



# Overseas 606 Home Insurance

## Proposal form

Please read the following questions carefully and answer them all providing additional information where required. If you need more space, please provide answers on a separate sheet of paper, clearly highlighting the question number. If you have any queries, please speak to your insurance agent.

Please use CAPITAL LETTERS and BLACK INK.

### Proposer/Insured details

1. Please provide the following information about the proposer:

Title

Family name

Forenames

Age  Occupation/Business  Nationality

Address (for correspondence)

Postcode

Email address

If the insured is different to the proposer (e.g. a trust or company name), please specify:

2. Are there any other residents you wish to include on this policy e.g. family members or resident staff living at the insured property? Please complete the sections for each individual to be included. Please continue on a separate sheet if you wish to add more than four individuals.

Full name	Age	Relationship to proposer	Occupation/Business	Nationality

### Property to be insured

3. Address of the property to be insured (if different to address above):

Postcode

4. Year of construction  When did you purchase the property?

5. Floor area: Main building:  m<sup>2</sup> Outbuildings:  m<sup>2</sup>

6. What type of property is it?  
 House     Flat or apartment - which floor is it situated on?  of

7. Is the property in whole or in part officially recognised as being of historical or cultural interest? (for example, a 'monument historique' in France or classified 'Bella Arti' in Italy) Yes  No   
If Yes, please give details in question 8.

8. Please give a brief description of the property:

9. What is the type of residence?

Main residence  Secondary home - how many weeks a year is it occupied?

**Theft security**

10. What type of theft alarm is the property fitted with?

None  Bells only  Connected to a central station or key holders

11. Is the alarm maintained under an annual contract?

Yes  No

12. Manufacturer and make of the alarm:

**Fire security**

13. What type of fire/smoke alarm is the property fitted with?

None  Bells only  Connected to a central station or key holders

**Other security**

14. Do you employ domestic staff?

Yes  No

If Yes:  Daytime only  Resident on the property

15. Is the property fitted with a safe?

Yes  No

Cash rating:

LPC/CEN Grade:

16. Please give the manufacturer, model, age and weight of the safe and state if mounted in wall, floor or freestanding:

17. Are all final exit doors are fitted with locks, and all accessible patio doors, French windows, windows, fanlights and skylights are fitted with locks, bars or shutters?

Yes  No

18. Is the property protected by any other means?

Yes  No

19. If you have ticked any of the shaded boxes in questions 14-18 please provide details below:

**Construction and use**

20. Are all the buildings built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and use and in good condition and repair?

Yes  No

21. Is more than 10% of the roof surface flat?

Yes  No

22. Are all the buildings in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?

Yes  No

23. The buildings have not previously softened from damage as a result of subsidence, landslip or heave and are free from cracks and other signs of subsidence, landslip or heave?

Yes  No

24. Are the buildings used for any business or professional purposes or open to the public?

Yes  No

25. Are the buildings rented or let to people other than your family or friends?

Yes  No

26. If you have ticked any of the shaded boxes in questions 20-25 please provide details below:

**Building and decoration work**

27. Do you intend to carry out any work costing more than €40,000 to extend, renovate, build or demolish any part of the buildings?

Yes  No

If Yes, please give details:

**Amounts to be insured**

28. All the amounts to be insured must be stated in a single currency. This is also the currency in which you will have to pay your premium. Unless you specify a currency below we will use Euros.

Currency applicable to this insurance:

Euros (EUR)     Pounds Sterling (GBP)     US Dollars (USD)

Other – please specify:

**Section A - Buildings, fixtures and fittings, tenant's improvements**

Please provide the full cost of reconstruction (not the current market value) excluding architects fees:

29. Main building

30. Outbuildings, swimming pools, perimeter walls, terraces, driveways, tennis courts and other permanent structures

31. Fixtures and fittings/tenant's improvements. If it is not your responsibility to insure the buildings, you still need to insure any improvements you have made (such as, kitchens, bathrooms, air-conditioning or flooring) as these may not be covered by the buildings policy.

32. Do the amounts insured represent the full cost of reconstruction?

Yes  No

If No, what is the total cost of reconstruction:

**Section B - General contents**

Please provide the total cost to replace all items at today's prices, not necessarily the amount you paid for the item. You should include all household goods such as furniture, domestic appliances, clothing, books and CDs, gardening equipment, televisions and other electronic equipment. You should also include your fine art and antiques unless you have specifically insured them in Section C below.

33. General contents

34. Outdoor items

35. Other items (please specify)

36. Do the amounts insured represent the current cost as new of all of your contents?

Yes  No

If No, what is the current cost as new:

**Section C - Fine art and antiques**

We recommend you insure your fine art and antiques in this section (instead of including their total value within the contents sum insured) so as to benefit from wider cover and lower premiums. Individual items valued over €7,500 (£5,000/US\$10,000) should be listed individually with the current market value. Submit this list to your insurance agent with this form to ensure you are fully covered. We may also ask for an independent professional valuation/appraisal depending on the level of cover you require.

Box 1: Please put the total value of all items which have been listed individually, as detailed above	Box 2: Please put the total value of items not listed individually
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- 37. Pictures, paintings, sketches, prints and the like
- 38. Books
- 39. Statues and sculptures of a non-fragile nature
- 40. Antique furniture
- 41. Items of a brittle or fragile nature (e.g. glass and porcelain)
- 42. Gold, silver and precious metals (including precious coins)
- 43. Other items (please specify):

**Section D - Valuables and personal effects**

Valuables including jewellery, gemstones watches, guns and furs valued over g3,750 (£2,500/US\$5,000) should be listed individually with the current market value. Submit this list to your insurance agent with this form to ensure you are fully covered. We may also ask for an independent professional valuation/appraisal depending on the level of cover you require.

Box 1: Please put the total value of all items which have been listed individually, as detailed above	Box 2: Please put the total value of items not listed individually
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**Valuables**

- 44. Jewellery and watches to be insured in a bank safe only
- 45. Jewellery and watches to be insured in the home safe only
- 46. Jewellery and watches to be insured anywhere in the world
- 47. Guns (worldwide cover)
- 48. Furs (worldwide cover)



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### Personal effects

Baggage, clothing, sports equipment, bicycles, portable computers and other similar items are insured inside the home under Section B - General Contents. If you want these items to be insured anywhere in the world you must specify a sum insured below. You do not need to list these items individually.

49. Personal effects to be insured anywhere in the world:

### Excesses

50. You can choose from a range of higher excesses (the initial amount you pay for each claim on your policy for each section of cover) in return for a lower premium.

€ 250

€ 500

€ 1.000

€ 2.500

Do you want to apply these deductibles also to the Sections C (Fine art and antiques) and D (Valuables and personal effects)?

Yes  No

### Previous insurance

51. Names of previous insurers and brokers (if any):

52. Date of expiry of previous policy:

53. Has any insurer declined to accept, cancelled, refused to continue or agreed to continue cover only on special terms any insurance for the proposer or any other person to whom this insurance would apply?

Yes  No

If Yes, please provide details:

### Losses

54. Has the proposer or anyone whose property is to be insured, sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force?

Yes  No

If Yes, please provide the following details:

Date of loss  /  /  Amount of loss

Circumstances of loss

Action taken to prevent a similar loss occurring again:

### Other information

55. Have you or any other person residing with you ever been convicted of, or charged with, any offence (other than driving offences) or entered into an arrangement with creditors, or are you or they bankrupt?

Yes  No

If Yes, please give details:



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56. Are there any other factors affecting this insurance of which you are aware?

Yes  No

If Yes, please give details:

### Information

In deciding whether to accept the insurance and in setting the terms and premium, we have relied on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete. You must tell us, as soon as possible, if there are any changes to the information you have given us. If you are in any doubt, please contact us or your insurance agent. When we are notified of a change we will tell you if this affects your policy. For example we may cancel your policy in accordance with the cancellation condition, amend the terms of your policy or require you to pay more for your insurance. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

### Misrepresentation

If we establish that you deliberately or recklessly provided us with false information we will treat the insurance as if it never existed and decline all claims. If we establish that you were careless in providing us with the information we have relied upon in accepting the insurance and setting its terms and premium we may: (i) treat the insurance as if it never existed, refuse all claims and return the premium. (We will only do this if we provided you with insurance cover which we would not otherwise have offered); (ii) amend the terms of the insurance (We may apply these amended terms as if they were already in place if a claim has been adversely impacted by your carelessness); (iii) charge more for the insurance or reduce the amount we pay on a claim in the proportion that the premium you have paid bears to the premium we would have charged you; or (iv) cancel the insurance in accordance with the cancellation condition of the insurance. We or your insurance agent will write to you if we: (i) intend to treat this insurance as if it never existed; (ii) need to amend the terms of your policy; or (iii) require you to pay more for your insurance.

### Declaration

You must read this before signing below.  
I/We declare that (a) this questionnaire has been completed after proper enquiry; (b) its contents are true, accurate and complete and (c) reasonable care has been taken to answer all questions honestly and to the best of my/our knowledge.  
I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract be concluded, this proposal, the statements made in it and the information provided in connection with it will be relied upon by Hiscox in deciding whether to accept this insurance.

Signature

Date



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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 divulgence 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.**