**HOUSE INSURANCE PROPOSAL FORM**

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| **Lead name**  Surname First name | **PLEASE FILL IN YOUR ANSWERS ON THIS SIDE OF THE FORM** |
| Mr/Mrs/Ms |  |
| Name at birth if different to above |  |
| Date of Birth |  |
| Town/City and Country of birth |  |
| Occupation  Retired/Salaried/Self Employed/Unemployed |  |
| **Marital status**  *Married/Divorced/Widowed/Single/PACS/Co-habiting* |  |
| **Second Named – if applicable**  Surname First name |  |
| **Mr/Mrs/Ms** |  |
| Name at birth if different to above |  |
| Date of birth |  |
| Town/City and Country of birth |  |
| **Current address** |  |
| Telephone numbers and e-mail address |  |
| **THE PROPERTY** |  |
| **Address to be insured**  (If different from above) |  |
| Are you the Owner or the Tenant? |  |
| If you are the Tenant, is the property furnished by the owner? |  |
| If you are the Owner, do you have any tenants in the property? |  |
| Is there a mortgage on the property? |  |
| How many people will be living regularly in the property (to include adults and children) |  |
| No. of children in school requiring Scolaire Insurance? |  |
| Is this your main home or a second home/holiday home |  |
| Type of Property i.e. House/Flat/Apartment/Bungalow? |  |
| Is there a basement  Please state the size and whether it runs under the whole of the property. |  |
| If it is an apartment, please state whether it is the **Ground, Middle or Top floor** |  |
| Do you intend to let the property to seasonal vacationers/holidaymakers?  If so, for what period of the year? |  |
| If the property is your principle residence, is your dwelling **unoccupied** for:   * Less than 60 days per year * Between 60 and 120 days per year * More than 120 days per year |  |
| Age of building - What year was the house constructed.  **If you do not know the exact date , please provide a good estimate as this will allow us to source a wider variety of quotations on your behalf.** |  |
| Size of land in square metres |  |
| Nº of rooms over 6 m² (not counting kitchens under 25m², toilets, bathrooms, landings etc.) If not counted amongst the above, please include dimensions of cellars, basements and attics. |  |
| Please state the number of rooms with surfaces over 40 m² |  |
| Total size of property in m² |  |
| Is there a Veranda (conservatory) i.e. additional room enclosed with glass.   * If yes, please state size in square metres |  |
| Number of open fire places?  Number of inserts/woodburning stoves or cookers (AGA) etc?  Number of cheminee à foyer fermé (fire with glass fronted door)?  **If yes, was it installed by a Professional** | \_  \_  \_  yes/no |
| Are there any other buildings on the property ( e.g. barns, garages, guest house, pool house, summer kitchen etc.)  If so, please state sizes in m2 |  |
| Is there a swimming pool (if yes, please state size, value and whether it is inground or above ground) |  |
| What means of Protection does the property have (e.g. alarm, shutters, bars etc. on windows/ number of locks on entrance door) |  |
| Does the property have a smoke alarm system fitted? (y/n) |  |
| Are there any other material facts which have affected the property of which the insurers should be made aware i.e any history of natural catastrophy affecting the Commune, flooding, subsidence etc?   * **Have any claims been made in the last 36 months?** |  |
| Is the property a château, manor or historical building or monument or is any part of it a listed building?  * Is the property of wood construction or a wooden chalet? (y/n) * What is the roof covering - tiled, slate, thatched, shingled, wood or flat roof ? |  |
| Will any hay, straw or any other agricultural materials be stored on the property? |  |
| **THE CONTENTS** |  |
| -Value of your contents    -Value of owners contents if you are tenant and the property is ‘leased’ to you on a furnished basis | €  € |
| Of which valuables (jewellery, precious metals, watches, works of art etc.) | € |
| If you have any specific areas/options (other than valuables as above) you wish to insure, please contact us to discuss. |  |
| If you already have Insurance for this property, please confirm the date of your next renewal and the name of your existing Insurer |  |
| If known, what date would you like the policy to start **OR**  What is the ‘estimated’ commencement date if the property is being purchased? |  |
| Method of Payment – please state whether you prefer to pay by Cheque, Monthly Direct Debit or Bank Transfer (if by direct debit, we will require a copy of your Bank RIB) |  |

**IMPORTANT:**

**The policy will be issued on the basis of the information contained in the present proposal form. Any non-disclosure, omission, inaccuracy in declaring the material facts will lead to the application of the sanctions contained in articles L 113.8 and L 113.9 of the French Insurance Code.**

**Issued at : Date :**