Pennant Insurance Services

Property Owners

Inception Date:	

Proposer Details:

Title:		**Correspondence Address:**
Forename:		
Surname:		
D.O.B		
Phone:		
Email:		

Company Details:

Company Status (Circle as appropriate)	Partnership / Limited / Sole Proprietor / Club / Individual Trading as / Charity /Company Trading as / Limited Partnership / Public Limited / Religious Organisation / Society / Company Trading as/ Residents Association
Trading Name (List all Partner names if Partnership): Trading as (If Applicable):	
Business Address: (If different to correspondence address)	
Date Business Established:	

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Premises Details

(For multiple properties on one policy, please fill out this page for each property)

Address of Property	**Approx Year of Build:**	
	Date property purchased:	
Postcode:	**Listed building?**	Yes / No

Construction of Building:

Walls:	
Roof:	
Floors:	Timber / Concrete / Both
Any Flat Roof at the premises:	Yes / No
If Yes, Percentage of roof:	
Material:	
Cladding?	Yes / No
If Yes, is this structural or decorative & state %	

Are the Premises Heated Solely by Fixed Systems?	**Is there an ATM on the premises?**
Yes / No	Yes / No

Location of Premises (Circle as Appropriate):	Arcade / Business Park / Covered Shopping Centre / Domestic Premises / High Street / Office Premises / Industrial Estate / Market / Market Hall / Parade / Precinct / Warehouse / Residential Area

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Residential Aspect (if any):

Property Class (circle as appropriate)	House (single unit) / Bungalow (single unit) / House Share / Purpose Built Flats / Converted Flats	**If Flats – How Many?**	
Residential Occupant Type (circle as appropriate)	Working / Working (benefits assisted) / Working (not benefit assisted) / Family Member / Employee / Non Working (Benefits Assisted) / Non working (not benefit assisted) / Retired / Student / Unkownn – Let to local Authority / D.S.S Council Support / Other (please give details)	Other details:	
Rent Funded By:	Direct from Tennant / Direct from Local Authority / Rental Agency / Other (please specify)		
Premises Use:	Residential / Commercial / Holiday Home / Air BnB / Second Home / Other (please specify)		

Commercial Aspect (if any):

Commercial Type:
(Retail shop, fast food, office etc)

Limits of Cover:

Rebuild Value	Inc Subsidence Cover?	Inc Accidental Damage?	Total Value of Communal Contents	Total Rent Charged per month	Landlords contents / Unit	Public Liability £1million/£2million/£5million (please circle)
£	Yes / No	Yes / No	£	£	£	

Please confirm that each unit within the propery is self-contained, with its own lockable entrance

Yes/ No

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History

Claims:

Please give details of any claims in the last 5 years:

Date	Type of Loss	Settlement Figure	Settled? Y / N	Brief Description

Please confirm the following:

THE PROPOSER(S) / DIRECTOR or PARTNER IN THE BUSINESS:	I Agree
Has never been convicted, charged (but not yet tried) or been given an official police caution in respect of any criminal offence (other than a Road Traffic motoring offence).	
Has never been Declared Bankrupt (other than a bankruptcy that has been discharged) or insolvent.	
Are not subject to any current bankruptcy or insolvency proceedings	
Have no outstanding County Court Judgements(s) or Sheriff Court Decree (s)	
Have never been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act, Health & Safety Act or welfare or environmental protection legislation.	
Have never had an Insurance application refused, an Insurance application cancelled or renewal refused, any increased or special terms applied to any business insurance.	

By signing below, you agree that all the information provided is true and accurate to the best of your knowledge and no attempt has been made to provide false information in order to influence the price of your quotation. You also agree that no action can be taken against Pennant Insurance Services in the event the information disclosed is not accurate or correct.

If your circumstances change after a quotation has been offered, it is important that you provide us with these changes as it may affect your quotation premium.
You MUST also notify us of any changes to your circumstances once a policy has gone on cover. Failure to do so may result in your insurance becoming invalid.

Name:	**Date**
Signature:	

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Additional Information