



Total Landlord Insurance
 1st Floor
 Premiere House
 Elstree Way
 Borehamwood
 Hertfordshire
 WD6 1JH
 Telephone: 0800 63 43 880
 Fax: 0345 310 6301
 www.totallandlordinsurance.co.uk

Quote Questionnaire

LANDLORD INSURANCE QUOTE QUESTIONNAIRE

Thank you for contacting Total Landlord Insurance in regard to your landlord insurance. At Total Landlord Insurance we always try our best to offer the most competitive quote. To help us to provide you with a quote, please can you complete and return the following questionnaire. Once the quotation form is completed, please file and save to your computer, so you can resend the completed form to us.

1 • ABOUT YOU

Title of Proposer Mr / Miss / Mrs / Ms / Other			
Full Name of Proposer			
Title of joint Proposer(s) Mr / Miss / Mrs / Ms / Other			
Full name(s) of any Joint Proposers			
Company name (if property owned in a company name)			
Correspondence Address			
Post Code		County	
Tel No		Fax No	
Mobile No		Email Address	
Date of Birth (DD / MM / YEAR)		Date Cover Required (DD / MM / YEAR)	
<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	
Are you a member of any Landlords Association? If yes, please state.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide Landlord Association Membership Number if applicable			
Have you ever been declined insurance or had insurance cancelled? If yes, please provide details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been declared bankrupt or are subject to any current bankruptcy proceedings? If yes, please provide details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted or charged with a criminal offence, other than a motoring offence? If yes, please provide details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been the subject of a recovery action by Customs and Excise or the Inland Revenue? If yes, please provide details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in the past 5 years suffered from any loss or damage, whether insured or not?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in the past 5 years ever been prosecuted or served prohibition or an improvement order under the Health and Safety Legislation? If yes, please provide details		Yes <input type="checkbox"/>	No <input type="checkbox"/>

2 • PROPERTY TO BE INSURED DETAILS

Property Address including postcode	Year Built	Property Type	Rebuilding Value of the House (if buildings insurance is required for a flat evidence of this may be required)	If a flat please provide fixture and fittings sum insured (if required)	If a flat please provide a Loss of rent sum insured (if required)	Landlord Contents (if buildings cover taken all permanent fixture & fittings covered by the buildings)	Type of Tenants
		<input type="checkbox"/> Terraced <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Flat (please indicate on which floor of the property) <input type="text"/>	£	£	£	£	<input type="checkbox"/> Employed <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Retired <input type="checkbox"/> Students <input type="checkbox"/> Leasehold
		<input type="checkbox"/> Terraced <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Flat (please indicate on which floor of the property) <input type="text"/>	£	£	£	£	<input type="checkbox"/> Employed <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Retired <input type="checkbox"/> Students <input type="checkbox"/> Leasehold
		<input type="checkbox"/> Terraced <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Flat (please indicate on which floor of the property) <input type="text"/>	£	£	£	£	<input type="checkbox"/> Employed <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Retired <input type="checkbox"/> Students <input type="checkbox"/> Leasehold
		<input type="checkbox"/> Terraced <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Flat (please indicate on which floor of the property) <input type="text"/>	£	£	£	£	<input type="checkbox"/> Employed <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Retired <input type="checkbox"/> Students <input type="checkbox"/> Leasehold
		<input type="checkbox"/> Terraced <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Flat (please indicate on which floor of the property) <input type="text"/>	£	£	£	£	<input type="checkbox"/> Employed <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Retired <input type="checkbox"/> Students <input type="checkbox"/> Leasehold
		<input type="checkbox"/> Terraced <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Flat (please indicate on which floor of the property) <input type="text"/>	£	£	£	£	<input type="checkbox"/> Employed <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Retired <input type="checkbox"/> Students <input type="checkbox"/> Leasehold
		<input type="checkbox"/> Terraced <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Flat (please indicate on which floor of the property) <input type="text"/>	£	£	£	£	<input type="checkbox"/> Employed <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Retired <input type="checkbox"/> Students <input type="checkbox"/> Leasehold

If more properties required, please complete this section only again and save, this should be returned along with this form so we know who you are.

3 • PROPERTY DETAILS

Are any of the properties listed buildings? If yes, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the properties let furnished?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is all the cooking restricted to the kitchen area? If no, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any form of portable gas heating kept in the properties? If yes, please provide full details heating properties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have full control of the Occupancy? If no, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the properties of standard brick and tile construction and in good state of repair? If no, please provide details of construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any history of flooding? If yes, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property free from cracking, subsidence or movement and free from underpinning? If no, please provide what has happened along with a structural engineers report with this form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property classed as a house of multiple occupancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is terrorism cover required? Can only be offered if building cover is taken	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require employers liability cover? If required, please provide employers reference number or cover will not be provided on quote given	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any claims in the past 5 years? If yes, please provide the date, the type of claim ie: fire, flood, storm, etc and the total cost of the claim	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any of the properties have a flat roof which is more than 20% of the total roof area? If yes, please confirm percentage of flat roof	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Material information: You should also provide us with details of any other information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

4 • ABOUT US

How did you find out about Total Landlord Insurance? e.g. website	
If you would like a quotation for your private home insurance, please provide the month it is due in	
If you would like a quotation for your business insurance, please provide the month it is due in	
Would you like to receive our monthly e-newsletter?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Thank you for taking the time to complete this questionnaire. A member of our experienced team will be in touch shortly to discuss your quote.

Please return to us by Email: quotes@hamiltonfraser.co.uk

Fax: 0345 310 6301

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