

Home Contents Insurance Proposal Form

Please fill in this form in BLOCK CAPITALS.

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

First names:

Surname:

Date of Birth: / /

Address:

Phone:

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

First names:

Surname:

Date of Birth: / /

Postcode:

Email:

Correspondence address if different from above.

c/o:

Address:

Postcode:

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

In the last five years, have you, or any person living with you, suffered any loss or damage that this insurance would have covered (even if you did not make a claim)?

No☐ Yes☐ If Yes, give details below.

Have you, or any person living with you, ever had an application for insurance refused or cancelled, had special terms applied, or not been accepted for renewal?

No☐ Yes☐ If Yes, give details below.

Is the home you want to insure your only or main home?

No☐ Yes☐ If No, give details below.

Have you, or any person living with you, ever been convicted of, or charged with, any offence, other than a motoring offence or a conviction that is now spent?

No☐ Yes☐ If Yes, give details below.

Have you, or any person living with you, ever been made bankrupt, had a debt relief order, entered into an individual voluntary arrangement (IVA) or had a County Court Judgment (CCJ) made against you?

No☐ Yes☐ If Yes, give details below.

Does the building your home is in have a door-entry system?

No☐ Yes☐ If No, give details below.

Continue on a separate sheet if necessary.

Contents Level of Cover					
		Sum insured	Unspecified All Risks Allowance	Single Article Limit	Annual Premium
<input type="checkbox"/>	Bronze	£18,500	£2,500	£1,500	£60.00*
<input type="checkbox"/>	Silver	£27,500	£3,500	£2,000	£92.99*
<input type="checkbox"/>	Gold	£45,000	£5,000	£2,500	£119.99*
<input type="checkbox"/>	Platinum	£75,000	£5,000	£3,000	£219.99*

Single Article Limit – Additional Cover (Premium of £13.44* per £1,000 of cover pro rata)
The policy options set out above state the single article limits for valuables when outside of your home. If you have any items that exceed the limit under your chosen policy and you would like them covered away from the home, please list items and their values below:

Specified Items:

Item

Value

£

Item

Value

£

Item

Value

£

Item

Value

£

*All prices stated are inclusive of Insurance Premium Tax (IPT) at the current rate.

Mobility Scooters / Electric Wheelchairs (Premium of £13.44* per £1,000 of cover pro rata.)

Accidental Loss or Damage and away from the home:

Make Model Replacement Value £ **Electric Pedal Cycle** (Terms and conditions apply) (Premium of £13.44* per £1,000 of cover pro rata)

Accidental Loss or Damage and away from the home:

Make Model Replacement Value £ **Hearing Aids** (Premium of £13.44* per £1,000 of cover pro rata)

Accidental Loss or Damage and away from the home:

Left ☐ and/or Right ☐ Make Model Replacement Value £ Left ☐ and/or Right ☐ Make Model Replacement Value £ ***All prices stated are inclusive of Insurance Premium Tax (IPT) at the current rate****Insurance start date:**What date would you like the policy to start? / /

If you would like to pay by credit card or debit card, please email this form to insurance@firstport.co.uk and tick this box. We will then call you to take your card details.

If you wish to pay by cheque please make it payable to 'FirstPort Insurance Services Limited' for the total premium.

Send this form and the cheque to: FirstPort Insurance Services Limited, Queensway House, 11 Queensway, New Milton, Hampshire BH25 5NR.

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

Important notice

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:

To add your signature use 'Fill and Sign' in Adobe

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.

Our prices are correct as at 1st June 2020.