

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 Wessex Group.

**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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| | 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?
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). | <input type="radio"/> | <input type="radio"/> |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| | 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?
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). | <input type="radio"/> | <input type="radio"/> |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| | 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?
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? _____ | <input type="radio"/> | <input type="radio"/> |

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.) _____

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| | 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?
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 _____ | <input type="radio"/> | <input type="radio"/> |

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 Wessex Group.

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 WIMS Limited) or Debit/Credit Card.
- Monthly** by Direct Debit or 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 WIMS Ltd 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 WIMS Ltd 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 WIMS Ltd 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 accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit WIMS Ltd will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request WIMS Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by WIMS Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when WIMS Ltd asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Underwritten by



Aviva Insurance Limited

Registered in Scotland No 2116

Registered Office : Pitheavlis, Perth, PH2 0NH

Authorised by the Prudential Regulation Authority and regulated
by the Financial Conduct Authority and the Prudential Regulation Authority.