

Home Contents Insurance Application Form

Tenants Home Contents Insurance Scheme

Application Form

(Subject to the terms, exclusions and conditions of the policy, a specimen of which is available on written request).

- Before you fill in the form, read the declaration at the end.
- Make sure that you answer all the questions as fully as possible.
- Please return the whole completed form to Charnwood Neighbourhood Housing.

Please keep a copy of this form together with any information you send with it. Or you can ask for a copy from the insurance company within three months of taking out insurance.

This form is used to work out your insurance premium and whether you can be insured. Please include all information. If you are in any doubt about whether to include information, please include it.

If you do not it may mean that any claim you make is turned down.

Your Full Name (Mrs/Ms/Miss/Mr/other) (The person(s) to be insured)

Address _____

_____ Post Code _____

Telephone no. _____ Date of Birth _____

If you are over 60, please tick box

Your Job (please state if retired) _____

Are you a Tenant of Charnwood Neighbourhood Housing? YES / NO

Required start date (must be a Monday) _____

The Amount of Insurance Required (your sum insured) to the nearest £1,000 £ _____

Do you require Accidental Damage cover? YES NO

If you have a spouse or partner living with you, please complete the following questions about them:

Their Full Name _____

Their Job _____

Insurance starts when Charnwood Neighbourhood Housing informs you that you have been accepted onto the scheme. You will be sent a policy booklet and schedule which will confirm the sum insured, premium and start date. It is important that the sum insured chosen (in round sums of £1000) is sufficient to cover the full replacement cost of all your household goods and personal effects.

PLEASE ANSWER ALL THE QUESTIONS BELOW. WE CAN ONLY CONSIDER YOUR APPLICATION ONCE THESE QUESTIONS HAVE BEEN ANSWERED. PLEASE USE CAPITAL LETTERS WHEN FILLING IN THIS FORM

TO BE ANSWERED BY THE APPLICANT (please tick the correct box in answer to the questions below) We can only consider your application once ALL these questions are answered in full.

YES NO

1. Is your home self-contained with its own separate lockable front door? YES NO
2. Is this property your permanent home and occupied only by yourself and members of your immediate family normally living with you? YES NO
3. Does the amount of insurance you have chosen cover the full cost of replacing all your household goods and personal belongings? YES NO

If you have answered NO to any of the above questions, please give more details below (use a separate sheet if more space is needed).

YES NO

4. Do you regularly leave your home empty or unattended for more than 60 days? YES NO
5. Is your home used for running a business? YES NO
6. Have you or anyone living with you ever been refused insurance, had insurance cancelled or had special terms imposed by an insurer? YES NO

If you have answered YES to any of the above questions, please give more details below (use a separate sheet if more space is needed).

YES NO

7. Have any incidents occurred in the last five years which would have caused you to make a claim for household contents or personal effects, whether or not you were insured at the time? YES NO

If you have answered YES to the above question, please give us the following information (use a separate sheet if more space is needed):

Date(s) of incident(s) _____

What caused the loss (theft, water damage etc.)? _____

Value of goods lost or damaged _____

Were you insured at the time? _____

If so, how much did the insurers pay in settlement of the claim? _____

8. If you have had a burglary in the last five years please state

How entry was gained? _____

What additional security has been installed since the incident? (extra locks, alarms etc.) _____

9. Have you or anyone living with you ever been convicted or charged with any offence, other than motoring offences, or is any prosecution or police enquiry pending? YES NO

YES NO

YES NO

If you have answered YES to the above question, please tell us:

Date of conviction or charge _____

Nature of offence _____

Penalty received (amount of fine, length of sentence etc.) _____

Your age at the time _____

Important Notice

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of this application e.g. intended unoccupancy of your property, or if any member of your household is charged with, cautioned for or convicted of a criminal offence (other than motor offences) Material facts must be disclosed in relation to yourself and all other persons who are to be insured. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

PLEASE READ THE DECLARATION BELOW CAREFULLY BEFORE SIGNING IT

Declaration

- I/We understand the contents of this completed application and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete.
- I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so.
- I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.
- I/We have read the information overleaf under the heading "Important Information".
- You must declare the full value of goods or property insured. Failure to do so may invalidate your policy or reduce claims settlements.

Applicants signature(s)

Joint applicants should both sign unless they are married to each other.

Date

Special note

If during the period of your insurance cover, your home is likely to be unoccupied (e.g through hospitalisation, extended holiday) for more than 60 consecutive days you will have to advise the Council.

FOR OFFICIAL USE ONLY	
Date Received:	Premium:
Policy No.	Start Date:

IMPORTANT INFORMATION

Data Protection Act – Information Uses

For the purposes of the Data Protection Act 1998 the Data Controller in relation to any personal data you supply is Norwich Union Insurance Limited.

Insurance Administration

Your information may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it.

If you give us information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

Information may also be shared with other insurers either directly or via those acting for the insured (such as loss adjusters or investigators).

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this insurance, you will signify your consent to such information being processed by the insurer or its agents.

Fraud Prevention and Detection

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.

Claims History

- Under the conditions of your policy you must tell us about any insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.
- 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.

You should show these notices to anyone who has an interest in the insurance under the policy.

Complaints Procedure

If you have a complaint

We hope that you will be very happy with the service that we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance, please write to your insurance adviser or usual point of contact. We are covered by the Financial Ombudsman Service. If you have complained to us and we have been unable to resolve your complaint, you may be entitled to refer it to this independent body. Following the complaints procedure does not affect your right to take legal action. Further details of our complaints procedure can be found in your policy booklet.

Choice of Law

The Law of England and Wales will apply to this contract unless:

- 1) You and the Insurer agree otherwise; or
- 2) At the date of the contract you are a resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.



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