) Does the property have a flat roof that accounts for more than 40% of the total roof area? Yes No

b) Is the property built of brick, stone or concrete and roofed with slates, tiles, concrete or asphalt? Yes No

c) Is the property in a good state of repair? Yes No

If you have answered No to either b) or c), please give details below

d) Is the property a House Bungalow Flat Other (please specify) _____

e) If a house or bungalow is it Detached Semi-Detached Terraced

f) Divided into bedsits? Yes No If Yes: number of bedsits? Are the cooking facilities shared? Yes No

Is cooking allowed in more than one designated area? Yes No

g) Is the property a flat which forms part of a purpose built block? If Yes, number of flats in the block Yes No No. of flats

h) Is the property a self-contained flat within a converted property? Yes No

i) Is any part of the property including outbuildings used for any business purposes? Yes No

If Yes, please specify _____

QUESTIONNAIRE FOR SUBSIDENCE, GROUND HEAVE AND LANDSLIP

If the answer to any of the following questions is Yes, please provide details at the end of this form. A Structural or Consulting Engineers report commissioned on the recent past should be attached, if applicable.

- 1. Has the property been extended? If so, when and in what manner? Yes No
- 2. Are there any cliffs, quarries, hills or similar features nearby? Yes No
- 3. Are there or have there been any wells, sewers or other underground activity such as salt extraction, etc, nearby? Yes No
- 4. Is the property within 200 metres of any river, sea or reservoir? Yes No
- 5. Has the property ever been subject of a survey which mentions settlement or movement to the buildings?
If Yes, please enclose a copy with the return of this proposal. Yes No
- 6. Has the property any signs of damage which may be attributed to subsidence, landslip or heave? Yes No
- 7. Are or have the premises been monitored for subsidence, landslip or heave? Yes No
- 8. Are you aware of any damage that has been experienced in the locality? Yes No
- 9. Are there any trees or shrubs within 7 metres of your home including garages and outbuildings (whether inside or outside your garden/boundaries including neighbours and council trees) which are more than 3 metres tall?
(If Yes, please state species, height and distance from property) Yes No

SECURITY

- a) Is the property protected by a smoke alarm? Yes No
 - b) Are all the external doors secured by mortise deadlock? Yes No
 - c) Are all accessible windows fitted with key operated window locks? Yes No
 - d) Is the home protected by an operative burglar alarm? Yes No
- Maintenance contract? Yes No
- If yes, give details

DATA PROTECTION AND DECLARATION

DATA PROTECTION

All personal information will be held and processed within Ocaso Group of Companies and used for the purpose of insurance only. Your personal data will not be used or passed outside of the EEA and will be held securely in accordance with the Data Protection Act 1998.

DECLARATION

The questions on this form relate to facts considered as material to the underwriting of this policy.

(N.B.A. material fact is one likely to influence the acceptance or assessment of your proposal by underwriters. If you are in any doubt as to what constitutes material fact, you should consult the company) I understand that the signing of this proposal does not bind me to complete the Insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the Contract.

To the best of my knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I declare that the values stated are not less than the full reinstatement costs. I understand that the non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

SIGNATURE OF PROPOSER DATE

AGENCY STAMP / SIGNATURE

POLICY NUMBER _____ INCEPTION DATE ___/___/___



Instruction to your Bank or Building Society to pay Direct Debits

Originators Identification Number

Please fill in the whole form and send it to: OCASO INSURANCE SERVICES LTD.
3RD FLOOR, 110 MIDDLESEX STREET – LONDON E1 7HY

9 1 6 1 0 3

1. Name and full postal address of your Bank or Building Society Branch

To: The Manager _____
_____ Bank or Building Society
Address _____
_____ Postcode _____

4. Bank or Building Society account number

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2. Name (s) of account holder (s)

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5. O.I.S. LTD reference number

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3. Branch sort code

(from the top right corner of your cheque)

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6. Instruction to your Bank or Building Society

Please pay OCASO INSURANCE SERVICES LTD. Direct Debits from the account detailed on this instruction subject to the Safeguards assured by the Direct Debit Guarantee

Signature (s) _____

_____ Date _____

Banks and Building societies may not accept Direct Debit instructions for some types of account

The Direct Debit Guarantee

The Direct Debit Guarantee is offered by all Bank and Building Societies that take part in the Direct Debit Scheme. The efficiency and Security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Ocaso Insurance Services Ltd will notify you at least 10 working days in advance of your account being debited or as otherwise agreed.

If an error is made by Ocaso Insurance Services Ltd or your Bank or Building Society you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of this cancellation letter to us.