

Is the Home in a good state of repair and free from damage and defect of any kind? **YES/NO**
If **NO** please provide details in the box below:-

Is the main building of the Home constructed of brick, stone or concrete and roofed **YES/NO**
If **NO** please provide details in the box below:-

Is the Home free from, and in an area free from, any sign or history of damage by **YES/NO**
If **NO** please provide details in the box below:-

Is the Home occupied only as a private dwelling and not used for business purposes **YES/NO**
If **NO** please provide details in the box below:-

Will the property be occupied from the inception date of this policy? **YES/NO**
If **NO** please provide details in the box below

Have you or any person to be insured:- **YES/NO**
a) Ever had a proposal for Insurance declined, renewal refused cover terminated, **YES/NO**
b) Or ever been convicted of or cautioned for (or charged but not yet tried with) any **YES/NO**
If **YES** please provide details in the box below:-

Do only you and your family occupy the Home? **YES/NO**
If **NO** please provide details in the box below:-

Is the Home self- contained i.e. no shared facilities? **YES/NO**
If **NO** please provide details in the box below:-

Additional Details/Information box - please continue on a separate sheet if the space provided is not enough.

DECLARATION - if it is a joint proposal, both must sign.
Please read the following notices and the Declaration carefully before signing

Important - Disclosure

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover your insurer must be advised.

It is important you have given full and true answers to all questions. If you have not done so, your insurance cover may not protect you in the event of a claim. If you wish to disclose some information, please use the Additional Details box above. You should keep a copy of all information sent to us. A copy of your proposal can be supplied upon request within 3 months after its completion.

Claims & Underwriting Exchange Register & Data Protection Act

Please read the enclosed Notice about the Claims and Underwriting Exchange Register and Data Protection Act (dealing with how the personal information you provide may be used) before signing the proposal form

I/We understand the contents of this completed proposal form and I/We declare that the answers in this Proposal are true and complete to the best of my/our knowledge and belief. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/We undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

Signature of Proposer _____ Date _____

Signature of Joint Proposer _____ Date _____

Cover is subject to a satisfactorily completed Proposal Form
Underwritten by Aviva Insurance UK Limited. Registered in Scotland Number 2116

Registered Office: Pitheavilis, Perth, PH2 0NH

A member of the Aviva Group