

Personal Portfolio Proposal Form



INSURANCE
CORPORATION

PERSONAL PORTFOLIO POLICY PROPOSAL FORM



Please complete using block capitals throughout and tick the appropriate boxes clearly. It is important that every question is completed honestly and accurately. Failure to do so may result in your claim not being paid and could lead to legal proceedings

Mr, Mrs, Ms, Miss

Full Name of Proposer

Address of the home to be insured
 Postcode:

Address for correspondence (if different from above)
 Postcode:

Daytime Telephone No.

Your Date of Birth / / Your Spouse/Partner Date of Birth / /

Precise Occupation (including any part-time or casual) and nature of duties
Self Your Spouse/Partner

Insurance required for 12 months from am/pm on / /

Please answer all the following questions

- Is your home
 - a house
 - a bungalow
 - a flat
 - Is it
 - detached
 - semi-detached
 - terraced
 - Is your home
 - (a) built of brick or stone with a slate or tile roof?
(if you have any area of flat roofing please provide separate details) Yes No
 - (b) self-contained with a separate lockable entrance under your sole control? Yes No
 - (c) used solely as private living accommodation for your household
(i.e. not used in any part for any business activities)? Yes No
 - (d) furnished for full occupancy? Yes No
 - Is your home
 - (a) left regularly unattended due to all adults being in full-time work or education? Yes No
 - (b) left unoccupied for more than 60 consecutive days? Or more than 90 days per annum? Yes No
 - Has your home or any building nearby been damaged by subsidence, heave or landslip, or does it show any signs of cracking or bulging of walls? Yes No
 - Have you or any member of your household
 - (a) suffered loss during the last 5 years from any of the events you now wish to insure? Yes No
 - (b) been convicted of, or have any prosecution pending for any criminal offence
(other than a driving offence)? Yes No
 - (c) been refused the issue or renewal of insurance or had special terms or conditions applied or cover cancelled for any of the events you now wish to insure? Yes No
 - (d) previously held insurance for any of the events you now wish to insure? Yes No
- If 'YES', please state A. Insurers name B. Policy number
- N.B.** We may contact your previous Insurer to verify information.
6. When was your home originally built Pre 1871 1871-1919 1920-45 1946-79 1980 onwards

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION AT THE END OF THIS PROPOSAL FORM.

7. How long have you lived in this home? Years

If less than 3 years, please state previous address

<input type="text"/>	Postcode: <input type="text"/>
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8. Is your home protected by a professionally installed burglar alarm with a current annual maintenance contract?

Yes No

9. Do you own your own home? (if you have a mortgage answer 'YES')

Yes No

10. Do you own or regularly use another home or holiday property?

Yes No

If 'YES' please provide details in the 'additional information' section

Section 1 - Buildings

1. Amount to be insured?

Minimum £400,000 £

2. Does this amount represent the full rebuilding cost as new plus allowances for professional fees and removal of debris following a loss?

Yes No

3. Please state:

(a) are the buildings in a good state of repair and will they be maintained?

Yes No

(b) if known, give total area of dwelling (all floors) in square feet. (Measure externally)

4. Do you have a surveyors report? If so, may we have a copy which would then be returned to you?

Yes No

5. If there is any other financial interest in the property e.g. Bank or Building Society etc., please give name and address below.

6. You will automatically be responsible for the first £100 of each claim for loss or damage to property insured under Section 1 - Buildings. Do you want to reduce your premium by paying an additional amount for each claim? If 'YES' please tick box to indicate the required alternative amount. For subsidence damage to the Building a minimum £1,000 excess applies; any alternative excess selected greater than £1,000 will also apply to subsidence damage.

£250 £500 £1,000 £2,500 £5,000 £10,000

Section 2A - Contents

The minimum Contents sum insured including Fine Art and Antiques, Precious Metals and Personal Possessions is £125,000

1. Amount to be insured?

Minimum £125,000 £

Do not include any items which you are more specifically insuring under Section 2B - Fine Art and Antiques, Section 2C - Precious Metals or Section 3 - Personal Possessions.

2. Does this amount represent the full replacement cost of the Contents to be insured?

Yes No

3. You will automatically be responsible for the first £100 of each claim for loss or damage to property insured under Section 2A - Contents. Do you want to reduce your premium by paying an additional amount for each claim? If 'YES' please tick box to indicate the required alternative amount.

£250 £500 £1,000 £2,500 £5,000 £10,000

Section 2B - Fine Art and Antiques

1. Unspecified Fine Art and Antiques amount to be insured, for items with a value of less than £15,000 each?

£

2. Does this amount represent the full replacement cost of the unspecified Fine Art and Antiques?

Yes No

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION.

3. Specified Fine Art and Antiques amount to be insured, for items with a value greater than £15,000 each? Satisfactory valuations must be provided within 14 days of inception of cover. These will be returned to you.

Detailed description.

i.	£	
ii.	£	
iii.	£	
iv.	£	
v.	£	
vi.	£	
vii.	£	
viii.	£	
ix.	£	
x.	£	
Total sum insured		£

Please continue on a separate sheet if required

4. Do these amounts represent the full replacement cost of the specified Fine Art and Antiques? Yes No
5. You will automatically be responsible for the first £100 of each claim for loss or damage to property insured under Section 2A - Fine Art and Antiques. Do you want to reduce your premium by paying an additional amount for each claim? If 'YES' please tick box to indicate the required alternative amount.
- £250 £500 £1,000 £2,500 £5,000 £10,000

Section 2C - Precious Metals

1. Unspecified Precious Metals amount to be insured, for items with a value of less than £10,000 each? £
2. Does this amount represent the full replacement cost of the unspecified Precious Metals? Yes No
3. Specified Precious Metals amount to be insured, for items with a value greater than £10,000 each? Satisfactory valuations must be provided within 14 days of inception of cover. These will be returned to you.

Detailed description.

i.	£	
ii.	£	
iii.	£	
iv.	£	
v.	£	
vi.	£	
vii.	£	
viii.	£	
ix.	£	
x.	£	
Total sum insured		£

Please continue on a separate sheet if required

4. Do these amounts represent the full replacement cost of the specified Precious Metals? Yes No
5. You will automatically be responsible for the first £100 of each claim for loss or damage to property insured under Section 2B - Precious Metals. Do you want to reduce your premium by paying an additional amount for each claim? If 'YES' please tick box to indicate the required alternative amount.
- £250 £500 £1,000 £2,500 £5,000 £10,000

Section 3 - Personal Possessions

1. Unspecified Personal Possessions amount to be insured, for items with a value of less than £5,000 each? £
2. Does this amount represent the maximum value (excluding Personal Money and Credit Cards) away from the home at any one time? Yes No

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION.

3. Specified Personal Possessions amount to be insured, for items with a value greater than £5,000 each? Satisfactory valuations must be provided within 14 days of inception of cover. These will be returned to you.

Detailed description.

i.	£	
ii.	£	
iii.	£	
iv.	£	
v.	£	
vi.	£	
vii.	£	
viii.	£	
ix.	£	
x.	£	
Total sum insured		£

Please continue on a separate sheet if required

4. Do these amounts represent the full replacement cost of the specified Personal Possessions? Yes No
5. You will automatically be responsible for the first £100 of each claim for loss or damage to **unspecified** Personal Possessions insured under Section 3 - Personal Possessions. Do you want to reduce your premium by paying an additional amount for each claim?
If 'YES' please tick box to indicate the required alternative amount.
- £250 £500 £1,000 £2,500 £5,000 £10,000
6. There is no excess for specified Personal Possessions for loss or damage to property insured under Section 3 - Personal Possessions. Do you want to reduce your premium by paying the first amount of each claim?
If 'YES' please tick box to indicate the required alternative amount.
- £250 £500 £1,000 £2,500 £5,000 £10,000

Section 4 - Small Craft

(Not available for vessels over 15 years old or over 16' length (if sailing dinghy 16'6') or 17 knots maximum speed)

Are you applying for cover for Small Craft? Yes No

Vessel(s) Details		Age	Horsepower and Serial Number of Outboard Motor	Total Price Paid and Date Paid	Sum Insured including fixtures, fittings and equipment
Name	Class/Type				
				£	Vessel £ _____ Outboard Motor £ _____ Road Trailer £ _____ Launching Trolley £ _____ TOTAL £ _____

1. Are you the sole owner of the vessel? Yes No
2. Will the vessel be removed from the water when not in use during the Commission Period? Yes No
- If 'NO' where will the vessel be moored during the Commission Period?
- If 'YES' where will the vessel be kept when out of the water?
3. a) Will the vessel be removed from the water between 1st October and 31st March? Yes No
- b) Where will the vessel be kept during this period?
4. Will the vessel be used for private purposes only? Yes No
5. Will the vessel be used by anyone other than you or your immediate family? Yes No
6. Will the vessel be used for racing? Yes No

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION.

Section 5 - Caravans (Not available for Caravans over 15 years old)

Are you applying for cover for Caravans?

Yes No

Make	Model	Chassis/Serial No.	Year of Manufacture	Date of Purchase	Sum Insured Including fixtures, fittings and equipment
				£	£

- Will the caravan be occupied as your permanent residence? Yes No
- Will the caravan be used by anyone other than you or your immediate family? Yes No
- Where will the caravan be kept?
- How many weeks is the caravan normally occupied during the year?
- Has the heating system been installed or altered since the caravan's manufacture? Yes No
- Do you use a portable oil heater in the caravan? Yes No
- Is the tow bar fitted with an anti-theft lock at all times or the wheels secured with a security device when parked? Yes No

Section 6 - Horses and Ponies (Not available for bloodstock, horses over 12 years old or mares in foal)

Are you applying for cover for Horses & Ponies?

Yes No

Name	Breed	Colour/ Markings	Sex	Age	Date Purchased	Price Paid	Sum Insured	Class of Use (see below)
						£	£	
						£	£	

Class A - Private Hacking, Gymkhana, Pony Club events, Showjumping excluding Hunting and Hunter Trails, Point-to-Point Racing, Combined Training Three Day events, Steeplechasing and Hunter Chasing.

Class B - In addition to Class A, includes cover for Point-to-Point Racing, Hunting and Hunter Trails and Combined Training Three Day events.

- Are all your horses/ponies to be included in this insurance? Yes No
- Have the horses/ponies always been free of any ailments and injuries? Yes No
- Are they used solely for private purposes? Yes No
- Do you wish to insure your non-motorised horsebox? Yes No

If 'YES' please give full details (state whether single, double, year of manufacture, make, model, chassis No. and date of purchase)

Sum Insured £

Additional Information

If you have ticked any of the shaded boxes on this Proposal Form please give FULL details here or on a separate sheet of paper (attach details). Please state Question number clearly.

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION.

Additional Information continued

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 Proposal Form is not completed in 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 the Proposal 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 Proposer(s)

Date

/ /

This insurance will not commence until the insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
If there are any changes to the amount, date or frequency of your Direct Debit Insurance Corporation of the Channel Islands Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Insurance Corporation of the Channel Islands Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
If an error is made in the payment of your Direct Debit by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
- If you receive a refund you are not entitled to, you must pay it back when Insurance Corporation of the Channel Islands Ltd ask you to.
You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

Please detach and return both sections to Insurance Corporation.

How would you like to pay?

Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No)

Grid for card number input

Valid from Date (as shown on card):

Grid for valid from date input

Expiry Date (as shown on card):

Grid for expiry date input

Switch Issue No. (if shown on card):

Switch Issue No. input box

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Card Holder's name input box

Amount: £

Amount input box

If you require a receipt, please tick:

Receipt tick box

3 Digit Security Code (last numbers found on Signature Strip)

3 Digit Security Code input box

Option 2. Annual Payment by cash or cheque

Policy Number

Policy Number input box

Premium

Premium input box

BY POST to the address shown above. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number

Policy Number input box

Premium

Premium input box

Please do not detach - FOR OFFICE USE ONLY.



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

Form for bank/building society details including name, address, and postcode

Name(s) of Account Holder(s)

Name(s) of Account Holder(s) input box

Bank Sort Code

Bank Sort Code input box

Bank/Building Society account number

Bank/Building Society account number input box

Service User Number

Service User Number input box (9 4 0 3 4 2)

Reference Number (FOR OFFICE USE ONLY)

Reference Number input box

Instruction to your Bank or Building Society

Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Signature(s) input box

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

