



Kit & home contents Proposal Form

Agent Stamp

- Please complete this form in BLOCK CAPITALS and tick the appropriate boxes.
- If you tick any shaded box to the questions on this proposal form, please give details in the 'Additional Information' box overleaf.
- All specified items worth more than £3,000 (£1,000 for Pedal Cycles) require proof of value.
- The Insurers reserve the right to change the premium and/or terms and conditions of cover in certain circumstances.

Personal Details

Proposer: (Mr/Mrs/Ms/Miss) Initials: Surname: Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Joint Proposer: (Mr/Mrs/Ms/Miss)

Correspondence Address:

Postcode:

Address of Property to be Insured (if different):

Postcode:

Email:

Telephone:

Which Service do you belong to?

Royal Navy Army RAF Royal Marines Service Number

Other, or full/part time occupation if not in service:

Cover to Start on:

D	D	M	M	Y	Y	Y	Y
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Joint Proposer Full/Part time Occupation:

(Subject to acceptance by Insurers)

Please answer the following questions (these questions apply to all sections):

Wherever we ask questions on the proposal form about your family we mean you, your husband, wife, partner, children (including foster children), parents and relatives who all normally live with you.

Has your family:

- a) been refused insurance or had any special terms or conditions imposed? Yes No
- b) ever been convicted of, cautioned or charged with any criminal offence?
(Driving offences and offences which are spent under the Rehabilitation of Offenders Act 1974 can be disregarded) Yes No
- c) made any claim or suffered any loss, damage or liability in the past 3 years (whether insured or not)? Yes No

Worldwide Cover for items 1 - 4.

Covers 1 & 2 must be insured if you are a serving member of H.M. Forces

Premiums
including IPT
where appropriate

1. Military Risks

A. Military Kit (Cover for Service uniforms, kit and equipment owned by you or on permanent issue to you.)

£

£

B. March Out/Out Muster

Do you wish to cover liability for March Out/Out Muster charges up to £10,000?

Yes No

£

(Please note cover for March Out/Out Muster commences 90 days after cover date, unless you have a current Global policy.)

2. Personal Possessions

A. Personal Possessions Excluding Computer Laptops

£

£

Sum Insured (minimum £1,500)

Item	Value £

B. Computer Laptops

(This sum insured is in addition to Personal Possessions.)

Please specify the details and Sum(s) Insured of any computer laptops you wish to cover.

Make	Model	Serial No.	Value £

£

3. Pedal Cycles (This sum insured is in addition to Personal Possessions.)

Make	Model	Serial No.	Value £

£

4. Contact Lenses

No. of pairs: Maximum value per pair:

£

£

5. Contents

(The sum insured should not include any amount of cover requested in the items 1-4 above.)

A. Contents of your home Sum Insured (minimum £9,000)

£

£

'Valuables' worth more than £2,500 should be listed below ('valuables' are items of jewellery, watches, clocks, cameras, camcorders, articles made of or containing precious metals or stones, pictures, works of art and collections).

Item	Value £

If you have selected contents insurance, please answer the following questions:

1. Is your home situated within a guarded perimeter fence? Yes No
2. Is your home a weekend or holiday home? Yes No
3. Is your home built of brick, stone, concrete and roofed with slates, tiles, concrete or metal? Yes No
4. Is your home on a site which has been flooded? Yes No
5. Is any part of your home or grounds used for business or professional purposes? Yes No
6. Is your home occupied solely by **YOUR FAMILY**? Yes No

B.Contents in store

Sum Insured

£

Items worth more than £2,500 should be listed below.

Item	Value £
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Storage address:

Postcode:

Insurance for Contents of a Let Property (UK only) and contents of holiday homes is available on request providing we insure the contents of your main home.

Premium Discount (not available for Legal Expenses)

Discount is available if you accept an increased excess.

Please tick the appropriate box. £100 (5% discount) £200 (10% discount)

6. Legal Expenses Up to £40,000 to pursue or defend your legal rights

Do you wish to have cover for legal expenses? Yes No

If yes please answer the following questions:

- a. Are you or any member of your family aware of any circumstances that could give rise to a claim or legal proceedings (including criminal prosecution or a claim relating to your employment) being pursued or brought against you? Yes No
- b. Have you or any member of your family been involved in a any claims or legal proceedings (including criminal prosecutions or a claim relating to your employment) in the last three years? Yes No

Additional Information

If you have ticked a shaded box to any of the questions on this proposal form, please give details here. If you need more space continue on a separate piece of paper.

Additional Information:

Details of previous losses or damage:		
Date:	Details:	Amount:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please let us know of any additional requirements you may have.

If for any reason you are unable to contact PAX Insurance or the agent who arranged this insurance, please specify the details of a person who we can correspond with or accept instruction from.

Name:

Address:

Postcode:

Premiums including IPT where appropriate

£

£

Total Premium

£

Please read these notes and sign and date the declaration

Data protection notice

Please read the following carefully as it contains important information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

We are required to send you this information to comply with current Data Protection legislation. It explains how we may use your details and tells you about the systems we have in place that allow us to detect and prevent fraudulent applications and claims. The savings that we make help us to keep premiums and products competitive.

All personal information supplied by you will be treated in confidence by PAX Insurance and the RSA Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of PAX Insurance and the RSA Group of companies or our agents or subcontractors.

The RSA Group of companies may pass your personal information to their companies for processing on

our behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal information, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries can be provided to you on request.

If you would prefer NOT to hear about other products and services please tick this box.

Fraud prevention, detection & claims history

- If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies.
- Law enforcement agencies may access and use this information.
- We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:
 - Checking details on applications for credit and credit related or other facilities
 - Managing credit and credit related accounts or facilities
 - Recovering debt
 - Checking details on proposals and claims for all types of insurance

continued overleaf

See overleaf for how to pay your premium

If you pay your premium by Direct Debit, please complete the instruction to your Bank/Building Society below. Please note a 6% instalment charge will be applied to the monthly instalment option.

Please tick the method of payment required. One Annual Payment Monthly Instalments

Instructions to your Bank or Building Society to pay by Direct Debits

Please complete parts 1-6 to instruct your branch to make payments directly from your account. Return the form to: PAX Insurance, Somerset House, 47-49 London Road, Redhill, Surrey RH1 1LU



The Manager:	Bank / Building Society
Address:	
	Postcode

Originators identification number

Pax reference number
(for office use only)

Instruction to your Bank or Building Society.

Please pay Premium Credit 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 Premium Credit Ltd and if so, details will be passed electronically to my Bank/Building Society.

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

3.Account number

4.Branch Sort Code

5. Signature(s)

6. Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts

Premium Credit, Premium Credit House,
60 East Street, Epsom, Surrey, KT17 1HB

- Checking details of job applicants and employees
- Please contact the Data Protection Liaison Officer at the address below if you want to receive details of the relevant fraud prevention agencies.
- We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

Claims history

- Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.
- Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd).

- The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with a request for insurance, we may search the register.

How to contact the Data Protection Liaison Officer

On payment of a small fee you are entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to

The Data Protection Liaison Officer, Customer Relations Office, RSA, Bowing Mill, Dean Clough Industrial Park, Halifax, HX3 5WA

Changes in circumstances

The questions on this form relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance. If you are in doubt, please contact us.

A copy of the completed proposal form is available on request but you should keep a record of all information supplied to us for the purpose of entering into this contract.

How to pay your PAX Kit & Home Contents Insurance

If you have ticked a shaded box, do not send any money with your application. Insurers may change the premium or the terms and conditions of the policy.

1. By Cheque:

I enclose a cheque for: made payable to PAX Insurance.

Please write your name, address and reference number on the reverse of your cheque.

2. By Credit Card / Debit Card - Single Payment

Visa Switch/Maestro Mastercard Delta

Credit / Debit Card No

Cardholder's name

Expiry Date Issue No. (Switch only)

Security Code: Premium:

(Last 3 digits on reverse of card)

Card Holders Signature:

Date:

3. By Direct Debit: Please complete the instruction to your Bank / Building Society overleaf

Declaration

I/We understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd. so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd. may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

I/We declare that I/we have read all the statements contained in this proposal form and I/we confirm that to the best of my/our knowledge and belief, the statements made by me/us, or on my/our behalf are true and complete.

I/We understand that the contract between me/us and Royal & Sun Alliance Insurance plc is based upon this information. If the answer to any question has been completed by another person, that person is my agent and not the agent of Royal & Sun Alliance Insurance plc, or PAX Insurance.

If the proposal form is in joint names, both proposers must sign and date below.

Telephone calls are recorded and may be monitored

Signature of proposer:

Date:

Signature of joint proposer:

Date: