

HOUSEHOLD – ADDITIONAL INSURED – PROPOSAL FORM

Insured: _____

Policy Number: _____

Name of Additional Insured: _____

Reason for addition to the Policy: _____

Precise occupation (including any part time or casual) and nature of duties: _____

Date of Birth: _____

Please answer the following questions:

1. Have you or any member of your household been convicted of, or have any prosecution pending for any criminal offence (other than a driving offence)? Yes No

2. In respect of any of the risks against which you now wish to insure have you or any member of your household:
 - a) previously held insurance for any of the events you now wish to insure? Yes No

 - b) suffered any loss in the last 5 years? Yes No

 - c) been refused the issue or renewal of insurance or had special terms or conditions applied or cover cancelled? Yes No

3. Is your home used solely as private living accommodation for you and your family (i.e. not used in any part for any business activities)? Yes No

If you have answered 'YES' for questions 1 and/or 2, please give full details below, including names of previous insurers dates and amounts paid including any outstanding claims settlements:

Important Note

Please read the following carefully before you sign and date the Declaration.

- ✍ The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- ✍ However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- ✍ Material information would include any special features of the property or member of your household which makes losses more likely to happen or more serious if they do.
- ✍ Please disclose in the Additional Information Section above or on a separate sheet of paper any such material information even if you have doubts as to whether it is material or not.
- ✍ Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- ✍ You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- ✍ A copy of your completed proposal form is available on request. Please tick box if required.
- ✍ Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A List of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form and the claim form, together with other information relating to the claim, will be put on the register and made available to participants. Nonetheless, it is still important that you complete this form fully, accurately and honestly.

Declaration

Before signing the Declaration please check your answers carefully particularly if this form has not been completed by your own hand.

- ✍ I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- ✍ I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- ✍ I/We declare that this form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.
- ✍ I/We consent to the information on this form and on any claim I/we may make being supplied to Insurance Database Services Ltd (IDS) so that it can be made available to other insurers. I/We also agree that, in response to any searches you may make in connection with this application or any claim, IDS Ltd may supply information it has received from other insurers about other claims I/we have made.

Signature of Policyholder

Date

Signature of Proposed Additional Policyholder

Date

This insurance will not commence until the Insurer has indicated their acceptance of the Proposal. The Insurer reserves the right to decline any Proposal.

Please initial any alterations on this form.