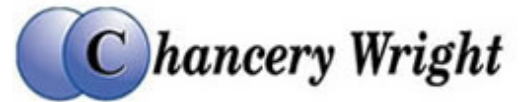


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DATA REQUEST FORM – PROPERTY INSURANCE

DETAILS OF PROPOSER

Name : Postal address:
Tel.No. Email address:
Occupation:

DETAILS OF PROPERTY

Location:
Construction type 1) Roof 2) Wall
Sum insured: 1) Buildings 2) Contents:
Cover required - Please tick as appropriate: Fire Burglary All Risks
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: ____/____/____