



## Statement of Facts

If requested within 3 months after its completion, We will provide You with a copy of this document. A specimen copy of the wording is available on request. You should keep a record (including copies of letters) of all information supplied to your Insurance Broker and Us, for the purpose of entering into this contract.

### CLIENT DETAILS

Name: <input style="width: 95%;" type="text"/>	Occupation: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 95%;" type="text"/>
Risk address: <input style="width: 95%;" type="text"/>	Inception date: <input style="width: 95%;" type="text"/>
Year property built: <input style="width: 95%;" type="text"/>	
Have You, a family member or any person whose property is to be insured had any insurance declined, cancelled or terms imposed, or had any convictions or been declared bankrupt?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have You suffered any loss or damage in the last 5 years whether insured or not, or made any claims?	<input type="checkbox"/> No <input type="checkbox"/> Yes

### RISK DETAILS

Is Your home built of brick, stone, or concrete and roofed with slate, tile, asphalt, metal or concrete?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are the buildings in a good state of repair and will they be so maintained?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the property undergoing any renovation work or is any such work likely to occur within the next 12 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the property have any history of or is it in an area prone to flooding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the property have any history of or any signs of subsidence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this Your main residence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Important - if any of the shaded boxes above are ticked, please insert full details in the space provided below:

**YOU MUST READ THIS BEFORE SIGNING**

**Important Note**

Insurers may pass information to the Claims and Underwriting Exchange register, run buy Insurance Database Services Ltd. The aim is to help Us check information provided and also to prevent fraudulent claims. When processing this form We may search the register. We may also pass information to the register about incidents You suffer while insured by Us, whether or not You pursue a claim. By signing this Statement of Facts You agree to Us using information in this way.

**Data Protection Notice**

We will use and store Your personal information on an electronic database for Policy administration purposes, which may also be available to selected authorised representatives of member insurers of the Chubb Group of Insurance Companies operating outside Europe. We have taken reasonable efforts to protect Your personal information once it is transferred outside Europe in accordance with Our normal data security policies. We may also disclose Your personal information to outside parties, such as premium collection agencies, appraisers, reinsurers and claims administrators to facilitate the provision of insurance and claims services to You, or as allowed by law.

**Disclosure**

You are reminded of the need to disclose any material facts which are likely to affect Our acceptance or assessment of an application for insurance. A material fact is one an Insurer would regard as likely to influence the acceptance or assessment of an application. Failure to disclose a material fact may invalidate Your policy or result in it not operating fully. If in any doubt, You should disclose the information.

If You have any such information to disclose, please insert full details in the space provided below: more space below

**Declaration**

I declare that the information given in this Statement of Facts is, to the best of my knowledge and belief, correct and complete and that I have read the note headed "Disclosure".

Signature of Insured:

Date: