



**EAST MIDLANDS PROPERTY OWNERS
Proposal Form For Residential Let Properties**

PART 1

Name(s) in full (Mr / Mrs / Miss / Other) all proposers:

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Have you renewed your EMPO Membership? **YES** **NO** Membership Number:

Your postal address:

.....Postcode:.....

Telephone No:.....Fax No:

Email:.....

Address of properties to be insured and sum insured:

1)
Postcode:.....Sum Insured: £.....

2)
Postcode:.....Sum Insured: £.....

3)
Postcode:.....Sum Insured: £.....

4)
Postcode:.....Sum Insured: £.....

5)
Postcode:.....Sum Insured: £.....

6)
Postcode:.....Sum Insured: £.....

If additional properties require cover please list on a separate sheet or use the reverse of the form.

PART 2

Are the properties:

Located in Great Britain, Isle of Man or Channel Islands?	YES	NO
In good repair and free from damage of any kind?	YES	NO
Built of brick, stone or concrete and roofed with slate, tiles concrete asbestos, asphalt or metal?	YES	NO
Free from any sign of damage by subsidence, heave, landslip or coastal or river erosion?	YES	NO
In a locality where there is evidence or a history of flooding, subsidence, heave, landslip, coastal or river erosion?	YES	NO
Self-contained and not shared by more than 10 persons?	YES	NO
Leased / rented to a Housing Association, Local Authority, DSS Referrals or Itinerant Workers?	YES	NO

Have you or any joint proposer:

Been refused any insurance or had special terms applied by any insurer?		YES	NO
Been convicted of or received a police caution (or have any outstanding charge) for any offence other than driving offences?		YES	NO
Ever been declared bankrupt or been the subject of bankruptcy proceedings?			NO
Made any claims or had any incident which may have resulted in a claim in the past 5 years in relation to the properties to be insured?		YES	NO
Date of Loss	Nature of Loss	Amount	Date Settled

Of any of the shaded boxes have been ticked above then please provide further details: -

Policy Excess (£1,000 subsidence excess as standard) please select:

£250

£1,000

MATERIAL FACTS

A material fact is any fact that could influence the assessment or acceptance of this insurance. Failure to tell us of a material fact may lead to the policy being of no effect. If you are in any doubt as to whether a fact is material, for your own protection you should let us know.

Are there any other material facts you should disclose?

(If YES please give details on the reverse)

YES

NO

DECLARATION BY THE PROPOSER(S)

I declare that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been withheld, suppressed or omitted. I/We understand that you will pass the information on this form and about any incident I/We may give details to IDS Ltd so that they can make it available to other insurers. I/We also understand that, in response to any searches you make in conjunction with this application or any incident I/We give details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

PROPOSERS SIGNATURE

DATE

Please return your proposal form to:

**Franklands
Exeter House, Stanier Way, The Wyvern, Derby, DE21 6BF
Fax: 01332 545720
Email: empo@franklands.co.uk**