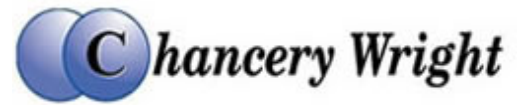


Chancery Wright Insurance Brokers Ltd

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DATA REQUEST FORM – DOMESTIC INSURANCE

DETAILS OF PROPOSER

Name: Postal address:

Tel. No Email address:

Occupation

COVER DETAILS

Construction type 1) Roof 2) Wall

Sum insured: 1) Buildings 2) Contents:

Cover required - Please tick as appropriate: Fire / Contents / All Risks

Location:

Number of domestic servants:

Public/personal liability

Financial interest, State either bank or self

Security in place

OTHER POLICIES

Any other policy insuring this property? Yes No. If so state insurer and policy number

INSURANCE HISTORY

Has any insurer -:

i) Declined to insure you? Yes No

ii) Required special terms to insure you? Yes No

iii) Cancelled or declined to renew your insurance? Yes No

iv) Increased premium at renewal? Yes No

CLAIMS HISTORY

Have you claimed in the past? Yes / No. If so give details

DECLARATION

I do hereby declare that the above answers are true and I have not withheld any material information regarding this proposal.

SIGNATURE _____

DATE: ____/____/____