



Holiday Homes Insurance

Proposal form

Your name

Broker:

Your Email address:

Client Details

Hiscox policy number if existing risk

	Also provide the number of any other Hiscox policy (live or lapsed) held by this client
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Name:

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Occupation:

	Date of Birth:
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Correspondence Address:

	Postcode:
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Risk Address (if different):

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Risk postcode

Press Ctrl and Click here to find postcode if not known	
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Target premium:

	Existing insurer:	Renewal date
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Claims during the last 5 years (date of loss, amount incurred, cause of loss, improvements made since):

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Risk Information

Property Use?	Holiday Home (inc. occasional lets)		Let	Main home	
Type of property	Flat	House	Is the property listed?		No
Location	Town/village centre	Gated community	Rural	Other residential	
Year built					
Construction type	Contemporary (concrete/brick)		Traditional (stone)	Other:	
Number of bedrooms					
Habitable surface area	m ²				
Alarm	Theft	Fire	Bells only	Central station	Linked to keyholders

Flood, building works and subsidence

Free from flooding and not near rivers, streams or tidal waters?	Yes	No
Property is (or will be within the next 12 months) up for sale, in the course of construction or undergoing building/renovation works costing more than £40k ?	Yes	No

Amounts insured – We will not accept buildings only policies

Main building, or fixtures and fittings for flats:		We will base our quote on a sum insured derived from the information given above whenever this is greater than the figure requested
Other buildings and structures:		
Contents	Minimum €25k	

Additional information – fine art or jewellery cover required, outdoor items cover, non-standard construction, description of outbuildings, etc.

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Data Protection Law

Personal Data Protection. The personal data collected shall be processed and stored on computer by **Innovarisk**, acting in its capacity as the entity in charge of information processing, which shall process your data in the name of and on behalf of the insurance company Hiscox and only for the purposes established by it.

The entity responsible for data processing under the terms of currently applicable legislation shall be **Innovarisk**, and they shall be processed for the purposes of the payment of accidents, claims management, and for the purposes of collaboration with various entities for statistical purposes and for the purposes of the anti-fraud policy, as well as for the divulgation of our activity and products, unless, as regards the latter case, you do not expressly authorise us in writing.

Regarding the latter case, please tick here if you do not want to authorise.

Any omissions, inaccuracies and falsity concerning data to be provided either on an obligatory or original basis, are under your entire responsibility. In any event, the owners of the data are guaranteed access to the information concerning them, and may request their correction, addition or elimination by means of direct contact or in writing, with **Innovarisk**, Avenida Duque de Loulé, 123 - 7º, 1069-152 Lisboa.

You also give us your express consent to the assignment of such data to other insurance companies or public or private bodies related with the insurance sector, for statistical purposes or for the purposes of the anti-fraud policy, as well as for the purposes of co-assurance and reinsurance. The data may also be communicated between the companies that constitute the Hiscox Group, for the above-mentioned purposes.

Initial declaration of risk

I/we declare that this form was filled in after completing the appropriate checks; (b) its contents are truthful and accurate and (c) all the events and circumstances that may be relevant for the consideration of our insurance proposal have been communicated.

If any information provided in this questionnaire or its appendices incurs alterations before the start date of the policy for which this questionnaire was completed, or should you become aware of new facts or circumstances that could affect the insurance cover, you must notify **Innovarisk** and we may modify or withdraw the insurance cover.

I/we agree that this form and all the information provided are incorporated within the insurance contract and shall form an integrating part thereof.

Pre-contractual information

The Policyholder expressly acknowledges that he accepts the General and Special Conditions, and that he has read, examined and understood the content and scope of all the clauses contained within the same Conditions. Lastly, the policyholder expressly acknowledges that he has received the information concerning legislation applicable to the insurance contract, the different instances of claim, and the identification and legal status of the Insurer and the respective representing company.

Signature

Date

You must keep a copy of this proposal, for registration.