



# ABBOTT INSURANCE

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## Property Owners Quote Request

Client Name	
Current Insurer	
Due Date	
Target Premium	
Abbotts' Contact	

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call  
01383 511442



## CONTACT DETAILS

### Client Name & Status

1.	Contact Name			
	Occupation			
	Business Name			
	Status	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Registered Charity <input type="checkbox"/> Private Individual <input type="checkbox"/> Executor of Estate		
	Correspondence Address			
	Telephone		Postcode	
	E-mail		Fax	
			Web Site	www.

## DEMANDS & NEEDS

2. This Quote Request is fundamental to our research for insurance cover that meets the demands & needs of a property owner who wishes to have insurance cover in place to:

protect their assets following property damage or theft

protect their rental income following property damage or theft

be indemnified for their legal liabilities to the public through liability insurance

The details in this Quote Request records the information you have supplied to allow us to research insurance companies and insurance products that meet your requirements.

The information recorded in this document has been material in our assessment of

- 1) your eligibility for insurance policies available,
- 2) the terms and conditions applying to the policies being offered or recommended;
- 3) the insurance premium quoted.

Please check this document carefully. If there are any errors or omissions, please contact us immediately. Failure to do so could result in the subsequent insurance policy being invalidated from inception or a claim being repudiated.

## INSURANCE DETAILS

### Insurance History & Requirements

3.	Current Insurer															
	Renewal Date															
	Duration of insurance required	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months														
	Property Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Unoccupied <input type="checkbox"/> Under Renovation														
	Summary of Cover Required	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Buildings</td> <td style="width: 30%;">£</td> </tr> <tr> <td>Landlord's Contents</td> <td>£</td> </tr> <tr> <td>Loss of Rent</td> <td>£</td> </tr> <tr> <td>Property Owners Liability</td> <td>£</td> </tr> <tr> <td>Legal Expenses</td> <td>£</td> </tr> <tr> <td>Cover Type <i>Fire, Lightening, Explosion, Aircraft impact.</i></td> <td> <input type="checkbox"/> Full Cover  <input type="checkbox"/> F.L.E.A only         </td> </tr> </table>			Buildings	£	Landlord's Contents	£	Loss of Rent	£	Property Owners Liability	£	Legal Expenses	£	Cover Type <i>Fire, Lightening, Explosion, Aircraft impact.</i>	<input type="checkbox"/> Full Cover <input type="checkbox"/> F.L.E.A only
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Legal Expenses	£															
Cover Type <i>Fire, Lightening, Explosion, Aircraft impact.</i>	<input type="checkbox"/> Full Cover <input type="checkbox"/> F.L.E.A only															

## TENANT DETAILS

### General

4. Length of tenancy agreement
- Annual Rent
- Number of tenants
- Do you use the property for personal or business use?

£
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details.

*Please complete the relevant section below*

### Un-Occupancy

- Maximum duration of un-occupancy
- Why is the property unoccupied?
- When did the property become unoccupied?

<input type="checkbox"/> Pending Sale <input type="checkbox"/> Await Tenants <input type="checkbox"/> Decoration <input type="checkbox"/> Renovation

### Residential

- Tenant Type
- If bed-sits, how many?
- Are they self-contained?

<input type="checkbox"/> Professional	<input type="checkbox"/> DSS	<input type="checkbox"/> Asylum Seeker
<input type="checkbox"/> Student	<input type="checkbox"/> Bed-sits	<input type="checkbox"/> Other
Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Commercial

- Please list the trades of all commercial tenants, stating whether they are retail, wholesale or manufacture.

### Renovation

- What type of renovation?
- Who is carrying out the renovations?
- How long will the work take?
- Is there a JCT contract?
- Intended use after completion
- What was the original building used for?

<input type="checkbox"/> New Bathroom	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Doors & Fittings	<input type="checkbox"/> Windows
<input type="checkbox"/> Structural	<input type="checkbox"/> Decorating
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Sale <input type="checkbox"/> Let	

### Holiday Home

- Tenant Type
- Number of weeks occupied per year
- Length of un-occupancy in close season?
- How often do you personally visit the property?

<input type="checkbox"/> Self Only	<input type="checkbox"/> Family & Friends	<input type="checkbox"/> Other
<input type="checkbox"/> Tourist – Direct Booking	<input type="checkbox"/> Tourist – Booking Agent	

## BUILDINGS & CONTENTS

<b>Location</b>	5.	Address		
			Postcode	
		Sum Insured		
<b>Construction</b>		Description	<input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> End-Terraced <input type="checkbox"/> Mid-Terraced <input type="checkbox"/> Flat	
		If Flats, please state	<input type="checkbox"/> House conversion <input type="checkbox"/> Purpose Built <input type="checkbox"/> Commercial Conversion <input type="checkbox"/> Bedsits	
		Number of Bedrooms		Number of Other Rooms
		Wall Construction		
		Roof Type & Construction		
		Flat Roof Construction		
		Flat Roof Percentage		Flat Roof Age
		Year Built		
		Other details (listed, repaired, flood, subsidence)		
		Distance to nearest river or shoreline		
		Neighbouring Properties		
		Is the property self-contained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Security</b>		Physical Security	Local Authority CCTV	Yes <input type="checkbox"/> No <input type="checkbox"/>
			External Locks BS3621 mortice deadlocks	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Key operated windows	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Other Security	
		Detail of Alarm approvals & maintenance:		
		Signalling		
		Fire Alarms	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Contents</b>		General Contents	£	
		Fixtures & Fittings	£	

## CLAIMS HISTORY

### Claims History

6. Please give details of all property insurance claims in the past 5 years. Use the additional space below if required.

No.	Date	Amount	Detail
1		£	
2		£	
3		£	
4		£	
5		£	

## MATERIAL INFORMATION

Please note your obligations with respect to material facts. Material facts are those which may affect the insurers assessment of the risk. This duty of disclosure is imposed on policyholders by the legal principle of Utmost Good Faith and clauses in the policy. It arises at inception, renewal and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance, or the cover provided under your insurance policy.

## DECLARATION

1. I/We declare that

- (a) this quote request form has been completed after proper enquiry;
- (b) its contents are true and accurate
- (c) all matters which may be relevant to the consideration of your needs for insurance have been disclosed.
- (d) the proposer has never
  - i) had insurance refused, renewal declined or special terms applied
  - ii) had any criminal convictions, prosecutions pending or subject to an investigation that may lead to prosecution (other than motoring offences)
  - iii) been declared bankrupt or insolvent or been disqualified from being a company director

2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

3. I/We agree that completing this quote request does not bind me/us, the broker or the insurer into entering into a contract of insurance.

**Signature of Proposer**

**Date**

**A copy of this form should be retained for your records.**