

Personal Details

PLEASE USE CAPITAL LETTERS WHEN FILLING IN THIS FORM	
Name of your housing organisation	
Full Names (Mrs/Ms/Miss/Mr/other) (Joint tenants + Co-habitees must be named)	
Address	
Post Code	
Telephone no.	Date of Birth
Your Job	
Contents Sum Insured required £	
Where did you hear about this insurance scheme?	

It is important that the sum insured chosen (in round sums of £1000) is sufficient to cover the full replacement cost of all your household goods and personal effects.

This policy is underwritten by Allianz Insurance plc. A company of the Allianz Group. Registered in England number 84638. Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. United Kingdom.

Allianz Insurance plc is authorised and regulated by the Financial Services Authority, authorisation number 121849 and this can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

Helpline: **0845 601 7007**

To be answered by the applicant

PLEASE ANSWER ALL THE QUESTIONS BELOW. WE CAN ONLY CONSIDER YOUR APPLICATION ONCE ALL THESE QUESTIONS HAVE BEEN ANSWERED.		
(Please tick the correct box in answer to the questions below)		
1. Is your home self-contained with its own separate lockable front door?	Yes <input type="radio"/>	No <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 cost of replacing all your household goods and personal belongings?	<input type="radio"/>	<input type="radio"/>
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).		
4. Do you regularly leave your home empty or unattended for more than 30 days?	Yes <input type="radio"/>	No <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 or had special terms imposed by an insurer?	<input type="radio"/>	<input type="radio"/>
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).		
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?	Yes <input type="radio"/>	No <input type="radio"/>
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?		
8. Have you or anyone living with you ever been convicted or charged with any offence, other than driving offences, or is any prosecution or police enquiry pending?	Yes <input type="radio"/>	No <input type="radio"/>
If you have answered YES to the above question, please tell us:		
Date of conviction or charge?		
Nature of offence?		
Penalty received (fine, custody etc.)?		
Your age at the time?		

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Declaration

PLEASE READ THE DECLARATION BELOW CAREFULLY BEFORE SIGNING IT

(to be completed after entering the information requested opposite and overleaf)

- I/We agree to advise the Company if any of the answers given above should change.
- I/We declare that the information given is true and complete and that no material facts have been withheld or omitted whether the subject of a specific question or not.
- I/We declare that we understand the contents of this completed application including the important information for applicants at the start of this form.
- I/We declare that Allianz Insurance plc may contact my/our present insurer for further information.
- I/We undertake to pay the premium when called upon to do so.
- Failure to disclose all relevant facts could invalidate all or part of your policy. If you are in doubt as to whether certain facts are relevant or not, please contact Crystal Insurance Scheme Freepost SL839, Maidenhead, SL6 7XL (no stamp required) or telephone 0845 601 7007. In particular you should disclose any facts that would influence an insurer in the assessment and acceptance of the risk.
- I/We understand that the information on this form and information about any incident I/we may give details of may be passed to IDS Ltd so that they can make it available to other insurers. I/We also understand that, in response to any searches that may be made in connection with this application or any incident I/we have given details of, IDS limited may pass my/our insurers information it has received from other insurers about other incidents involving anyone insured under the policy.

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 30 consecutive days you will have to advise the insurer in writing.

Signature(s)
<small>Joint tenants and co-habitees must both sign</small>
Date

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