



Insurance Declaration

	Applicant 1	Applicant 2
Name:	<input type="text"/>	<input type="text"/>
Security Address:	<input type="text"/>	
Money Partners Account number: <small>(Money Partners to complete)</small>	<input type="text"/>	

1	Is the property constructed of brick, stone or concrete with a slate, tiled or concrete roof and in a good state of repair?	(*1)	<input type="checkbox"/> yes	<input type="checkbox"/> no
2	Has the property ever been flooded or does the property have any exposure to damage by flood, or is the property located within 200 metres of any rivers, tidal waters or other watercourses?	(*2)	<input type="checkbox"/> yes	<input type="checkbox"/> no
3	Is the property to be insured (and any neighbouring property) free from signs of damage by subsidence, landslip or heave (such as cracks or bulges to internal or external walls) and not previously monitored for any such damage?	(*1)	<input type="checkbox"/> yes	<input type="checkbox"/> no
4	Is the property your main residence, occupied by permanent members of your family as a private dwelling and not unoccupied and/or unfurnished for a period more than 60 consecutive days?	(*1)	<input type="checkbox"/> yes	<input type="checkbox"/> no
5	Is the property occupied as bedsits or will Local Authority or DSS tenants occupy the property?	(*2)	<input type="checkbox"/> yes	<input type="checkbox"/> no
6	Have you, or anyone normally residing with you ever been convicted of any offence (excluding motoring offences) or are there any pending prosecutions?*	(*2)	<input type="checkbox"/> yes	<input type="checkbox"/> no
7	Have you, or anyone normally residing with you, ever had a proposal for insurance declined, renewal refused, cover terminated or special terms imposed by an insurer?	(*2)	<input type="checkbox"/> yes	<input type="checkbox"/> no
8	Have you, or anyone normally residing with you sustained any loss or damage: a) in the last five years	(*2)	<input type="checkbox"/> yes	<input type="checkbox"/> no
	OR			
	b) at any time for subsidence or flood at the property to be insured, or liability?	(*2)	<input type="checkbox"/> yes	<input type="checkbox"/> no
9	Is the property let?	(*2)	<input type="checkbox"/> yes	<input type="checkbox"/> no
10	Are the buildings free from signs of internal or external stepped or diagonal cracking?	(*1)	<input type="checkbox"/> yes	<input type="checkbox"/> no

Please note:
 (*1) – If you have answered 'NO' to any of these questions please provide additional information on the reverse of this form.
 (*2) – If you have answered 'YES' to any of these questions please provide additional information on the reverse of this form.

Property Description Declaration

11	Which of the following best describes your property?	<input type="checkbox"/> House	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Flat	<input type="checkbox"/> Maisonette	
12	If your property is a house or a bungalow, what type is it?	<input type="checkbox"/> Detached	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Mid Terrace	<input type="checkbox"/> End Terrace	
13	If your property is a flat or a maisonette, how many floors are in the block?	<input type="checkbox"/> Up to 4 floors	<input type="checkbox"/> More than 4 floors			
14	If your property is a flat or a maisonette, which of the following best describes it. (please select one answer from each of the sections A, B, C & D)	A <input type="checkbox"/> Purpose Built	<input type="checkbox"/> Converted			
		B <input type="checkbox"/> Ex Local-Authority	<input type="checkbox"/> Not Ex Local-Authority			
		C <input type="checkbox"/> Studio	<input type="checkbox"/> Not a Studio			
		D Property above a shop/commercial premises	<input type="checkbox"/> yes	<input type="checkbox"/> no		
15	How many bedrooms does your property have?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> more than 4

I have read all the questions above and to the best of my knowledge the answers are correct.

Signed Applicant 1	Signed Applicant 2
<input type="text"/>	<input type="text"/>
Date of Signature	Date of Signature
<input type="text"/>	<input type="text"/>