



hepburns insurance

Landlord Application Form

ARRANGING YOUR INSURANCE IS SIMPLE...

Step 1: Landlord Personal Details

Post your Application Form back in the Free Business Reply envelope provided.

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other	<input type="text"/>
First name:	<input type="text"/>	Surname:	<input type="text"/>			
Company name: (if applicable)	<input type="text"/>					
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>					
Tel (home):	<input type="text"/>	Tel (work):	<input type="text"/>			
Mobile:	<input type="text"/>	Email:	<input type="text"/>			
Best time for contact:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> At home	<input type="checkbox"/> At work		

Step 2: Details of property to be insured

Property postcode:

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Property address:

Please note, if you have more than one property to be insured, please contact us.

Step 3: Choose your cover:

Building Insurance includes Property Owners and Employers' Liability together with Loss of Rent at up to 30% of the sum insured

Buildings Insurance Only
Go to Step 3A

Buildings & Contents Insurance
Go to Step 3A

Contents Insurance Only
Go to Step 3B

Step 3A Sum Insured

Buildings

£

(Please specify the rebuilding cost, not the market value)

Contents

£

(The replacement cost of all your contents with new items at current prices)

Please contact Hepburns for a quote.

Step 3B Contents Only Cover

(For both furnished and unfurnished properties)

Sum Insured:

£5,000

£10,000

Other

Monthly Premium

Monthly Premium:

£8.25

£12.42

Please contact
Hepburns for
a quote

£

Tick Cover Required:

WORK OUT YOUR TOTAL AMOUNT

TOTAL MONTHLY PREMIUM

**Monthly
Premium**

x12=

**Yearly
Premium**

INSURANCE PREMIUM TAX (+6% of premium)

+

MONTHLY ADMIN FEE

+

TOTAL COST

=

SELECT MONTHLY OR ANNUAL PREMIUM

Step 4: Declaration

If you tick the boxes outlined in orange, please provide additional information below.

The following questions in section A apply to landlords who would like both **Buildings or Contents Insurance cover**.

Section A:

Yes No

Have you, or any person to whom this insurance will apply;

1. Suffered any incident or loss, whether insured or not, in the last 3 years in respect of the perils or covers requested?
2. Been convicted of arson, theft or any offence other than driving offences?
3. Are you, or any person to whom this insurance will apply aware of any circumstance which may give rise to a claim, or been refused insurance, had a policy cancelled or had special terms applied?

The following questions in section B is for **Buildings Insurance applicants only**

Section B:

Yes No

Is the Property to be insured;

4. Built of brick, stone or concrete and roofed with tiles, slates or concrete?
5. In a good state of repair and regularly maintained?
6. Located in an area liable to flooding?
7. Occupied by tenants?
8. To be occupied by tenants within 60 days of the start of this policy?
9. Let or to be let on a written Assured Shorthold Tenancy or Company Let with a minimal initial period of at least 6 months?
10. Currently let, and your tenant is in breach of any term(s) for their tenancy agreement?
11. Has the property to be insured been unoccupied for a continuous period of more than 90 days immediately prior to the date of this proposal?
12. Is the property, or any immediately neighbouring property, on a site that has ever shown signs of damage caused by subsidence, landslip or heave, or is there any evidence of ongoing movement? (e.g: cracking/bulging of walls?)

Additional Information:

If you have ticked any orange outlined box in Step 4, please provide full details. For example:

(1) Claims - date, address, circumstances, value (4) Construction - Flat roof \geq 33% of roof area (6) Flooding - Full details and dates of all previous floods

Notes: Cover will not apply to personal possessions or valuables left at the property. Dependant upon the values insured, certain Minimum Security Standards may apply (Please check with Hepburns Insurance for further details)

Duty to Disclose: You have a duty to disclose all facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting. Should you have any doubt about what you should disclose, you should tell us. Failure to disclose may mean that your policy will not give you the protection you require, or you may invalidate your policy altogether. We recommend you keep a record of any additional information given to us, including a copy of this form and any correspondence.

Declaration: I/We declare that the foregoing statements and particulars are, to the best of my/our knowledge and belief, true and complete, and that I/we have read and understood the "Duty to Disclose" notes above. I/We agree that the insurance will not take effect until this application has been accepted by Hepburns Insurance.

Signature:

Date:

Step 5: Payment Options

There are 3 simple payment options for you to choose from:

1. Direct Debit Mandate

2. Credit/Debit Card Authority

3. Cheque Payment

(One off Annual Payment only)

(One off Annual Payment only)

1. Direct Debit Mandate: Instructions to your Bank/Building Society.

Originators Identification Number:



Hepburns Insurance Services Limited, 6-7 Mulcaster Street, St. Helier, Jersey JE4 0QJ

To the Manager: Name of Bank/Building Society:	<input type="text"/>
Address:	<input type="text"/>
Amount to be debited: £ <input type="text"/>	Annually: <input type="checkbox"/> Monthly: <input type="checkbox"/> (Please tick)
Bank Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sort Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Account Holder: <input type="text"/>	Hepburns Ref Number: <input type="text"/>
Instructions to your Bank or Building Society: Please pay Hepburns Insurance Services 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 Hepburns Insurance Services Ltd., and, if so, details will be passed electronically to my Bank/Building Society	
Signature: <input type="text"/>	Date: <input type="text"/>
<small>The Direct Debit Guarantee is a standard offering made by all banks and building societies that take part in the Direct Debit Scheme for your peace of mind. 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 at least ten working days in advance or as agreed. If an error is made by us 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.</small>	



2. Credit/Debit Card Authority: Accepted for Annual payments only

Card Type:	<input type="checkbox"/> Switch	<input type="checkbox"/> Delta	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Solo	
Name on Card:	<input type="text"/>					
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Issue Number:	<input type="text"/>	(Switch Only)	Start Date:	<input type="text"/>	Expiry Date:	<input type="text"/>
Amount to be debited: £ <input type="text"/>	Signature: <input type="text"/>					

3. Cheque Payment: Cheques are accepted for annual payment only. Please make cheques payable to: Hepburns Insurance Services Ltd.