



# Household Proposal Form

Please complete this form in block capitals and tick the appropriate boxes clearly.

Full Name(s) of Proposer/Partner

Date(s) of Birth

Occupation(s)

Risk Address   
Postcode

Correspondence Address (if different from above)   
Postcode

Telephone No.(s) HOME  WORK  MOBILE

Email address  UK National Insurance No:   
 US Tax Number

Insurance required from

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS AND GIVE FULL DETAILS IN THE "ADDITIONAL INFORMATION" SECTION FOR ANY OF THE SHADED AREAS THAT ARE TICKED

- |   |  |  |                                   |                                  |                               |                                     |                                     |
|---|--|--|-----------------------------------|----------------------------------|-------------------------------|-------------------------------------|-------------------------------------|
| 1 | Is your home a                           | HOUSE <input type="checkbox"/>   | BUNGALOW <input type="checkbox"/> | COTTAGE <input type="checkbox"/> | FLAT <input type="checkbox"/> |                                     |                                     |
|   |  |  |                                   |                                  |                               | <b>YES</b>                          | <b>NO</b>                           |
| 2 | Is your home                             |  |                                   |                                  |                               |                                     |                                     |
|   | (a)                                      | A self contained flat with a separate entrance.....(only answer if property is a flat).....          |                                   |                                  |                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | (b)                                      | Built of brick or stone with tile or slate roof, please advise any area of flat (asphalt) roof.....  |                                   |                                  |                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | (c)                                      | Used as a private household accommodation for you and your family and not for any business use.....  |                                   |                                  |                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | (d)                                      | Unoccupied for more than 30 consecutive days.....  |                                   |                                  |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|   | (e)                                      | Left regularly unattended due to all adults being in full time work or education.....                |                                   |                                  |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3 | Have you or any member of your household |  |                                   |                                  |                               |                                     |                                     |
|   | (a)                                      | Ever sustained a loss in the last 5 years or any claims pending .....                                |                                   |                                  |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|   | (b)                                      | Ever been convicted of any criminal offence or prosecution pending (excluding driving offences)..... |                                   |                                  |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|   | (c)                                      | Ever had a proposal or renewal declined or special terms or conditions imposed.....                  |                                   |                                  |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|   | (d)                                      | Previously been insured for a household policy.....  |                                   |                                  |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |

if you have answered yes please advise the name of the Insurer

PLEASE COMPLETE IF COVER REQUIRED FOR BUILDINGS INSURANCE

**Cover for building includes Accidental Damage (£250 compulsory claim excess for water damage applies together with any voluntary excess)**

Please advise

- 1 The sum insured for the home, outbuildings, domestic greenhouses, sheds, garages ,walls etc £
- 2 The sum insured, if required, for loss of income if the property is tenanted (must not exceed 20% of the building sum insured) £
- 3 The approximate year when your home was built.....
- 4 If known the square footage of the building (all floors) measured externally.....
- 5 How many bedrooms are in the property  YES NO
- 6 Has your home or any building nearby ever been damaged by subsidence, heave or landslip.....
- 7 Is your property in a good state of repair and will this be maintained.....
- 8 Do you have a surveyors report and if so may we have a copy which would then be returned to you.....
- 9 If there is any other financial interest for the property e.g. Mortgagees - NAME

PLEASE COMPLETE IF COVER REQUIRED FOR CONTENTS INSURANCE

Please advise

- 1 Amount of sum insured for household goods and personal effects (do not include any items insured under the All Risks section) £
- 2 Do you wish to include cover for theft.....   YES NO
- 3 Do you wish to include cover for accidental damage.....(owner occupied properties only).....
- 4 If your freezer is less than 10 years old we include cover for loss or damage of foods up to a value of £250 following accidental damage, breakdown, or failure of the public electricity company, at no additional premium. Should you wish this increased, please indicate the additional amount required . £
- 5 If you wish to include cover for pedal cycles we do require the details requested below, any cycle valued under £1000 will be covered at no additional charge, any cycle whose value exceeds £1000 will be rated as an "All Risks" item.

Make	Model	Frame/Serial No.	Sum Insured

PLEASE COMPLETE FOR ALL RISKS COVER (cover for valuables and other personal effects away from the home)

Only if you have selected cover for contents you may add this additional cover if required and complete the following

- 1 The value of Unspecified items such as personal effects, mobile phones, valuables, sports equipment musical instruments, the total value of all individual items, valued at less than £1500 each, should represent the maximum total sum insured for this section £
- 2 Specified items (individual valuables including jewellery, laptop computers , video cameras etc) whose value exceeds £1500 each, require a **full description** to be completed below – valuation required for an item valued at £2000 or above.

1.	£ <input style="width: 80px;" type="text"/>
2.	£ <input style="width: 80px;" type="text"/>
3.	£ <input style="width: 80px;" type="text"/>
4.	£ <input style="width: 80px;" type="text"/>
5.	£ <input style="width: 80px;" type="text"/>

PLEASE COMPLETE IF COVER REQUIRED FOR ALTERNATIVE ACCOMMODATION

Cover under this section is for the cost of alternative accommodation if the insured premises are deemed to be un-inhabitable due to damage caused by any of the insured perils on the policy (not to exceed 20% of the sum insured for buildings or contents)

Sum Insured £

**ADDITIONAL INFORMATION**

Please give full details here for any shaded boxes you have ticked in answer to the questions on this proposal.

**DECLARATION**

The attention of the Proposer is drawn to the necessity to disclose all material facts which are likely to influence the acceptance and assessment of the risk by the Society. A material fact is one that would influence the Society in arriving at a decision to accept or decline this proposal or charge premium at a non-standard rate. If the proposer is in any doubt about the facts being considered material, he/she must disclose them in the Additional Information Section.

**I/we declare that the answers and statements given are true to the best of my/our knowledge and that I/we have withheld no information whatever regarding this proposal. I/we agree that the answers given, as well as any proposal or statement made in writing by me/us or any other person acting on my/our behalf, shall form the basis of the Contract between myself/ourselves and the Society and I/we further agree to accept indemnity subject to the conditions in and endorsed on the Society's policy.**

Signature of Proposer(s)


Date

/ /
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A proposer should keep a copy of this proposal and a record of any information, including letters, supplied to or received by the Society. If a copy is required, please tick the box and we will send this to you.

**PAYMENT FOR YOUR POLICY**

If you wish to pay your initial Annual premium by MasterCard/Visa/Debit/Credit please complete the details below

Card Number	Expiry date
Name and address of the cardholder if not the proposer ..... ..... .....	Start date if applicable
	Security 3 digits On back of card

If you wish to pay by annual/monthly Direct Debit please complete the Direct Debit mandate and return it to us with the proposal. ( premium must exceed an annual amount of £50.00)  
You may also pay your premium by cheque or cash.

La Fraternelle Home Insurance can include many discounts for their policies  
 If you or your partner have answered yes to any listed below, you will be entitled to a discounted premium (total discounts will not exceed 50% of the total premium)

- Unite..(TGWU).....
- Current/Retired States/Civil Service Employee.....
- Foresters Friendly Association.....
- Board of Health Employees.....
- Investec Employees.....
- States House Tenant.....
- Intertrust Employees .....
- Northern Bowling Association.....
- Cricket Umpires Association.....
- Guernsey Swimming Club.....
- Cimandis.....
- R G Falla.....
- Northern Trust Ltd Staff Members.....
- Royal Bank of Canada.....
- ABN-AMRO.....
- RBS International Employees.....
- NatWest Employees.....
- Guernsey Private Residential Landlords Assoc.....
- Credit Suisse Employees.....
- Carey Olsen & Subsidiaries Employees.....
- Isle of Sark Shipping Employees.....
- Bank of Butterfield Employees.....
- Skipton Employees.....

- Membership No.....
- Membership No.....
- Membership No.....
- Payroll No.....

**How did you hear of La Fraternelle, was it?**

- Radio/Island FM
- Guernsey Press
- G B G Magazine
- Our Website Enquiry
- Work Scheme/Association
- Family/Friend
- Telephone Directory/Yellow Pages
- Other

You will automatically be responsible for the first **£50** of each claim under Buildings, Contents or All Risks sections of your policy. (**£1000 excess** applies for subsidence claims) and (**£250 excess** plus any voluntary excess for water damage on the buildings.)

If you wish to reduce your premium by paying an increased amount for each claim please indicate the additional amount in the boxes below

Buildings Section only.....  (£50/£75/£100/125/£150/175/£200/225/£250/275/£300)

All Sections cover (buildings, contents, all risks).....  (£50/£75/£100/125/£150/175/£200/225/£250/275/£300)

LEGAL PROTECTION COVER – as per the enclosed leaflet, can be added at an annual charge of **£16.00** for the year, which is payable by either adding to the annual premium or with the first months instalment if paying by Direct Debit.

Do you wish to include Legal Protection on your policy      YES                       NO