

Residential Buildings Insurance Quotation Form

Company Name:								
Postal Address:								
Telephone:						Mobile:		
Email:						Fax:		
Proposers Name:								
Renewal Date:				Target Premium:	£			
Sum Insured (rebuilding costs):	£			Declared Value:	£			
Current Insurer:								
Address of								
Property Insured:						Postcode:		
How old is the property:		Purpose bu or converte				Conversion Date:		
No of Buildings:		No of Store	/s:			No of Flats:		
Wall Construction:		Floor and St Constructio	air			Roof Construction:		
No of Garages:		Are they in	a separate block:			YES		NO
· ·	(Please tick appropriate box)						propriate box)	
Occupied as i) Holiday Homes? ii) Bedsits/Student Accommodation? iii) Hostels?						YES NO		
Affected by Subsidence, Ground Heave or Landslip, now or at any time in the past?						YES		NO
Abnormally exposed to Storm or Flood?						YES		NO
						YES		NO
Any commercial occupancy? i.e. Shops, Offices, Restaurants? YES								NO
Have you been refused insurance or had special terms/conditions imposed?						YES		NO
Have losses or claims been suffered in the last 3 years?						YES		NO
If you have answered YES to any questions please provide details in the box below:								
	ı witl	additional discounts if you			se ti			
CCTV		24 hour concierge	Automatic Fi	re Alarm		Grounds	s maintena	ance programme in place
Valuation completed within the last 3 years IEE/ITE wiring certification for common areas within last 3 years								
Fire Risk Assess	ment	completed within last 3 yea	rs					

For more information visit www.residentsline.co.uk or email info@residentsline.co.uk