

Renfrewshire Council Tenants and Leaseholders Home Contents Insurance Scheme Application Form

(Subject to the terms, exclusions and conditions of the policy, a specimen of which is available on request).

- Before you fill in the form, read the declaration at the end.
- Make sure that you answer all the questions as fully as possible.
- Please return the whole completed form to Please return the whole completed form to Renfrewshire Council.

Please keep a copy of this form together with any information you send with it. Or you can ask for a copy from the insurance company within three months of taking out insurance.

This form is used to work out your insurance premium and whether you can be insured. Please include all information. If you are in any doubt about whether to include information, please include it.

If you do not it may mean that any claim you make is turned down.

Your Full Name (Mrs/Ms/Miss/Mr/other)

Date of Birth _____ Your Job (please state if retired) _____

Your domestic partner or joint proposer, Full name (Mr/Mrs/Ms/Miss/Other)

Date of Birth _____ Their Job (please state if retired) _____

Is the policy required in joint names? YES NO

Address _____

Post Code _____

Telephone no. _____ Email _____

Are you a Tenant or Leaseholder of Renfrewshire Council? YES NO

Required start date (must be a Monday) _____

The Amount of Insurance Required (your sum insured) to the nearest £1,000 £ _____

Do you require Accidental Damage cover? * YES NO

Where did you hear about the scheme? _____

Insurance starts when Renfrewshire Council informs you that you have been accepted onto the scheme. You will be sent a policy booklet and schedule which will confirm the amount insured, premium and start date. It is important that the amount insured chosen (in round sums of £1000) is sufficient to cover the full replacement cost of all your household goods and personal effects.

*Full accidental damage cover is available at an extra cost as per the table on the previous page.

PLEASE ANSWER ALL THE QUESTIONS BELOW. WE CAN ONLY CONSIDER YOUR APPLICATION ONCE THESE QUESTIONS HAVE BEEN ANSWERED. PLEASE USE CAPITAL LETTERS WHEN FILLING IN THIS FORM

TO BE ANSWERED BY THE APPLICANT (please tick the correct box in answer to the questions below) We can only consider your application once ALL these questions are answered in full.

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1. Is your home self contained with its own separate lockable front door? | <input type="radio"/> | <input type="radio"/> |
| 2. Is this property your permanent home and occupied only by yourself and members of your immediate family normally living with you? | <input type="radio"/> | <input type="radio"/> |
| 3. Does the amount of insurance you have chosen cover the full cost of replacing all your household goods and personal belongings? | <input type="radio"/> | <input type="radio"/> |
- If you have answered NO to any of the above questions, please give more details below (use a separate sheet if more space is needed).
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- | | YES | NO |
|--|-----------------------|-----------------------|
| 4. Do you regularly leave your home empty or unattended for more than 60 days? | <input type="radio"/> | <input type="radio"/> |
| 5. Is your home used for running a business? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you or anyone living with you ever been refused insurance, had insurance cancelled or had special terms imposed by an insurer? | <input type="radio"/> | <input type="radio"/> |
- If you have answered YES to any of the above questions, please give more details below (use a separate sheet if more space is needed).
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- | | YES | NO |
|--|-----------------------|-----------------------|
| 7. Have any incidents occurred in the last five years which would have caused you to make a claim for household contents or personal effects, whether or not you were insured at the time? | <input type="radio"/> | <input type="radio"/> |
- If you have answered YES to the above question, please give us the following information (use a separate sheet if more space is needed):
- Date(s) of incident(s) _____
- What caused the loss (theft, water damage etc.)? _____
- Value of goods lost or damaged _____
- Were you insured at the time? _____
- If so, how much did the insurers pay in settlement of the claim? _____

8. If you have had a burglary in the last five years please state
- How entry was gained? _____
- What additional security has been installed since the incident? (extra locks, alarms etc.) _____
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- | | YES | NO |
|---|-----------------------|-----------------------|
| 9. Have you or anyone living with you ever been convicted or charged with any offence, other than motoring offences, or is any prosecution or police enquiry pending? | <input type="radio"/> | <input type="radio"/> |
- If you have answered YES to the above question, please tell us:
- Date of conviction or charge _____
- Nature of offence _____
- Penalty received (amount of fine, length of sentence etc.) _____
- Your age at the time _____

Important Notice - Information and changes we need to know about

You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out, make changes to, and renew your policy. Please read any assumptions carefully and confirm if they apply to your circumstances.

Please tell your insurer if any of the information provided by you changes after you purchase your policy, or if there are any changes to the information set out on your schedule. You must also tell the insurer about the following changes;

- any change to the people, or to be insured
- any change or addition to the contents or the property to be insured that results in the need to increase the amounts insured or the limits that are shown on your policy schedule
- if your property is to be lent, let, sub-let, or used for business purposes (other than occasional clerical work)
- if your property is to be unoccupied for any continuous period exceeding 60 days, or
- if any member of your household or any person to be insured on this policy is charged with, or convicted of a criminal offence (other than motoring offences).

If the information provided by you is not complete and accurate:-

- we may cancel your policy and refuse to pay any claim, or
- we may not pay any claim in full, or
- we may revise the premium, or
- the extent of the cover may be affected

The Insurer recommends you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING

Declaration

- I/We declare that the information given is to the best of my/our knowledge and belief correct and complete.
- If the risk is accepted I/We undertake to pay the premium when called upon to do so.
- I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.
- I/We have read the information overleaf under the heading "Important Information".

You must ensure that your sum(s) insured are not less than the full cost of replacing the goods; failure to do so may invalidate your policy or reduce claims settlements.

Applicants signature

Date

Joint proposer signature

Date

Joint applicants should both sign if policy is required in joint names.

Special note

If during the period of your insurance cover, your home is likely to be unoccupied (e.g through hospitalisation, extended holiday) for more than 60 days in a row you will have to advise Renfrewshire Council.

Aviva Regulatory Status

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. We are registered as: Aviva Insurance Limited and our firm's reference number is 202153.

You may check this information and obtain further information about how the Financial Conduct Authority protects you by visiting their website www.fca.org.uk or by contacting them on 0800 111 6768.