

# HOUSEHOLD INSURANCE

## FACT FINDER

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# HOUSEHOLD INSURANCE FACT FINDER

## PART 1 - YOUR PERSONAL DETAILS

	You	Your spouse or partner
Title Mr/Mrs/Miss/Ms/Dr/Other		
Forename(s)		
Surname		
Date of birth		
Occupation		
Employers business		
Daytime telephone number		
E-mail address		

Your address including postcode

1. Have you or any person to be insured:

a) suffered any loss, damage or liability in the last five years (whether insured or not)?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give full details below:

Type of loss e.g. fire, storm	Policy section e.g. buildings, contents	Date of loss	Amount paid	Claim settled? Yes/No
			£	
			£	

b) ever been convicted of or charged but not yet tried with, any offence other than a motoring offence?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

c) ever had any insurance cancelled or turned down or had any special terms applied to any insurance?

<input type="checkbox"/>	<input type="checkbox"/>
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If you have ticked either of the shaded boxes, please give full details in the space provided at the end of this form.

## PART 2 - ABOUT THE PROPERTY TO BE INSURED

Address including postcode (if different to your address)

1. Is the property:

a) your main residence?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

b) usually occupied during the day and night, other than for shopping, holidays and recreation?

<input type="checkbox"/>	<input type="checkbox"/>
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c) likely to be unoccupied for more than 30 days at any one time?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| d) used for business purposes?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e) lived in only by you and members of your family, with its own lockable entrance door(s) under the sole control of you and your family?                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| f) in a good state of repair?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| g) in an area that is free from flooding?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h) in an area free from subsidence, heave and landslip?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| i) within 400 metres of a river bank, lake, seafront, quarry or cliffs?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| j) showing any signs of damage caused by subsidence, heave or landslip or has it ever suffered from such damage, been monitored for movement or been underpinned in the past? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| k) a listed building?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**If you have ticked any of the shaded boxes, please give full details in the space provided at the end of this form.**

2. Is the property a: house?  bungalow?  flat?  maisonette?
3. If a house or bungalow is it: detached?  semi-detached?  end-terraced?  mid-terraced?
4. If a flat or maisonette is it: converted?  purpose-built?
5. If a flat, what floor is it on?
6. What year was the property built? (Approximate date if not known)
7. How many bedrooms does the property have?
8. Is the property built of: brick?  stone?  concrete?  other?
9. Is the property roofed with: slate?  tile?  asphalt?  other?

**If you have ticked either of the shaded boxes, please give full details in the space provided at the end of this form.**

- |  | Yes                      | No                                    |
|--|--------------------------|---------------------------------------|
| 10. Is any part of the roof flat?                  | <input type="checkbox"/> | <input type="checkbox"/>              |
| <b>If you have answered yes to question 10:</b>    |                          |                                       |
| a) what percentage of the total roof area is flat? | <input type="text"/> %   |                                       |
| b) when was it last re-covered?                    | <input type="text"/>     |                                       |
| 11. How many occupants of the property are:        |                          |                                       |
| under the age of 18?                               | <input type="text"/>     | aged 18 or over? <input type="text"/> |

12. Are you the: owner occupier?  landlord?  tenant?

**PART 3 - SECURITY**

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1. Are the final exit door and any other external single door to the property fitted with a mortice deadlock which conforms to BS3621? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Are all ground floor and other accessible windows to the property fitted with key-operated locks?                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Does the property have any double-leaf external doors?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Does the property have any sliding patio doors?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**If you have ticked any of the shaded boxes, please give full details of the security in the space provided at the end of this form.**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 5. Does the property have an intruder alarm that was fitted by and is maintained by a company approved by either the National Security Inspectorate (NSI) or the Security Systems and Alarm Inspection Board (SSAIB)? | <input type="checkbox"/> | <input type="checkbox"/> |

**If you have answered yes to question 5:**

a) who was/is the installing/maintaining company?

b) when was the alarm installed?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 6. Is the property fitted with a smoke detector?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the property situated in a Neighbourhood Watch area? | <input type="checkbox"/> | <input type="checkbox"/> |

**PART 4 - COVER DETAILS**

**Buildings**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you require cover for buildings? | <input type="checkbox"/> | <input type="checkbox"/> |

**If yes:**

a) what is the full cost of rebuilding the property, including outbuildings, walls, fences etc. and an amount to cover architects' and surveyors' fees, site clearance and other costs?  £

	Yes	No
b) do you want to include accidental damage cover?	<input type="checkbox"/>	<input type="checkbox"/>

c) who are your current or last insurers?

d) how long have you been insured with them?  yrs

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| e) if you have a mortgage on the property, does your lender require their interest to be noted on the insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please give their name address and your account number with them below:

Name	Address	Account Number

**Contents**

2. Do you require cover for contents?

Yes	No

If yes:

a) what is the full cost of replacing your contents (including valuables)\* at today's prices?

£	
---	--

b) do you want to include accidental damage cover?

Yes	No

c) does the total cost of replacing your valuables\* exceed 25% of the contents sum to be insured?

--	--

d) does the replacement cost of any one valuable\* exceed £1,500?

--	--

If you have ticked either of the shaded boxes, please give full details in the space provided at the end of this form.

e) who are your current or last insurers?

--

f) how long have you been insured with them?

yrs
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\* Valuables are items of gold, silver or other precious metal, jewellery, watches and furs, pictures and other works of art, stamp, coin and medal collections. Do not include any items that you are insuring separately under the personal possessions section.

**Personal Possessions** (only available if contents insured)

3. Do you require cover for personal possessions away from home?

Yes	No

If yes, please indicate the sum insured required for each of the following:

a) clothing and personal belongings, including jewellery and watches (limit £1,500 per item)

£	
---	--

b) personal money

£	
---	--

c) credit cards

£	
---	--

d) pedal cycles

£	
---	--

e) specified items worth more than £1,500  
please give full details below:

£	
---	--

Full description	Replacement Value
	£
	£
	£
	£

Continue on a separate sheet if necessary.

If you have ticked any of the shaded boxes in this form or if there is any other information that you think may be relevant to your insurance, please provide full details in the space below and continue on a separate sheet if necessary:

**ADDITIONAL INFORMATION**

**IMPORTANT**

You should disclose all material facts which may affect acceptance or assessment of your insurance. If you are unsure whether a fact is material or not, please disclose it anyway. Failure to do so may make your insurance invalid.