

ADDITIONAL POLICYHOLDER FORM



This form should only be used to include additional insured's on an existing policy. Should you need to change the main policyholder a new proposal form must be completed.

Policy No:

Additional Policyholder Name

a) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms an insurance for the proposer or any other person to whom this insurance would apply?

Yes No If **Yes** give details below:

b) Has the proposer or any other person whose property is to be insured hereunder sustained any loss or damage in the last five years which would be covered by this type of insurance?

Yes No If **Yes** complete the following details:

Policy type (Buildings or Contents)	Cause of loss (storm, theft, etc.)	Date	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

c) Have you or any person residing with you ever been convicted of arson or any criminal offence in the last five years?

Yes No If **Yes** give details below:

DECLARATION

The questions on this form relate to facts considered as material to the underwriting of this policy.

(nb. A material fact is one likely to influence the acceptance or assessment of your proposal by underwriters. If you are in doubt as to what constitutes a material fact, you should consult the company). I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

To the best of my knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I declare that the values stated are not less than the full reinstatement costs. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

Signature of Proposer Date