

Proposal Form

Leisure Home Insurance: for property used as Leisure Home of the insured in the UK



It is important that **all** questions in this proposal are answered accurately. Please provide separately any other information you think might be material to our understanding of your requirements.

Your completing this form in detail will enable us to match your insurance to your needs.

Are you a Broker/Intermediary: * Yes/No

Please confirm you are an FCA registered Intermediary/Broker:

FCA Reg No.	Company Name	Contact Name	Phone Number	Email



01367 246 136

Please provide all information requested - If you require additional space, please attach a separate sheet, and be sure to include your name on the top of the additional page.

Proposer Details

1.
a. First Proposer

Title	First name	Surname	Date of Birth	Occupation
Length of residency in the UK:				

b. Second Proposer

Title	First name	Surname	Date of Birth	Occupation
Length of residency in the UK:				

c. Correspondence Address

Property Number/Name	
Street Address	
Street Address 2	
Town	
County	
Post Code	
Country	

b. Phone Number

Day Time	
Mobile	

c. Email Address

--

d. What date do you want your insurance to start?

--

e. Insured Address

Property Number/Name	
Site Name	
Street Address	
Street Address 2	
Town	
County	
Post Code	
Country	

2.
a. Have you or any person residing with you, ever been cautioned of any offence other than motoring convictions or have any prosecutions pending? Yes/No

b. Has any insurer declined to accept, refused to renew, cancelled or only agreed to continue on special terms any insurance for You or any other person to whom which this insurance applies? Yes/No

c. Have you or any other person whose property is to be insured ever been made bankrupt or have any unresolved CCJs? Yes/No

Omarinsurance@bgi.uk.com



If yes, please provide full information:

3. Have you or anyone living with you:

- a. Made any claims or sustained any losses in the past 3 years that would have been covered by this insurance had it been in force? Yes/No
- i. **If no**, for how many years have you held insurance without a claim?
- ii. **If yes**, please advise the date, circumstances and final settlement amount for each claim:

Property Details

4.

- a. About the Property
- | | |
|-----------------------|--|
| Make | |
| Model | |
| Chassis/Serial Number | |
| Year of Manufacture | |
| Length (Feet) | |
| Width (Feet) | |

**Please Note:
If your Property is over 15
years old special
conditions may be applied
to your Policy.**

5.

- a. Do you own the Property? Yes/No
- If no, please provide the name and address of the owner:

- b. Have you previously held insurance on this property? Yes/No
- If yes, please advise the insurance company's name:

- c. Is the property used for any other purpose other than domestic occupation? Yes/No
- If yes, please provide details:

- d. Do you use your property for less than 8 months of the year? Yes/No

6.

- a. Is your property:
- | | | |
|---------------------------------|--------|--|
| Manufactured to BS3632 Standard | Yes/No | |
| Manufactured to BS1647 Standard | Yes/No | |
| Other | Yes/No | |
- If Other, please specify details: _____

b. Is the property: A Twin Yes/No

If yes, please confirm the supplier has installed the home in accordance with the manufacturer's Siting Instructions & Warranty Code of Practice: Yes/No

Anchored on all four corners	Yes/No	<input type="checkbox"/>
Maintained in a good condition	Yes/No	<input type="checkbox"/>
Fitted with a flotation device	Yes/No	<input type="checkbox"/>
Connected to mains services	Yes/No	<input type="checkbox"/>
Built with a tiled roof	Yes/No	<input type="checkbox"/>
Fitted with an alarm	Yes/No	<input type="checkbox"/>

If yes please give details: e.g. type of alarm, if an annual maintenance contract is in place?

c. Is your home heated by:

Electricity	Yes/No	<input type="checkbox"/>
Gas (Mains)	Yes/No	<input type="checkbox"/>
Oil	Yes/No	<input type="checkbox"/>
Solid Fuel	Yes/No	<input type="checkbox"/>
Bottled Gas	Yes/No	<input type="checkbox"/>

7.

a. Is your Property covered by: A manufacture supplied warranty Yes/No

If yes, please provide details:

Gold Shield Warranty	Yes/No	<input type="checkbox"/>
Platinum Seal Warranty	Yes/No	<input type="checkbox"/>

b. Has the property been modified or improved? Yes/No

If yes:

i. Please confirm work was carried out by qualified professionals, industry standard and to manufacturer's guidelines; Yes/No

ii. Please give details of work undertaken, the date of completion and the costs involved:

Park Details

8.

a. Is your property on:

NCC Registered Park	Yes/No	<input type="checkbox"/>
Gold Shield Registered Park	Yes/No	<input type="checkbox"/>

David Bellamy Conservation Awarded Park	Yes/No	<input type="text"/>
Unregistered Permanent Residence Park	Yes/No	<input type="text"/>
Farm	Yes/No	<input type="text"/>
Private Land (Permanent Residence)	Yes/No	<input type="text"/>
Private Land with Construction Works	Yes/No	<input type="text"/>

If yes, please specify details:

Other Yes/No

If yes, please specify details:

b. Is your home (including ancillary domestic outbuildings and fixed storage chests) sited 1ft (30cm) above the worst known high water level? Yes/No

c. Is the property in an area which is near any river, stream or tidal water, in an area with a history of flooding? Yes/No

If yes, please give details e.g. distance from water, height of property in relation to water:

d. Is the property in an area which has ever been monitored for or suffered from subsidence, landslip or heave? Yes/No

If yes, please give details, e.g. has a survey been carried out and the recommendations followed:

Cover Required

9.

a. Buildings:

What is the total "replacement as new" value of your home including:

- i) siting and installation
- ii) decking, sheds, walls, & fences (that are your responsibility)
- iii) all contents, fixtures and fittings provided by the manufacturer of the home

b. Contents:

What is the "replacement as new" value of your contents: your personal possessions, effects and all other contents not provided by the home manufacturer?

10. Additional cover away from the Home:

a.

Do you require cover on Personal Possessions away from the Home?

Anywhere in Europe Yes/No

Anywhere within the Rest of the World for a maximum of 30 days Yes/No

11. If Yes to either option in question 10 please specify the additional cover you would like below:

Unspecified Cover

a. Do you require Unspecified Personal Possessions cover? Yes/No



01367 246 136

If Yes :

Please choose the level of cover you would like:

(This Cover includes Valuables with an individual value of less than £750 and Pedal Cycles less than £200):

£1,000

£2,500

£5,000

b. Do you require cover for Sports Equipment & Clothing?

Yes/No

If yes please choose the level of cover you would like:

£1,000

£2,500

£5,000

Specified Cover

c. Do you require cover for Specified Personal Effects (items in excess of £750.00)?

Yes/No

If yes, please provide details of all and a total sums insured. (A valuation will be required for all items valued above £1500)

Description	Value
Total Sums Insured	£

d. Do you require specified cover for Pedal Cycles (worth over £200)?

Yes/No

If yes, please provide details:

Make	Model	Value
Total Sums Insured		£

e. Do you require cover for Mobility Scooters, Powered Wheelchairs & Wheelchairs?

Yes/No

i. If you would like mobility cover , please provide details and a total sums insured for this section of cover:

Make	Model	Value	Year	Last Service Date
Total Sums insured:			£	

ii. Please provide details of where the above is kept when not in use:



f. Do you require cover Sail/Paddle/Surf Boards? Yes/No

i. If you would like this cover, please provide details and a total sums insured for this section of cover:

Make	Model	Value
Total Sums Insured		£ <input type="text"/>

ii. Please provide details of where the above is kept when not in use:

12.

a. In addition to the standard policy excess of £50 would you like to opt for a voluntary excess? Yes/No

If yes, please specify the additional voluntary policy excess required:

£100 (Total Excess £150)
 £250 (Total Excess £300)

b. Optional Extensions for Holiday Let Properties Only:
 Accidental Damage When Let (Up to a limit of £5,000) Yes/No
 Malicious Damage by hirers (Up to a limit of £2,500) Yes/No

13.

a. Is the property likely to be unoccupied for more than:
 i) 30 consecutive days Yes/No
 ii) 3 consecutive days between 31st October – 31st March Yes/No

If yes, please provide details:

b. **Please confirm:**
 You have complied with and will continue to comply with the conditions of the Manufacture's Owner's Handbook and Warranty Obligations: Yes/No
 The base has been installed in accordance with the manufacturer's Siting & warranty obligations: Yes/No

c. If No, please provide further information:



Declarations

Important: No list of questions can be exhaustive and we must ask you to consider carefully whether there is any information not given herein which could influence our acceptance of this proposal. Material information includes any special, unusual or otherwise relevant features of the property, its occupation or its location which might make losses more likely to happen or to be more serious or costly than might otherwise be anticipated. You should disclose any information which might be relevant. Failure to do so could invalidate your policy.

Declaration: I declare that to the best of my knowledge and belief that the answers herein are true and that all material information has been fully disclosed. I agree that this proposal is for insurance in the normal terms and conditions of the insurer's policy and shall be incorporated into and form part of the insurance contract. I undertake to inform insurers, in writing (email included) and immediately, of all changes before and during the policy period.

Notice: The information provided on this proposal form will be made available to any other insurer, broker or authority who might make an enquiry regarding the veracity of statements made regarding the information provided in any proposal form, claim form or other document or any statement made orally or electronically.

By signing this form you acknowledge that the information here-in is true and correct and forms the basis on which the insurance is provided.

Date form Signed:

Signature:

Print Name:

To complete your application, please return this form to Omarinsurance@Bgi.uk.com together with:

- a) A photo of the exterior of your home
- b) A photo of the interior of your home
- c) Any additional material information

Alternatively you may wish to post the documents to:

Omar Insurance, Portwell House, 26 Market Place, Faringdon, Oxon, SN7 7HU