

# **CLEAR CHOICE**

## Home insurance application form

Policy/Quote Refer	ence Number:			Date Cover to	commence:			
	py of the completed application form is available on request but you should keep a record of all information supplied to us for the ose of entering into this contract.							
A specimen policy is relate to facts consider			,	y Royal & Sun Allian	ce Insurance	plc. The questions on this form		
fyou answer them fully and honestly, you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may avalidate your insurance. If you are in any doubt please contact your Insurance Representative.								
For your protection	or your protection telephone calls may be recorded and monitored.							
_	Remember to sign and date the declaration at the end of the form. If there is insufficient space in any of the boxes for your response please continue on a separate sheet of paper if necessary.							
	-	-	-		-	tner, children (including foster named as a joint policyholder.		
cimarcity, relatives,	your domestic	employees, a	ii wilo iloriilaliy liv	e with you and any	person(s) i	iamed as a joint policyholder.		
APPLICANTS	DETAILS							
First Applicant ()	/ou)			Second Applican	it			
Name(s): (Mr/Mrs/i	Miss/Ms/Dr)			Name(s): (Mr/Mrs/Miss/Ms/Dr)				
Address of the hom	e to be insured:			Address for commu	nication (if di	fferent from home to be insured):		
	Pos	stcode:				Postcode:		
Tel No: Home:				Tel No: Home:				
Tel No: Work:				Tel No: Work:				
Occupation:				Spouse/Partner's O	ccupation:			
Date of Birth:				Spouse/Partner's Da	ate of Birth:			
Your Property								
Is your home:	(i) Ho	use	Bungalow	Flat				
If house/bungalow is it: (ii) Semi-detached Detached Terraced								
No of bedrooms:			,	When was your hor	me built?:	Year		

## RISK DETAILS

Please tick appropriate box			
Does anyone other than you and your family live in the home to than you and your family live there in the future?	be insured or will anyone other	Yes	No
Is the home to be insured built of brick, stone or concrete and re	oofed with slates, tiles or concrete?	Yes	No
Is the home to be insured showing any sign of, or had any damage	caused by subsidence, landslip or heave?	Yes	No
Is the home to be insured on a site that has been flooded in the	last 10 years?	Yes	No
Is the home to be insured used for any trade, professional or bus work undertaken by you and your family?	siness purposes other than clerical	Yes	No
Is the home to be insured left unoccupied for a total of more that	an 60 days in a year?	Yes	No
For the covers selected, have you and your family, sustained any last five years whether insured or not?	loss, damage or liability during the	Yes	No
Have you and your family, received a police caution within the pas offence which is not spent under the Rehabilitation of Offenders A		Yes	No
Have you and your family, had an insurer decline, cancel or decla had any special terms imposed?	re void any household insurance or	Yes	No
VOLID CECLIDITY			
YOUR SECURITY			
Please refer to the Securing Your Home security leaflet for mo	re information.		
I. Does your home have:			
<ul> <li>a. on your last exit door, either</li> <li>- a lock that locks with a key from both inside and out;</li> <li>- a deadlock with five or more levers; or</li> </ul>	or	Yes	No
b. on all other outside doors including French windows or p	atio doors	103	140
<ul> <li>key operated security bolts fitted top and bottom; or</li> <li>a lock that locks with a key from both inside and out;</li> <li>a deadlock with five or more levers; or</li> </ul>	or		
- a multi-point locking system including a lever or cylind	er deadlock?	Yes	No
<ul><li>c. on all ground floor opening windows</li><li>key operated window locks</li></ul>		Yes	No
2. Is your home protected by a professionally installed and regu	larly maintained burglar alarm system?	Yes	No
3. Is your home in a police approved neighbourhood/ home wa	tch area?	Yes	No
COVER DETAILS			
Buildings			
4. What is the rebuilding cost of your home?  Cover is automatically provided up to £300,000 (subject to underwriting acceptance)			
5. Do you require accidental damage cover?			No
Please provide details of any other interested party to be noted:			
Name:	Nature of interest:		
Address:			
Postcode:			

Contents	
6. What is the total replacement cost of your contents? Cover is automatically provided up to $\pounds 40,000$ (subject to underwriting acceptance)	£
7. Does the total replacement cost of your high-risk items exceed £10,000? Please refer to the Buyer's Guide for full details of high-risk items.	Yes No
If yes, please provide replacement cost.	£
8. Is any one high-risk item worth more than £2000? (if yes, please list items and values under further information)	Yes No
9. Do you require accidental damage cover?	Yes No
Personal Belongings	
10 Do you want to include cover for Personal Belongings?	Yes No
11. Unspecified Personal Belongings sum insured (minimum £2,000)	£
12. The single item limit for Personal Belongings is $£2000$ are any items to be insured above this line (if yes, please list items and values under further information)	mit? Yes No
Pedal Cycles	
13. Do you want to include cover for pedal cycles valued under £500?	Yes No
14. Do any of your pedal cycles cost more than £500 to replace? (if yes, please provide details under further information)	Yes No
Legal Expenses  15. Are you or any of your family aware of any circumstance(s) which could give rise to a claim or legal proceedings (including criminal prosecution or redundancy) being pursued by, or brought against you or any member of your family?	Yes No
16. Have you or any of your family been involved in a claim or Legal proceeding(s) (including criminal prosecution or redundancy) within the last 5 years?	Yes No No
Excess	
A compulsory excess is applicable to all sections (except Legal Expenses)	
17. Would you like to increase your excess to obtain a premium discount?	Yes No
£150 £200 £250	
FURTHER INFORMATION	
If there are items, which you need to insure which are more than the limits stated, please provi	ide details below:
If you need to provide any other further information please provide details below:	

#### **IMPORTANT NOTES**

#### **Data Protection Notice**

Please read the following carefully as it contains important information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

We are required to send you this information to comply with current Data Protection legislation. It explains how we may use your details and tells you about the systems we have in place that allow us to detect and prevent fraudulent applications and claims. The savings that we make help us to keep premiums and products competitive.

#### **Data Protection Act 1998**

All personal information supplied by you will be treated in confidence by the RSA Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of the RSA Group of companies or our agents or subcontractors.

The RSA Group of companies may pass your personal information to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries that may not have laws to protect your personal information, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

#### Fraud Prevention, Detection & Claims History

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to:
  - Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
  - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
  - Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
  - Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to (see below).

#### **Claims History**

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with a request for insurance, we may search these registers.

Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.

We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

#### How to contact us

On payment of a small fee you are entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to:

Data Protection Liaison Officer Customer Relations Office RSA Bowling Mill Dean Clough Industrial Park Halifax HX3 5WA

Or

Telephone 0800 107 4383

### Law Applicable to the Contract

We can both choose the law which will apply to this contract. However, unless it says differently anywhere else in this policy, or unless you and we agree otherwise, the law which applies to this contract is:

the law which applies to the part of the United Kingdom, the Channel Islands or the Isle of Man in which you live: or

the law of England and Wales if you do not live in the United Kingdom, the Channel Islands or the Isle of Man

#### **Insurer details**

Policies are issued by Royal & Sun Alliance Insurance plc in the United Kingdom. Royal & Sun Alliance Insurance plc are registered in England and Wales. The registered office address is St Mark's Court, Chart Way, Horsham, West Sussex RHI2 IXL

#### **COMPLAINTS PROCEDURE**

If you are unhappy with the service of RSA you can contact the manager of the department handling the matter at the address shown on your schedule. They will tell you what they will do to resolve your concerns and how long it will take.

In the unlikely event that you remain dissatisfied and wish to make a formal complaint, please contact:

The Customer Relations Office RSA Bowling Mill Dean Clough Industrial Park Halifax HX3 5WA

If you have a complaint concerning the legal expenses section of the policy, please contact:

The Customer Services Department Legal Expenses Division First Assist Insurance Services Limited Marshall's Court Marshall's Road Sutton Surrey SMI 4DU

If the matter is not resolved to your satisfaction you will be provided with the Company's final response so that you can, if you wish, refer the matter to the Financial Ombudsman Service. Their address is:

Insurance Division
The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

If you do make a complaint, your right to legal action against us is not affected.

## **IMPORTANT NOTE FOR APPLICANTS**

Before you sign this form please read it again making sure all questions are understood and answered in full. Check that the answers which you have given are correct.

Once you and any second applicant sign this form you are responsible for its accuracy. To give false information knowingly in answer to any of the questions in order to obtain insurance or to obtain a reduced premium, could be a criminal offence and will certainly invalidate your insurance.

### **DECLARATION**

I/We declare that to the best of my/our knowledge and belief, the statements made by me/us, or on my/our behalf are true and complete.

I/We understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under this policy.

Signature of First Applicant:	Date:	
Signature of Second Applicant:	Date:	

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### THE DIRECT DEBIT GUARANTEE

## This Guarantee should be detached and retained by the payer.

- This guarantee is offered by all Banks 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 RSA will notify you 10 working days in advance of your account being debited or otherwise agreed.
- If an error is made by RSA 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 your letter to us.

or Building Society to pay by Direct Debit  4, and 6 in BLOCK CAPITALS and return  2. 2 Colmore Row, Birmingham B3 2BQ  BE 5 it	Originator's 8 3 6	5. Originator's Reference	ur Bank/Building Society	Instructions for your Bank or Building Society Please pay Royal & Sun Alliance Insurance plc Direct Debits from the account detailed in this instruction subject to safeguards assured by the Direct Debit Guarantee.  I understand that this instruction may remain with Royal & Sun Alliance Insurance plc and, if so, details will be passed electronically to my Bank/Building Society.	6. Signature Date	Postcode	THEACCOUNT HOLDER MUST SIGNTHE INSTRUCTION Banks or Building Societies may refuse to accept instructions to pay direct debits from some types of accounts. Please contact your branch for details. They will advise the Sort Code and Account Number you should use.
uction to your Bank or Building Society to pay by Direct complete boxes I, 2, 3, 4, and 6 in BLOCK CAPITALS and return orm to RSA, PO Box 196, 2 Colmore Row, Birmingham B3 2BQ	ames(s) of Account Holder(s)	ink sort code	ame and full address of your Bank/Building Society			Post	ink or Building Society Account Number

# EASY METHODS OF PAYMENT TO CHOOSE FROM:

## **Monthly premiums by Direct Debit:**

Simply complete the direct debit form attached to the application form and let your Insurance Representative do the rest. We will arrange a Direct Debit with your Bank or Building Society. You should retain the Direct Debit guarantee overleaf for your records.

## By Cash or Cheque:

You can pay the annual premium to your Insurance Representative by cash or cheque.