



## Quote Request Form - Household Insurance

Please complete the following information taking reasonable care to provide complete and accurate answers to the questions. If you cannot answer a question at this time please leave it blank or mark as unknown. If you require any assistance in completing the form please do not hesitate to contact us on 01202 371670. If the information provided by you is not complete and accurate then the insurer may cancel the policy and refuse to pay any claim, or not pay any claim in full, or revise the premium and/or change any excess, or revise the extent of cover or terms of the insurance.

If you cannot answer all the questions we may still be able to quote but will require confirmation of the missing information within 60 days of the policy being accepted. If this is not provided (or the information provided effects the nature of the risk), then the insurer may revise the premium, cover/terms or cancel the policy.

### POLICY

Policy Start Date

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

### DEPUTY INFORMATION

Are you a Professional Deputy? (A professional deputy is formally paid for their services and covered under the Professional Indemnity cover of their firm)

Yes  No

Your Name (including title)

Date of Birth

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Correspondence Address  
Including postcode

Email Address

Telephone

Occupation

### Details of the person for whom you are the Deputy

Full Name of 'P'  
(including title)

Date of Birth

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|



### Information about the property that requires insurance

Risk Address  
Including Post code

Number of Bedrooms

Year of Construction

Property Type (e.g. semi-detached house, flat)

Wall Construction (e.g. standard construction – brick/stone/concrete)

Roof Construction (e.g. standard construction – tiles/slate including percentage of any flat roof(s))

Occupancy of Property (e.g. owner occupied, unoccupied, let)

Is the Property in a good state of repair?

Yes

No

Unknown

### Claims History

Has there been any losses, claims, damage or injury  
(whether insured or not) at the property in the last 5 years?

Yes

No

Unknown

Has the property ever suffered from subsidence,  
fire, flood or liability?

Yes

No

Unknown

Is the Property in a good state of repair?

Yes

No

Unknown

Please provide details (if known) of any claims in the box below

**Cover Required**

|                           |  |                             |     |  |    |  |
|---------------------------|--|-----------------------------|-----|--|----|--|
| Buildings Sum Insured (£) |  | Accidental Damage Required? | Yes |  | No |  |
| Contents Sum Insured (£)  |  | Accidental Damage Required? | Yes |  | No |  |

**Do you require any specialist cover? Please provide details below**

|   |  |
|---|--|
| Specialised Medical Equipment (£)                           |  |
| Wheelchair Cover (£)  |  |
| Laid up cover for cars, motorcycles, caravans and boats (£) |  |
| Plots of Land (£)   |  |
| Contents in Nursing Homes (£)                               |  |
| Contents in Safety Deposit Boxes (£)                        |  |

**If you need to advise us of any additional information or require insurance which is not listed above please enter details below**

**Please send the completed form to [dbs.household@ajg.com](mailto:dbs.household@ajg.com) or by post to:-**

**Private Clients  
100 Holdenhurst Road  
Bournemouth  
BH8 8AQ**

Once the completed form is received a member of the Private Clients team will contact you.