



hepburns insurance

Tenant Application Form

ARRANGING YOUR INSURANCE IS SIMPLE...

Step 1: Insured Property Details

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

Property postcode:

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Property address:

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Tenants title:

Mr

Mrs

Miss

Ms

Other

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First name:

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Surname:

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Tel (home):

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Tel (work):

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Email:

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Enter the date you would like the cover to start:

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(This cannot be backdated and cover will start from the date this application has been accepted by Hepburns)

This insurance will cover you, your partner and all members of your family permanently living in your home. Tenants sharing a property should complete separate applications.

Step 2: Calculate your insurance premium

STANDARD COVER

Sum Insured	£7,500	£10,000	£12,500	Over £12,500	Monthly Premium
Monthly Premium	£8.50	£9.50	£11.50	Contact Hepburns	A

Tick Cover Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£
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Enter the monthly Premium option here

OPTIONAL EXTRAS

Personal Effects (Single item limit of 25% of sum insured)

Sum Insured	£1,000	£2,000	£3,000	Over £4,000	Monthly Premium
Monthly Premium	£3.50	£5.50	£7.75	Contact Hepburns	B

Tick Cover Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£
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Enter monthly premium for personal effects here

Bicycles over £200

Sum Insured	£250	£500	£750	Over £1,000	Monthly Premium
Monthly Premium	£1.88	£3.75	£5.63	Contact Hepburns	C

Tick Cover Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£
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Enter monthly premium for bicycles here

Details of Pedal Cycle(s) with an individual value exceeding £200

Make	Model	Serial No.	Value

WORK OUT YOUR TOTAL AMOUNT

	Monthly Premium	Yearly Premium
TOTAL PREMIUM (sum of box A+B+C)	£	£
INSURANCE PREMIUM TAX (+6% of premium)	+ £	£
MONTHLY ADMIN FEE	+ £ 1.95	N/A
TOTAL COST	= £	£
SELECT MONTHLY OR ANNUAL PREMIUM	<input type="checkbox"/>	<input type="checkbox"/>

Step 3: Declaration

IF YOU TICK A SHADED BOX, PLEASE PROVIDE THE FULL DETAILS IN THE ADDITIONAL INFORMATION SECTION.

1. Suffered loss by any cause during the last 5 years from any events you now wish to insure? Yes No

2. Been convicted of, or have any prosecution pending for any criminal offence (other than a parking or speeding offence or offences which are 'spent' under the Rehabilitation of Offenders Act 1974)? Yes No

3. Been refused the issue or renewal of insurance or had special terms or conditions applied or cover cancelled for any of the events you now wish to insure? Yes No

Duty to Disclose: You must 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. 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 notes above, headed 'Duty to Disclose'. I/We agree that the insurance will not be in force until this application has been accepted by Hepburns.

Additional Information:

Signature:

Date:

Step 4: 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"/> <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.