

Additional Information

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

Important

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

- Claims and Underwriting Exchange - Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this.

You should show this notice to anyone who has an interest in property insured under the policy.

- All personal information supplied by you will be treated in confidence by the Royal & Sun Alliance Insurance Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of the Royal & Sun Alliance Insurance Group of companies or our agents or subcontractors.

The Royal & Sun Alliance Insurance Group of companies may pass your personal data to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal data, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

Declaration

Important Note: Before you sign this form, please read it again making sure all questions are answered in full. Check that the answers which have been given are correct. Once you and any joint applicant sign this form you are responsible for its accuracy. To give false information knowingly in answer to any of the questions in order to obtain insurance or to obtain a reduced premium could be a criminal offence and will certainly invalidate your insurance.

- I/We declare that to the best of my/our knowledge and belief, the statements made by me/us or on my/our behalf are true and complete.
- I/We understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

Signature of Applicant

Date

(Joint tenants or co-habitees must sign)

PLEASE INITIAL ANY ALTERATIONS ON THIS APPLICATION FORM

APPLICATION FORM LEEDS CITY COUNCIL

Is this a New Application?

Is this a Change?
If so, give details

Please use block letters and tick correct boxes where appropriate

A copy of the completed Application Form is available on request but you should keep a record of all information supplied to us for the purpose of entering into this contract. A specimen policy is available on request.

The questions on the form relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance. If you are in doubt, please advise us. Remember to sign and date the Declaration at the end of the form. If there is insufficient space for your response, please continue on a separate sheet of paper if necessary.

Full Name of Applicant	<input type="text" value="Mr/Mrs/Miss/Ms"/>	<input type="text"/>
<i>(Joint tenants and co-habitees must be named and must sign this form)</i>		
Address of your home to be insured	<input type="text"/>	
		<input type="text" value="Postcode"/>
Tenancy No.	<input type="text"/>	Date of Birth <input type="text"/>
		Tel No. <input type="text"/>
Precise Occupation	<input type="text"/>	Cover to start on <input type="text"/>

Please answer all of the following Questions

Whenever we ask questions on the Application Form about your household, we mean You and Your family (including your partner and all children) who normally reside with you.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you or any member of your household who normally reside with you at your current address or elsewhere | | |
| a) made a claim to any insurer in the last five years in respect of household contents insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) suffered any loss or damage while not insured but which would have resulted in a claim if a household contents policy had been in force at the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) been refused any insurance or had special terms or conditions applied or cover cancelled by an Insurer? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) been convicted of any offence other than parking or speeding offences or offences which are spent under the Rehabilitation of Offenders Act 1974? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) had insurance under the Council scheme cancelled? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered 'YES', to any of the above questions, give full details overleaf (including dates and loss amounts) in the Additional Information box overleaf.

AMOUNT TO BE INSURED

To the nearest £1,000
(note minimum amounts)

£

It is important that the sum chosen is sufficient to replace ALL your Household Goods and Personal Belongings. If the Sum Insured is inadequate you will have to bear a rateable proportion of any claim.