

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO
UNITY INSURANCE SERVICES

Name of Unit, District, other _____

Guide County _____

BUILDING 1

Address (including postcode if possible) _____

Walls (construction) _____ Roof (construction) _____ Value* _____

Total Floor Area sq feet _____ or square metres _____

BUILDING 2

Address (including postcode if possible) _____

Walls (construction) _____ Roof (construction) _____ Value* _____

Total Floor Area sq feet _____ or square metres _____

BUILDING 3

Address (including postcode if possible) _____

Walls (construction) _____ Roof (construction) _____ Value* _____

Total Floor Area sq feet _____ or square metres _____

*The value shown should be the present day rebuilding cost including debris removal, architects', surveyors', consultants', legal fees and VAT and the additional cost of complying with Government or Local Authority requirements.

PREVIOUS INSURANCE INFORMATION

Has the property been previously insured? Yes No

Have any losses occurred? Yes No

If yes, please give details _____

HAS ANY INSURER:

Declined to insure Yes No

Declined to renew Yes No

Quoted special terms and conditions Yes No

Sought to impose an increase in premium? Yes No

If you have answered yes to any of the above, please give details _____

LOCATION DETAILS

Please tick one box City Town Country

Please tick one box Residential area Commercial area Rural area

Distance from nearest neighbouring property _____

Neighbouring properties are Houses Shops Factories None

How would you describe your exposure to risk?

Trees Low Average High

Secluded Low Average High

Details/comments on general security/loss history _____

FLOOD

Have there been any incidents of flood at the premises or in the immediate neighbourhood?

Yes No

If yes, please give details _____

Are your premises at risk of flood?

Yes No

If yes, please give details _____

Are there any rivers, streams or tidal waters in the neighbourhood?

Yes No

If yes please provide: approx height of the GROUND FLOOR above high water mark _____ metres
approx distance there from _____ metres

Are any goods stored in the basement or cellar?

Yes No

If yes please provide details including height stored above the floor _____

INTRUDER ALARM SYSTEM

NACOSS approved with telephone link

Yes No

If Yes, what make is it?

NACOSS approved with audible bell only

Yes No

Non-approved with audible bell only

Yes No

Distance of HQ/Store from private residences _____ metres

Was the system professionally installed? Yes No System professionally maintained Yes No

DECLARATION

I require insurance to be effected in accordance with the particulars shown on this form and confirm there is a full compliance with the "Protection Conditions" contained in the booklet and/or the recommendations of the Local Crime Prevention Officer. I/We agree that this proposal and declaration and any particulars given separately shall form the basis of the contract.

Tick to confirm

NOTE - IT MUST NOT BE ASSUMED THAT THE CRIME PREVENTION OFFICERS REPORT WILL BE ACCEPTED BY UNDERWRITERS IN EVERY CASE. PLEASE ATTACH A COPY OF THE REPORT TO THIS FORM FOR CONSIDERATION AND POSSIBLE ACCEPTANCE (if necessary).

Date from which cover is required _____ (this cover can be renewed annually)

Signature of first contact _____ Date _____

Name of first contact _____

Name of second contact _____

Guide Appointment _____

Guide Appointment _____

Applicants Address _____

Applicants Address _____

Postcode _____

Postcode _____

Daytime number _____

Daytime number _____

Mobile number _____

Mobile number _____

E-mail address _____

E-mail address _____

WITH THIS FORM, PLEASE ENCLOSE THE FOLLOWING:

- Valuation letter (if available)
- Crime Prevention Officers' Report (if appropriate)
- Photographs (general exterior/interior views)

PLEASE SEND TO: Unity Insurance Services, Lancing Business Park, Lancing, West Sussex, BN15 8UG.
Tel: 0845 0945 704 Fax: 01903 751044 E-mail: guiding@unityins.co.uk www.guidinginsurance.co.uk