

Do you occupy the premises as the owner or tenant?

OWNER	TENANT
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Were the premises occupied at the time of loss?

YES	NO
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Have you made any other insurance claims over the last five years or have you or any member of your family ever had an insurance claim declined? If "Yes", please give details below.....

YES	NO
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Have you ever had an insurance policy declined, or had special terms imposed? If "Yes", please give details below.....

YES	NO
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Schedule A - Items lost or damaged beyond repair

Full description including make & model	Date purchased or received	From whom purchased	New or secondhand	If secondhand age when purchased	Price paid	Present cost of replacement article

Schedule B - Items damaged but repairable

Full description including make & model	Date purchased or received	Price paid	Present cost of replacement article	Name of repairer	Estimated repair cost

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

Date / /

Signature of the Policyholder