

Anglia Insurance Services
Property Insurance Form

Date:	<input style="width: 80%;" type="text"/>
Name of Proposer:	<input style="width: 80%;" type="text"/>
Risk Address:	<input style="width: 80%;" type="text"/>
Post Code:	<input style="width: 80%;" type="text"/>
Corresp. Address:	<input style="width: 80%;" type="text"/>
Post Code:	<input style="width: 80%;" type="text"/>

Description of Property: E.g. Residential or Commercial

How Occupied	<input style="width: 15%;" type="text"/>	In Flooding Area (Yes/No)	<input style="width: 15%;" type="text"/>
No. of years owned	<input style="width: 15%;" type="text"/>	Accidental Damage Cover (Yes/No)	<input style="width: 15%;" type="text"/>
Window Locks (Yes/No)	<input style="width: 15%;" type="text"/>	Listed Property (if yes which Grade)	<input style="width: 15%;" type="text"/>
Terrorism Cover (Yes/No)	<input style="width: 15%;" type="text"/>	Year of Building	<input style="width: 15%;" type="text"/>
Part of Building Unoccupied (Yes/No)	<input style="width: 15%;" type="text"/>	Subsidence Cover (Yes/No)	<input style="width: 15%;" type="text"/>
Flat Roofs (Yes/No)	<input style="width: 15%;" type="text"/>	Signs of Subsidence (Yes/No)	<input style="width: 15%;" type="text"/>
% Flat Roof	<input style="width: 15%;" type="text"/>		<input style="width: 15%;" type="text"/>

Claim Experience (Last 5 Years): (Yes/No) **If YES, Please Provide Details:**

Current Insurer: **Renewal Date:** **Target Premium:**

Basic Package		
	<u>Standard Sums Insured</u>	<u>Required Sums Insured</u>
Section 1 Buildings		
Buildings		£ -
Loss of Rent		£ -
Subsidence		<input style="width: 100%;" type="text"/>
Section 2 Contents		
Landlords Contents		£ -
Section 5 Liability		
Property Owners Liability		£ 2,000,000.00

Any Other Comments Regarding Risk: