



Proposal Form

Home Contents Insurance



Important Notice Information we need to know about

Ecclesiastical (the insurer) will consider the information that has been provided on this form when deciding whether to provide cover and any special conditions that should apply. If you are not sure about any of the answers given, phone FirstPort Insurance Services Limited on 0333 321 4038.

If any of the information given on this form changes, you must tell us within 14 days of the change.

Your declaration and signature.

By signing below you are confirming that, as far as you know and believe, all the information you have provided is true and complete. You are also agreeing that if any of the information is incomplete, inaccurate, false or misleading; then Ecclesiastical can:

- reduce any claim;
- cancel the policy and not pay any claim;
- increase the premium and the amount you must pay towards a claim (the excess); or
- change the extent of cover or the terms and conditions of the insurance.

Please tick here to confirm that you have understood FirstPort Insurance Services Limited's Privacy Policy and consent to your information being used in accordance with the policy.

Your signature: _____

Dated: _____

You can get a copy of your completed proposal form from us. You should keep a record (including copies of letters) of all the information you have given us.

You and we can choose the law that will apply to this insurance. Unless you and we have agreed otherwise, this insurance will be governed by the law which applies in the part of the United Kingdom you live in.

(PLEASE COMPLETE IN BLOCK LETTERS)

Title (Mr, Mrs, Ms, Dr and so on):

Surname:

Forename:

Date of Birth:

Occupation & nature of business:

Address:

Postcode:

Telephone Number:

Email address:

(If available)

Address of premises to be insured (If different from above):

Postcode:

How would you prefer we write to you, via email or letter in the post: Email Letter

Insurance start date:

What date would you like the policy to start?

/ /

Cover will not start until we have accepted this proposal and received your full payment.

	Agree	Disagree
1 I am permanently resident in the home.	<input type="checkbox"/>	<input type="checkbox"/>
2 I do not use it for any business purposes.	<input type="checkbox"/>	<input type="checkbox"/>
3 The home is NOT regularly left unattended by day or night other than by day for your job of work and holidays not exceeding 30 days.	<input type="checkbox"/>	<input type="checkbox"/>
4 The building is built of brick, stone or concrete and roofed with slate, tile concrete or asphalt.	<input type="checkbox"/>	<input type="checkbox"/>
5 The home is in a good state of repair.	<input type="checkbox"/>	<input type="checkbox"/>
6 The property to be insured has not flooded at any time in the last 25 years.	<input type="checkbox"/>	<input type="checkbox"/>
7 The property to be insured is not located within 250 metres of a river, stream, tidal water or any other water course.	<input type="checkbox"/>	<input type="checkbox"/>
8 If my home is a flat/apartment, it is self contained having its own lockable entrance under my sole control.	<input type="checkbox"/>	<input type="checkbox"/>
9 If my sum insured is £30,000 or above all external doors are fitted with a 5 lever mortice deadlock and all accessible windows are fitted with key operated window locks.	<input type="checkbox"/>	<input type="checkbox"/>
10 Neither I, or any person living with me has sustained loss or damage in the last 5 years that would have been covered by this type of insurance whether or not a claim was paid..	<input type="checkbox"/>	<input type="checkbox"/>
11 Neither I, or any person living with me has had a proposal declined, renewal refused or special terms or conditions imposed by any insurer.	<input type="checkbox"/>	<input type="checkbox"/>
12 I, or any person living with me have never been convicted of arson or any offence involving dishonesty e.g. fraud, theft or handling stolen goods.	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked 'disagree' to any of the above please give full details.

Continue on a separate sheet if necessary.

Contents Sum Insured

The minimum sum insured is £10,000, please indicate your requirements below.

Sum insured: £

“All Risks” – Unspecified

Unspecified valuables and personal possessions cover is automatically included within the Policy for a sum insured of £1,500 for items away from the home. If you wish a higher sum insured, please indicate your requirement below.

(A single article limit of £1,000 is applicable).

Please increase the
sum insured to: £

Valuables & personal possessions in excess of £1,000 value each item. Attach valuations if available.

Laptops and tablets away from your home, and accidental loss or damage to mobility scooters, electronic wheelchairs and hearing aids in and away from your home are specifically EXCLUDED. If you would like to ADD accidental loss or damage cover for laptops or tablets away from your home; mobility scooters, electronic wheelchairs or hearing aids provide items details, including replacement value, below. Attach purchase receipts if available.



For any further information regarding this insurance please contact:

FirstPort Insurance Services
Queensway House
11 Queensway
New Milton
Hampshire
BH25 5NR

T 0333 321 4038

E insurance@firstport.co.uk

firstportinsurance.co.uk

Please contact us if you'd like this information in an alternative large print format on **0333 321 4038**.

FirstPort Insurance Services Limited
Registered in England No: 3479579

Authorised & Regulated by The Financial Conduct Authority
FCA Register No. 308484

You can check our regulatory status at fca.org.uk/register
or by calling the FCA on 0300 500 8082