

MTVH Home Contents Insurance Scheme Application Form

(Subject to the terms, exclusions and conditions of the policy, a specimen of which is available on written request).

- Before you fill in the form, read the declaration at the end.
- Make sure that you answer all the questions as fully as possible.
- Please return the whole completed form to the Wessex.

Please keep a copy of this form together with any information you send with it.

Or you can ask for a copy from the insurance company within three months of taking out insurance.

This form is used to work out your insurance premium and whether you can be insured. Please include all information. If you are in any doubt about whether to include information, please include it.

If you do not it may mean that any claim you make is turned down.

Your Full Name (Mrs/Ms/Miss/Mr/other)

Date of Birth _____

Your domestic partner or joint proposer, Full name (Mr/Mrs/Ms/Miss/Other)

Date of Birth _____

Is the policy required in joint names? Yes ☐ No ☐

Address

Post Code _____

Telephone no.

Are you a Tenant of MTVH? Yes ☐ No ☐

Are you a Leaseholder of MTVH? Yes ☐ No ☐

Are you a Shared Owner or Shared Equity Owner of MTVH? Yes ☐ No ☐

Required start date _____

The Amount of Insurance Required (your sum insured) to the nearest £1,000 £ _____

Do you require Accidental Damage cover? Yes ☐ No ☐

Do you require Mobility Scooter / Wheelchair cover? Yes ☐ No ☐ £1,000 ☐ £2,000 ☐ £3,000 ☐ £4,000 ☐

Do you require Hearing Aids cover? Yes ☐ No ☐ £1,000 ☐ £2,000 ☐ £3,000 ☐ £4,000 ☐

Do you require Personal Belongings cover? Yes ☐ No ☐ £1,000 ☐ £2,000 ☐ £3,000 ☐ £4,000 ☐

Where did you hear about the scheme? _____

Insurance starts when Wessex informs you that you have been accepted onto the scheme. You will be sent a policy booklet and schedule which will confirm the sum insured, premium and start date. It is important that the sum insured chosen (in round sums of £1,000) is sufficient to cover the full replacement cost of all your household goods and personal effects.

PLEASE ANSWER ALL THE QUESTIONS BELOW. WE CAN ONLY CONSIDER YOUR APPLICATION ONCE THESE QUESTIONS HAVE BEEN ANSWERED. PLEASE USE CAPITAL LETTERS WHEN FILLING IN THIS FORM TO BE ANSWERED BY THE APPLICANT (please tick the correct box in answer to the questions below) We can only consider your application once ALL these questions are answered in full.

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Is your home self contained with its own separate lockable front door? | <input type="radio"/> | <input type="radio"/> |
| 2. Is this property your permanent home and occupied only by yourself and members of your immediate family normally living with you? | <input type="radio"/> | <input type="radio"/> |
| 3. Does the amount of insurance you have chosen cover the full amount of replacing all your household goods, personal belongings and improvements to your home you have made as a tenant? | <input type="radio"/> | <input type="radio"/> |
- If you have answered NO to any of the above questions, please give more details below (use a separate sheet if more space is needed).
-
-

- | | YES | NO |
|--|-----------------------|-----------------------|
| 4. Do you regularly leave your home empty or unattended for more than 60 days? | <input type="radio"/> | <input type="radio"/> |
| 5. Is your home used for running a business? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you or anyone living with you ever been refused insurance, had insurance cancelled or had special terms imposed by an insurer? | <input type="radio"/> | <input type="radio"/> |
- If you have answered YES to any of the above questions, please give more details below (use a separate sheet if more space is needed).
-
-

- | | YES | NO |
|--|-----------------------|-----------------------|
| 7. Have any incidents occurred in the last five years which would have caused you to make a claim for household contents or personal effects, whether or not you were insured at the time? | <input type="radio"/> | <input type="radio"/> |
- If you have answered YES to the above question, please give us the following information (use a separate sheet if more space is needed):
- Date(s) of incident(s) _____
- What caused the loss (theft, water damage etc.)? _____
- Value of goods lost or damaged _____
- Were you insured at the time? _____
- If so, how much did the insurers pay in settlement of the claim? _____
8. If you have had a burglary in the last five years please state
- How entry was gained? _____
- What additional security has been installed since the incident? (extra locks, alarms etc.) _____
-

- | | YES | NO |
|---|-----------------------|-----------------------|
| 9. Have you or anyone living with you ever been convicted or charged with any offence, other than motoring offences, or is any prosecution or police enquiry pending? | <input type="radio"/> | <input type="radio"/> |
- If you have answered YES to the above question, please tell us:
- Date of conviction or charge _____
- Nature of offence _____
- Penalty received (amount of fine, length of sentence etc.) _____
- Your age at the time _____

Important Notice - Information we need to know about

You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out, make changes to, and renew your policy. Please read any assumptions carefully and confirm if they apply to your circumstances.

Please tell your insurer if any of the information provided by you changes after you purchase your policy, or if there are any changes to the information set out on your schedule. You must also tell the insurer about the following changes;

- any change to the people, or to be insured
- any change or addition to the contents or the property to be insured that results in the need to increase the amounts insured or the limits that are shown on your policy schedule
- if your property is to be lent, let, sub-let, or used for business purposes (other than occasional clerical work)
- if your property is to be unoccupied for any continuous period exceeding 60 days, or
- if any member of your household or any person to be insured on this policy is charged with, or convicted of a criminal offence (other than motoring offences).

If the information provided by you is not complete and accurate:-

- we may cancel your policy and refuse to pay any claim, or
- we may not pay any claim in full, or
- we may revise the premium, or
- the extent of the cover may be affected

The Insurer recommends you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

PLEASE READ THE DECLARATION BELOW CAREFULLY BEFORE SIGNING IT

Declaration

- I/We declare that the information given is to the best of my/our knowledge and belief correct and complete.
- 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.
- I/We have read the information overleaf under the heading "Important Information".

You must ensure that your sum(s) insured are not less than the full cost of replacing the goods; failure to do so may invalidate your policy or reduce claims settlements.

Applicants signature

Date

Joint proposer signature

Date

Joint applicants should both sign if policy is required in joint names.

Special note

If during the period of your insurance cover, your home is likely to be unoccupied (e.g through hospitalisation, extended holiday) for more than 60 consecutive days you will have to advise MTVH Housing Partnership.

FOR OFFICIAL USE ONLY

Date Received:

Premium:

Policy No.

Start Date:

Aviva Regulatory Status

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. We are registered as: Aviva Insurance Limited and our firm's reference number is 202153.

You may check this information and obtain further information about how the Financial Conduct Authority protects you by visiting their website www.fca.org.uk or by contacting them on 0800 111 6768.

Payment Method

I wish to pay the premium (tick box)

- ☐ **Annually** by Cheque, Postal Order
(both to be made payable to:
Wessex Group)
or Debit/Credit Card.
- ☐ **Monthly** by Direct Debit.
- ☐ **Fortnightly** by Cash at any Post Office.

If you have ticked Annually or Monthly please
now complete the relevant section on this page.

ONLY FILL IN THIS PART IF YOU ARE PAYING ANNUALLY THROUGH YOUR BANK CREDIT/ DEBIT CARD.

☐ I hereby authorise Wessex Group to collect my
annual premium through my Bank Debit/Credit Card.

☐ ACCESS ☐ VISA ☐ SWITCH issue No.

Card No.

Expiry Date:

Signature(s):

Date:

ONLY FILL IN THIS PART IF YOU ARE PAYING BY MONTHLY DIRECT DEBIT

Insurance Payment Plan

Instruction to your Bank or Building Society to pay Direct Debits

1. Name and full postal address of your Bank or Building Society branch.

To: The Manager

Bank/Building Society

Postcode

2. Name(s) of account holder(s):

3. Branch sort code: (from the top right hand corner of your
cheque)

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4. Bank or Building Society account number:

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Originator's Identification Number



5. Reference Number (for office use only)

6. Instruction to your Bank or Building Society:

Please pay Wessex Group Direct Debits from the account detailed in this
instruction subject to the safeguards assured by the Direct Debit
Guarantee. I understand that this instruction may remain with Wessex Group
and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s):

Date:



The Direct Debit Guarantee

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment date changes Wessex Group will notify you 14 working days in advance of your account being debited or as otherwise agreed. If an error is made by Wessex Group or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch, of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us. A copy of this guarantee should be retained by the payer. Now return the whole completed form to: Wessex Group, Jewry House, Jewry Street, Winchester, Hampshire SO23 8RZ or alternatively hand it in to the Council.