



RentAble

proposal form

Designed to Protect

Residential Let Property Insurance

proposal form

Please complete all questions, read and sign the declaration

A. About you

Proposer / Proposers

Full Name(s)	Date(s) of Birth	Occupation(s)	Nature of Business

Your Contact Details

Home Telephone	Daytime Telephone	Mobile Telephone	Fax	E-mail

Your Correspondence Address	Postcode

B. History

Name of Previous Insurers	Date of Expiry of Policy

- Has any insurer declined to accept, refused to renew, cancelled or only agreed to continue on special terms any insurance for the proposer or any other person to whom this insurance applies? Yes No

B. History continued

2. Has the proposer, or any other person whose property is to be insured, sustained any loss or damage during the last 6 years which would have been covered by this type of insurance had it been in force, whether or not a claim was paid? Yes No

What precautions have been undertaken to prevent a recurrence?

3. Have you, or any person residing with you, ever been convicted of or charged with but not yet tried for, any offence other than a driving offence? Yes No

C. Property(s) to be insured

- Please complete the 'Property(s) to be insured' table
- Who will be responsible for the regular inspection of the property(s) (please provide the name of the individual or agent's name and their relationship to the proposer)

Name	Relationship to Proposer

3. Details of any interest to be noted on the policy, eg. Mortgagee

Property No.	Name	Address	Interest
1			
2			
3			
4			
5			

4. Security of Property(s)

Security Type	Property				
	1	2	3	4	5
Are the locks on all final exit external doors 5 lever mortice deadlocks?	Y/N	Y/N	Y/N	Y/N	Y/N
Are the locks on patio doors and French windows, fan lights, sky lights key operated locks?	Y/N	Y/N	Y/N	Y/N	Y/N
Are all window locks screw/key operated?	Y/N	Y/N	Y/N	Y/N	Y/N
Does the property have a burglar alarm?	Y/N	Y/N	Y/N	Y/N	Y/N

D. Additional Information

1. Will any of the premises ever be let to an agency or organisation which caters for the placement of persons who are or have been the subject of criminal offences and/or custodial sentences (subject to the provisions of The Rehabilitation Act), persons who have suffered from mental health problems or alcohol or drug related problems? Yes No

2. Will any of the premises be used as bed-sits? (a bed-sit is defined as a property having cooking facilities within each unit). Yes No
 If so how many individual bed-sits are there?

3. Will all of the premises be leased or rented on a shorthold tenancy agreement for a minimum of six months duration? Yes No

4. Will there be any renovation or building works at any property other than minor internal decoration? Yes No

5. Are the premises built of brick, stone, concrete and roofed with slate, tiles or concrete with no more than 20% being flat roof? Yes No

6. Are all of the premises in a good state of repair? Yes No

7. Are all of the premises free from flooding, in an area which is free from flooding and not near any rivers, streams or tidal waters? Yes No

8. Are all of the buildings free from signs of internal or external stepped or diagonal cracking? Yes No

9. Have any of the buildings ever been monitored for or suffered from subsidence, heave or landslip, or are you aware of any survey carried out on the premises which mentions subsidence, settlement or movement of the buildings? Yes No

10. Are you aware of any neighbouring buildings that have been the subject of an occurrence of subsidence, heave or landslip? Yes No

11. Are any of the premises within 7 metres of any trees more than 3 metres high? If yes please supply details of type, height and distance from property. Yes No

12. Are the premises self contained, having its own lockable entrance under the sole control of you and the tenants? Yes No

13. Are the premises being used in any way for a business, trade or a profession other than being let to tenants as a domestic, private dwelling? Yes No

Residential Let Property Insurance

property(s) to be insured

TL Risk Solutions

Property No.	Address of Property to be Insured	Postcode	Date Premises Built	Property Type (eg Detached/Semi detached/Terraced)	No of Bedrooms	No. of Tenants Permitted at the Premises at Any One Time	Buildings Sum Insured*	Contents Sum Insured	£250 Voluntary Excess? **	Number of Each Type of Tenant
1									Y / N	<input type="checkbox"/> Professionals <input type="checkbox"/> Students <input type="checkbox"/> DSS <input type="checkbox"/> Asylum Seekers
2									Y / N	<input type="checkbox"/> Professionals <input type="checkbox"/> Students <input type="checkbox"/> DSS <input type="checkbox"/> Asylum Seekers
3									Y / N	<input type="checkbox"/> Professionals <input type="checkbox"/> Students <input type="checkbox"/> DSS <input type="checkbox"/> Asylum Seekers
4									Y / N	<input type="checkbox"/> Professionals <input type="checkbox"/> Students <input type="checkbox"/> DSS <input type="checkbox"/> Asylum Seekers
5									Y / N	<input type="checkbox"/> Professionals <input type="checkbox"/> Students <input type="checkbox"/> DSS <input type="checkbox"/> Asylum Seekers

* State the full rebuilding cost including demolition, site clearance and professional fees. This amount should include all garages and outbuildings together with any permanently installed swimming pools, tennis courts, drives, patios, terraces, walls, gates, fences, hedges and fixed fuel tanks within the premises to be insured

** Do you require a voluntary excess of £250 in addition to the standard policy excess?

Additional Information

If you have marked any of the shaded boxes, please provide details below

Question No	Full Details

Declaration

To the best of my knowledge and belief the information provided in connection with the proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (NB a material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below or on a separate sheet).

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded, this proposal will form the basis of the insurance.

DATA PROTECTION ACT 1998

By signing this proposal form I/we hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling which may necessitate your providing such information to third parties.

Signature - all parties must sign if the insurance is in joint names.

Date of signing proposal

Subject to acceptance, what date is the insurance due to commence?

TL Risk Solutions Limited

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This document is issued by TL Risk Solutions Limited, Park Row House, 19 - 20 Park Row, Leeds, LS1 5JF
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