



Cherish Residential Landlord Insurance Quotation Form

Effective from 1st February 2018

This is an Electronic Quotation Form

1. Please **complete the answers straight into this pdf** and **save the edited form**.
2. Then **email** it to enquiries@cherishinsurance.co.uk, together with an **Indication of Premium** from our website. See www.cherishinsurance.co.uk for more information.

Agent name/ref

Period of Insurance from

(DD/MM/YYYY) **for 12 months**

A. Proposer Details

Title *(eg. Mr, Mrs, Miss, Ms)*

Surname

Forename(s)

Date of Birth

(DD/MM/YYYY)

Home Telephone

Mobile Telephone

Postal Address

Postcode

Occupation *(if under 25 years old)*

Joint Proposer *(if applicable)*

Title *(eg. Mr, Mrs, Miss, Ms)*

Surname

Forename(s)

Date of Birth

(DD/MM/YYYY)

Occupation *(if under 25 years old)*

Proposer Details *(continued)*

1. Has the Proposer(s) or any person residing with them, ever been cautioned or convicted of any offence other than motoring convictions or have any prosecutions pending?
2. Has any insurer declined to accept, refused to renew, cancelled or only agreed to continue on special terms any insurance for the Proposer(s) or any other person to whom the insurance applies?
3. Has the Proposer(s), or any other person whose property is to be insured ever entered into an arrangement with their creditors or been declared bankrupt?

If you have answered Yes to any of the above, please provide details in the Additional Information section on page 4.

A No Claims Discount (NCD) may be applied to this policy as follows:

- We can allow claim-free years that have been earned on a similar policy.
- A similar policy is a Residential Property Owners, Buy to Let or Holiday Home product but not a standard "Owner Occupied" home policy.
- A separate NCD is applied for Buildings and Contents and the number of years selected cannot exceed the number of years that a similar policy has been held.

If you are uncertain please contact us on 01255 871965 (option 2).

4. Number of years a similar policy has been held
5. Date of last claim for Buildings *(if applicable and cover required)* (DD/MM/YYYY)
6. Date of last claim for Contents *(if applicable and cover required)* (DD/MM/YYYY)

Please provide details of all claims during the last 10 years. Use the Additional Information section on page 4.

B. Cover Details

1. Is **Buildings Cover** required?
2. a) Is **Contents Cover** required?
b) If Yes, is the property let furnished?
3. Is cover required for **Legal Expenses**?
4. Is cover required for **Tenancy Disputes and Rent Guarantee**?

C. Property Details

1. Address of property to be insured Same as postal address

Postcode
2. Type of property ownership *(tick one)* Owned on a mortgage*
Owned outright
**If owned on a mortgage and an interest is to be noted, please provide the name and address of the interested party. The Additional Information section on page 4 should be used for this.*
3. Is the property self contained? *This means all facilities behind one lockable door under the sole control of the occupier.*

4. Is there more than one tenancy agreement for the property? *We will not cover HMOs (Houses in Multiple Occupation).*
5. In what year was the property originally built?
6. Number of bedrooms
A bedroom is a room used as or originally built to be a bedroom, even if now used for other purposes. If there are more than 7 bedrooms we will not be able to provide cover.
7. Is the home unoccupied for more than 60 consecutive days?
If Yes, is the property permanently unoccupied?
8. Type of property:
- | | | | | |
|-------------------|----------|---------------|-----------|-------|
| Bungalow | Detached | Semi-Detached | Terraced | |
| Flat | Basement | Ground floor | Top floor | Other |
| House | Detached | Semi-Detached | Terraced | |
| Maisonette | Basement | Ground floor | Top floor | Other |
- Other** *(please specify)*
9. What is the construction of:
- a) the walls *(eg. brick, stone)*
- b) the roof *(eg. slate, tile)*
10. Is more than 50% of the property's roof flat?
11. In the last 10 years, has the property either been monitored for or suffered from subsidence, heave or landslip, or had a survey which mentioned subsidence, settlement or movement of the building?
*If Yes, please provide **full details including dates**. Please use the Additional Information section on page 4.*
12. Is the property in an area which has a history of flooding, is it near any river, stream or tidal water, or has it ever suffered from any coastal or river erosion? *The nearby area is defined as within 50 metres of the property.*
*If Yes, please provide **full details including dates**. Please use the Additional Information section on page 4.*

Additional Information *Please use this space to include any further information which may be relevant.*



Please email this document with the Indication of Premium to enquiries@cherishinsurance.co.uk.

Alternatively you can print and fax both forms to 0845 638 8936.