

Please ensure that all questions are answered fully, truthfully and accurately as these details will be provided to insurers and will be used to provide insurance terms. Non-disclosure of any relevant information may result in the non-payment of future claims. If you are unsure about any of the questions, please do not hesitate to ask.

Applicant Details

Full Name of Proposer				
Date of Birth		Smoker?	Yes	No
Full Time Occupation				
Name of Additional Policyholder				
Date of Birth		Smoker?	Yes	No
Full Time Occupation				
Address and Postcode of the Property to be Insured				
Contact Telephone Number		Email		
Are you IOM resident, aged 18 years or over?			Yes	No
Have you ever had insurance declined or had special terms imposed?			Yes	No
Have you, or anyone normally resident with you, ever been convicted of a criminal offence (non-motor)?			Yes	No
Have you, or anyone normally resident with you, ever been declared bankrupt?			Yes	No
Are you, or anyone in your household, a Politically Exposed Person?			Yes	No
Is your home used for any business purposes?			Yes	No
Is this a holiday home?			Yes	No
Is the insured property your main residence lived in by you & your family and fully furnished?			Yes	No
Is the property left unoccupied for more than 30 consecutive days?			Yes	No
Is the property a listed building or in a conservation area?			Yes	No
Number of occupants	Adults		Children [Under 18]	
Is the property	Mortgaged	Owned Outright	Rented Privately	Rented from Local Authority

Property Details

Type (pick from list)	<input type="text"/>	Approximate Year Built
Number of Storeys	Number of Bedrooms	Number of Bathrooms
Is the property self-contained with a lockable front door under your control?		Yes No



To find out more:

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Property Details (continued)

Are all exit doors fitted with 5 lever mortice deadlocks or Yale multi-locking system?	Yes	No
Are all windows lockable?	Yes	No
Primary source of heating		
Smoke Detectors?	Yes	No
Battery or mains?		
Constructions of Walls		
Construction of Roof		Percentage of Flat Roof

Cover Details

Building Sum Insured (Rebuild) £	Accidental Damage	Yes	No
Contents Sum Insured £	Accidental Damage	Yes	No
Do you require cover for personal possessions outside of the home?		Yes	No
If Yes, what sum insured? £			
Do you wish to cover any specified items with an individual value greater than £1,500		Yes	No
If Yes, please provide a list of the items & their values			
Do you require Legal Expenses cover?		Yes	No
Is the property free from flooding, subsidence, landslip or coastal erosion and ground heave?		Yes	No
Is the property in a good state of repair?		Yes	No
Is the property close to a river, watercourse or the seafront?		Yes	No
If Yes, how many metres?			
Is the property near to a mine or quarry?		Yes	No
Details of any previous claims (Please include date, type of claim, whether the claim has been settled and the settlement amount)			

Signature of Customer

Signature _____ Date _____

Please ensure that you have read and understood our 'Data Protection – Privacy Notice' for further information about how we will process your personal information. We recommend that you retain a copy of this document for your records.



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