## Get a Quote

Company Name:	
Your Name:	
Position:	
Email:	
Postal Address:	
Postcode:	
Tel No:	
Where did you hear about us?	
Renewal Date:	
Current Insurer:	
Address of Building(s):	

Sum Insured:	and (if s	shown) ed Value.	
No. of buildings:			
Age:		if converted, when?	
No. of flats:		No. of storeys:	
CONSTRUCTION			
Walls:		Roof:	
Floors & Stairs:	TIMBER	No. of garages :	
		Are they Yes in a separate No block?	
1. Is the property to	be insured:		
a. purpose built flats	}	Yes O No O	
b. a private dwelling converted into flats		Yes O No O	
c. Other, please describe:			
d. In a good state of repair and occupied  Yes  No* solely as private residences <b>NOT</b> being:			
<ul><li>i. Holiday homes?</li><li>ii. Bedsits/student accommodation?</li><li>iii. Hostel and/or used as homes by the local government or Charitable Organisations?</li></ul>			
	urrently, or has it events bsidence, ground head od?		

f) currently undergoing renovation, repair conversion, or alteration or is any such work anticipated in the next 12 months?	Yes* O No
<b>2)</b> Are there any communal facilities? (lift, boiler, tennis courts, swimming pool etc)	Yes* O No
<b>3)</b> Is there any commercial use? (i.e. shops, offices, restaurants)	Yes* O No
<b>4)</b> Have you ever been refused insurance or had special terms/conditions imposed?	Yes* O No
<b>5)</b> Have you sustained any losses involving the risks proposed, or had any claim in the last 3 years?	Yes* O No
Additional information (to where answers given are marked with an asterisk *)	