



# PROPERTY OWNERS PROPOSAL FORM

|               |      |
|---------------|------|
| Policy No.    |      |
| Agreement No. |      |
| Agent's No.   | Ref. |

**IMPORTANT**

1. Your Broker/Agent will supply you with a copy of the prospectus. Please ensure you have read a copy of the prospectus prior to completing this form.
2. You should keep a record (including copies of letters) of all information provided to the Company relating to this proposal, a copy of which will be provided on request within a period of three months after its completion. A full specimen policy wording is available on request.

**COMMENCEMENT DATE OF INSURANCE**

1. Date insurance to start    Cover cannot apply until this proposal is accepted.  
The policy will be renewable annually on this date.

**PROPOSER'S DETAILS (Complete in all cases)**

1. Name of Proposer

2. Proposer's Postal address

|                      |                        |                       |
|----------------------|------------------------|-----------------------|
| <input type="text"/> |                        |                       |
| <input type="text"/> |                        |                       |
| <b>Postcode</b>      | <b>Tel No and Code</b> | <b>E-mail Address</b> |

3. Names of Directors or Partners and Registered Number if a Limited Company

|                      |                          |
|----------------------|--------------------------|
| <input type="text"/> |                          |
| <input type="text"/> | <b>Registered Number</b> |

4. Business Description or Trade

**GENERAL QUESTIONS (Complete in all cases)**

- |  |   |
|--|---|
|  | Yes    No   |
| 1. Have you or any director or partner ever been declared bankrupt or insolvent?   | <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/> |
| 2. Have you or has any director or partner been convicted of, or is any prosecution pending, for arson or any offence involving dishonesty of any kind, e.g. fraud, robbery, theft or handling stolen goods?                       | <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/> |
| 3. How many years have you been in business at this or previous address(es)?   | <input style="width: 60px; height: 20px;" type="text"/>   |
| 4. In respect of any of the risks against which you now wish to insure:  | Yes    No   |
| (i) Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years?   | <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/> |
| (ii) Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions?   | <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/> |
| (iii) Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last 3 years? | <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/> |

If you have answered 'YES' to any of the above questions please give details below including name(s) and address(es) of previous insurers/trading interests and dates and amounts paid or outstanding in respect of any claims.

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

5. Are the buildings (or part of the buildings) you wish to insure
- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| (i) Built of brick, stone or concrete and roofed with slate, tile, concrete, metal or asbestos?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) In the course of construction or undergoing (or scheduled to undergo) any process of structural alteration renovation or repair? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Situated less than 1/2 mile from the nearest river, water course or sea?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) In a locality which the Environmental Agency has indicated is a flood risk area?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) Currently (or expected to become) untenanted or vacant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) Used for a purpose other than that for which they were built?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) Is any of the fixed glass other than plain plate?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (viii) Communicating with other premises?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (ix) Heated other than by a gas, electric or oil-fired central heating system?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (x) In a good state of repair?  | <input type="checkbox"/> | <input type="checkbox"/> |

6. Are any hazardous processes undertaken or hazardous materials stored in or at the premises?

7. Is subsidence cover required?

If YES a subsidence questionnaire must be satisfactorily completed, please ask for the appropriate form.

Have any of the buildings (or part of the buildings) you wish to insure

(i) Been subject to subsidence, landslip or heave damage?

(ii) Been underpinned to prevent or repair subsidence, landslip or heave damage?

If any of the shaded boxes have been ticked above, please provide details below:-

|  |
|--|
|  |
|  |
|  |
|  |

**BUILDINGS** (complete in all cases)

1. Is cover required on a Day One Inflation Provision Basis?

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
| %                        |                          |

If YES state percentage uplift required (Standard is 25%)

| 2. | Premises | Address, including postcode | How is the property occupied<br>(state trade of tenant(s)) | Buildings<br>Declared Value |
|----|----------|-----------------------------|--|-----------------------------|
|    | 1        |                             |  |                             |
|    | 2        |                             |  |                             |
|    | 3        |                             |  |                             |
|    | 4        |                             |  |                             |
|    | 5        |                             |  |                             |

**\*IF THERE IS A CHANGE OF TRADE OF THE TENANT WE MUST BE NOTIFIED\***

| Premises | No of storeys | Is each storey separated by a concrete floor? | Approximate year of construction | Type of property e.g. house, flats, shop, office, factory, workshop, warehouse, shop with flat above, lock up shop | Construction of walls and roof |
|----------|---------------|---|----------------------------------|--|--------------------------------|
|          | 1             |   |                                  |  |                                |
|          | 2             |   |                                  |  |                                |
|          | 3             |   |                                  |  |                                |
|          | 4             |   |                                  |  |                                |
|          | 5             |   |                                  |  |                                |

3. State the name and address of any person or other party having a financial interest in the Buildings to be noted on the Policy

|  |
|--|
|  |
|--|

Please read the Prospectus for details of cover in respect of Terrorism.

**GLASS**

Do you wish to delete this cover for a reduction in premium?

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

**OPTIONAL COVERS** (Complete only if required)

| LANDLORDS CONTENTS (OPTIONAL)   |   |
|---|---|
| Is cover required? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| No. Premises  | Landlords Contents Sum Insured (max £20,000 per premises) |
| 1   | £   |
|   |   |
| 2   | £   |
|   |   |
| 3   | £   |
|   |   |
| 4   | £   |
|   |   |
| 5   | £   |
|   |   |

| RENT RECEIVABLE (OPTIONAL)  |                            |
|---|----------------------------|
| Is cover required? Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |
| No. Premises  | Rent Sum Insured           |
| 1   | £ per annum                |
|   | Period of Indemnity months |
| 2   | £ per annum                |
|   | Period of Indemnity months |
| 3   | £ per annum                |
|   | Period of Indemnity months |
| 4   | £ per annum                |
|   | Period of Indemnity months |
| 5   | £ per annum                |
|   | Period of Indemnity months |

**TERRORISM**

Is cover required?

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

| EMPLOYERS' LIABILITY (OPTIONAL)   |                     |  |
|---|---------------------|--|
| Is cover required for injury to employees? Yes <input type="checkbox"/> No <input type="checkbox"/> |                     |  |
| If 'YES', give details of all your employees below  |                     |  |
| Description of employees including persons supplied to or hired or borrowed by you                  | Number of Employees | Estimated annual payments to employees |
| Clerical and managerial employees   |                     |  |
| Security staff, caretakers, gardeners and other maintenance staff                                   |                     |  |
| Others (give full details of work carried out)  |                     |  |

**MATERIAL FACTS** (Complete in all cases)

A material fact is any fact which could influence the assessment or acceptance of this proposal. Failure to tell us a material fact may lead to the policy being of no effect. If you are in any doubt as to whether a fact is material, for your own protection you should let us know.

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Are there any other material facts you should disclose?

If 'YES', please give details below

|  |
|--|
|  |
|--|

**IMPORTANT – Please see overleaf**

MMA Insurance plc  
 Norman Place, Reading RG1 8DA  
 Tel 0118 955 2222 Fax 0118 955 2211  
 www.mma-insurance.com

## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form excluding official use boxes using a ball point pen and send it to:

Instalment Department  
 MMA Insurance plc  
 Norman Place  
 Reading  
 RG1 8DA

Originator's Identification Number

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 9 | 4 | 1 | 0 | 9 | 6 |
|---|---|---|---|---|---|

Name(s) of Account Holder(s)

Branch Sort Code (from right hand corner of your cheque)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Bank/Building Society account number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

First box only to be used for National Girobank 9 (nine) figure account numbers.

Banks/Building Societies may not accept Direct Debit instructions for some types of accounts.

Name and full postal address of your Bank or Building Society

|                |                       |
|----------------|-----------------------|
| To The Manager | Bank/Building Society |
| Address        |                       |
|                |                       |
| Postcode       |                       |

Mandate Reference Number (Official use only)

**FOR MMA INSURANCE OFFICIAL USE ONLY**  
 This is not part of the instruction to your Bank or Building Society.

### Instruction to your Bank or Building Society

I/We have read and understood the terms of the application overleaf. Please pay MMA Insurance plc Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

**I understand that this instruction may remain with the originator mentioned above and if so, details will be passed electronically to my Bank/Building Society.**

Signature(s)

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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 dates change you will be told of this in advance by at least 7 days as agreed.
- If an error is made by MMA Insurance plc 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.

This guarantee should be retained by the Payer.

## Application to Pay by Direct Debit

I/We apply to MMA Insurance plc to pay the premium due under the policy shown by monthly Direct Debit from my/our Bank/Building Society account until further notice. I/We have signed the Direct Debiting Instruction overleaf authorising MMA Insurance plc to debit my/our account with the appropriate monthly premium **(including tax and credit charge)** until further notice. MMA Insurance plc will give 7 working days notice of payment amounts or any subsequent amendments to these amounts resulting from policy amendments. I/We understand that if my/our Bank/Building Society does not honour a Direct Debit request, cover under my/our policy will cease after 7 days' notice of cancellation has been given. I/We undertake to return immediately to MMA Insurance plc the Certificate of Insurance/Schedule in respect of any cancelled policy.

I/We understand that MMA Insurance plc will search the files of a credit reference agency and a record of that search will be recorded against my/our file whether or not my/our application is accepted. If credit is granted I/we understand that details of how I/we have performed in meeting my/our obligations under this agreement may be passed from MMA Insurance plc to one or more credit reference agencies. This information may be searched by credit granters and used in assessing applications for future banking, loan, hire or insurance facilities and for debt collection purposes.

I/We understand that MMA Insurance plc may refuse my/our application for credit. Under such circumstances MMA Insurance plc will write and advise me/us and allow me/us seven days to pay the balance of premium. If I/we do not pay the amount outstanding within this period the policy will be automatically cancelled from the date that the seven days' notice expires. I/We also understand that the agreement is not in force until after satisfactory credit references have been taken and lodgement of the completed instruction has been accepted by my/our Bank/Building Society.

**N.B.** MMA Insurance plc are unable to accept credit applications for payment where:

- 1) premiums are less than £75.00
- 2) the policy is decennial, Flagship or non-comprehensive private motor
- 3) the proposer and the payer are not one and the same
- 4) the proposer is under 25 years old
- 5) inception date of cover is more than four weeks prior to the date of receipt of the credit application by MMA Insurance plc
- 6) the proposer/payer has defaulted on any previous agreement.

*N.B. for Multi-Trip Travel policies only, points 1) and 4) do not apply.*

**A 20% DEPOSIT CHEQUE MUST ACCOMPANY ALL NEW  
INSTALMENT APPLICATIONS**

**DATA PROTECTION ACT**

The information you provide is collected by or on behalf of MMA Insurance and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling and to enable us to detect fraud or loss.

We may use some of the information you provide for research, marketing or statistical purposes. We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you.

Providing information to us signifies your consent to it being used for these purposes. You must ensure that any information you supply relating to anyone else is accurate and that you have obtained their consent on our behalf to the use of their data for these purposes. If you have any queries about our use of your information please write to the Data Protection Officer, MMA Insurance plc Norman Place Reading RG1 8DA.

If the broker or intermediary you have used to obtain this insurance policy ceases to carry on business, to otherwise trade or be regulated by the FSA as an insurance intermediary, we may transfer your personal data and information to another insurance intermediary who will continue to effect insurance cover for you. Please let us know if you do not want us to share your personal data and information with another insurance intermediary as described above.

**DECLARATION BY THE PROPOSER**

**I declare that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been withheld, suppressed or omitted.**

If the above statements have been written by any person other than the undersigned, such person shall be deemed to have been my agent for the purpose of filling in such statements.

**PROPOSER'S SIGNATURE**

**DATE**

Do you wish to pay your premium by Direct Debit? 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

If YES please complete an MMA Direct Debit Form.

Only available to Proposers if aged 25 and over with a premium over £75

**Intermediary Use Only**

**SUB-TOTAL**

£

**PLUS TAX**

£

**GRAND TOTAL**

£

**Please make sure you have signed and dated this form.**