

Please read the following questions carefully and answer them all providing additional information where required. If you need more space, please provide answers on a separate sheet of paper, clearly highlighting the question number. If you have any queries, please speak to your insurance agent.
Please use CAPITAL LETTERS and BLACK INK.

Proposer / Insured details

1. Please provide the following information about the proposer:

Title

Family name

Forenames

Age	Occupation/Business	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (for correspondence)

Postcode

If the insured is different to the proposer (e.g. a trust or company name), please specify:

2. Are there any other residents you wish to include on this policy e.g. family members or resident staff living at the insured property? Please complete the sections for each individual to be included. Please continue on a separate sheet if you wish to add more than four individuals.

Full name	Age	Relationship to proposer	Occupation/Business	Nationality
<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="text"/>	<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="text"/>	<input type="text"/>	<input type="text"/>

Property to be insured

3. Address of the property to be insured (if different to address above):

Address

Postcode

4. Year of construction

5. Floor area Main building: m² Outbuildings: m²

6. What type of property is it?

House Flat or apartment - which floor is it situated on? of

7. Is the property in whole or in part officially recognised as being of historical or cultural interest?
(for example, a 'monument historique' in France or classified 'Bella Arti' in Italy)

Yes No If Yes, please give details in question 8.

8. Please give a brief description of the property:

9. What is the type of residence?

Main residence Secondary Home - how many weeks a year is it occupied?

Theft Security

10. What type of theft alarm is the property fitted with?

None Bells only Connected to a central station or key holders

11. Is the alarm maintained under an annual contract?

Yes No

12. Manufacturer and make of the alarm:

Fire Security

13. What type of fire/smoke alarm is the property fitted with?

None Bells only Connected to a central station or key holders

Other Security

14. Do you employ domestic staff?

Yes No If Yes: Daytime only Resident on the property

15. Is the property fitted with a safe?

Yes No Cash rating: LPC/CEN Grade:

16. Please give the manufacturer, model, age and weight of the safe and state if mounted in wall, floor or freestanding:

17. Are all final exit doors are fitted with locks, and all accessible patio doors, French windows, windows, fanlights and skylights are fitted with locks, bars or shutters?

Yes No

18. Is the property protected by any other means?

Yes No

19. If you have ticked any of the shaded boxes in questions 14-18 please provide details below:

Construction and use

- 20. Are all the buildings built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?
 Yes No
- 21. Is more than 10% of the roof surface flat?
 Yes No
- 22. Are all the buildings in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?
 Yes No
- 23. Are all the buildings free from cracks and free from signs of subsidence, landslip or heave and as far as you are aware never been monitored for or damaged by subsidence, landslip or heave and not in an area where there is subsidence, landslip or heave?
 Yes No
- 24. Are the buildings used for any business or professional purposes or open to the public?
 Yes No
- 25. Are the buildings rented or let to people other than your family or friends?
 Yes No
- 26. If you have ticked any of the shaded boxes in questions 20-25 please provide details below:

Building and decoration work

- 27. Do you intend to carry out any work costing more than €40,000 to extend, renovate, build or demolish any part of the buildings?
 Yes No
- If Yes, please give details:

Amounts to be insured

- 28. All the amounts to be insured must be stated in a single currency. This is also the currency in which you will have to pay your premium. Unless you specify a currency below we will use Euros.
Currency applicable to this insurance:
 Euros (EUR) Pounds Sterling (GBP) Danish Crowns (DKK) Swedish Crowns (SEK)
 Norwegian Crowns (NOK) Other – please specify:

Section A - Buildings, fixtures and fittings, tenant's improvements

Please provide the full cost of reconstruction (not the current market value) excluding architects fees:

- 29. Main building
- 30. Outbuildings, swimming pools, perimeter walls, terraces, driveways, tennis courts and other permanent structures

31. Fixtures and fittings/tenant's improvements. If it is not your responsibility to insure the buildings, you still need to insure any improvements you have made (such as, kitchens, bathrooms, air-conditioning or flooring) as these may not be covered by the buildings policy.

32. Do the amounts insured represent the full cost of reconstruction?
 Yes No If No, what is the total cost of reconstruction:

Section B - General Contents

Please provide the total cost to replace all items at today's prices, not necessarily the amount you paid for the item. You should include all household goods such as furniture, domestic appliances, clothing, books and CDs, gardening equipment, televisions and other electronic equipment. You should also include your fine art and antiques unless you have specifically insured them in Section C below.

33. General contents

34. Outdoor items

35. Other items (please specify)

36. Do the amounts insured represent the current cost as new of all of your contents?
 Yes No If No, what is the current cost as new:

Section C - Fine Art and Antiques

We recommend you insure your fine art and antiques in this section (instead of including their total value within the contents sum insured) so as to benefit from wider cover and lower premiums.

Individual items valued over €7,500 (£5,000/50,000Kr) should be listed individually with the current market value. Submit this list to your insurance agent with this form to ensure you are fully covered. We may also ask for an independent professional valuation/appraisal depending on the level of cover you require.

Box 1: Please put the total value of all items which have been listed individually, as detailed above

Box 2: Please put the total value of items not listed individually

37. Pictures, paintings, sketches, prints and the like

38. Books

39. Statues and sculptures of a non-fragile nature

40. Antique furniture

41. Items of a brittle or fragile nature (e.g. glass and porcelain)

42. Gold, silver and precious metals (including precious coins)

43. Other items (please specify):

Section D - Valuables and personal effects

Valuables including jewellery, gemstones watches, guns and furs valued over €3,750 (£2,500/25,000Kr) should be listed individually with the current market value. Submit this list to your insurance agent with this form to ensure you are fully covered. We may also ask for an independent professional valuation/appraisal depending on the level of cover you require.

Box 1: Please put the total value of all items which have been listed individually, as detailed above

Box 2: Please put the total value of items not listed individually

Valuables

- 44. Jewellery and watches to be insured in a bank safe only
- 45. Jewellery and watches to be insured in the home safe only
- 46. Jewellery and watches to be insured anywhere in the world
- 47. Guns (worldwide cover)
- 48. Furs (worldwide cover)

Personal effects

Baggage, clothing, sports equipment, bicycles, portable computers and other similar items are insured inside the home under Section B - General Contents. If you want these items to be insured anywhere in the world you must specify a sum insured below. You do not need to list these items individually.

- 49. Personal effects to be insured anywhere in the world:

Excesses

- 50. You can choose from a range of higher excesses (the initial amount you pay for each claim on your policy for each section of cover) in return for a lower premium. Please tick the amount required for each section.

	Minimum available	€750 (£500/ 5,000 Kr)	€1,500 (£1,000/ 10,000 Kr)	€3,750 (£2,500/ 25,000 Kr)	Other (specify)
Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px; height: 20px;" type="text"/>
Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px; height: 20px;" type="text"/>
Fine art and antiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px; height: 20px;" type="text"/>
Valuables and personal effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px; height: 20px;" type="text"/>

Previous insurance

- 51. Names of previous insurers and brokers (if any):
- 52. Date of expiry of previous policy:
- 53. Has any insurer declined to accept, cancelled, refused to continue or agreed to continue cover only on special terms any insurance for the proposer or any other person to whom this insurance would apply?
 Yes No If Yes, please provide details:

Losses

54. Has the proposer or anyone whose property is to be insured, sustained any loss or damage during the last 5 years which would have been covered by this type of insurance had it been in force?

Yes No

If YES, please provide the following details:

Date of loss Amount of loss

Circumstances of loss

Action taken to prevent a similar loss occurring again:

Other information

55. Have you or any other person residing with you ever been convicted of, or charged with, any offence (other than driving offences) or entered into an arrangement with creditors, or are you or they bankrupt?

Yes No

If Yes, please give details:

56. Are there any other factors affecting this insurance of which you are aware?

Yes No

If Yes, please give details:

DECLARATION

You must read this before signing below.

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 understand that non-disclosure or misrepresentation of a material fact will entitle us to void this insurance.

To avoid any doubt, a material fact is one likely to influence acceptance or assessment of this proposal by us. If you are unsure whether a fact is material or not you should still disclose it in the space on the previous page.

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 in it and the information provided in connection with it will be relied upon by us in deciding whether to accept this insurance.

Signature

Date

You should keep a record (including copies of any letters) of all information supplied to us for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

By signing this Hiscox Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above.

The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

The parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law. Any enquiry or complaint should be addressed in the first instance to your insurance agent.

If you are not satisfied with the way a complaint has been dealt with you may ask the Ombudsman to review your case without prejudice to your rights in law.

The address is: Financial Ombudsman Services, South Quay Plaza, 183 Marsh Wall, London E14 9SR.
Telephone: 0845 080 1800 Email: info@financial-ombudsman.org.uk

To be completed by the insurance agent:

(a) How long have you known the individuals to be insured?

(b) Do you personally recommend them as suitable for insurance provided by Hiscox?

Yes No

(c) Have you discussed the contents of this proposal thoroughly with them?

Yes No

(d) What other insurances do you handle for them? For how long have you done so?

Insurance Agent's Signature

Date

Insurance Agent's Stamp

For training and quality control purposes, telephone calls may be monitored or recorded.

Hiscox Syndicates Limited, Hiscox Insurance Company Limited and Hiscox Underwriting Limited are authorised and regulated by the Financial Services Authority.

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