

**Proposal** form



# Manse Choice

Insurance for church owned  
residential properties



# Manse insurance proposal form

Please complete in ink and block capitals throughout.

## Important notice

Congregational is a trading name of Integra Insurance Solutions Ltd.

This policy is underwritten by International Insurance Company of Hannover SE UK Branch (the underwriter) and administered by Integra Insurance Solutions Ltd.

All communications including policy information, complaints and claim notifications should be referred to Integra.

This proposal including any additional information supplied or declaration signed by you in connection with this insurance will form part of the agreement between you and the underwriter.

Unless specifically agreed in writing between you and us this contract will be subject to English Law or Scottish Law for premises located in Scotland.

## Information about the proposer

**The proposer is the legal entity/trust/church required to be stated as the insured in the policy.**

1. Name and address of the proposer.

Name :	Address :	Postcode :

2. Address of the property to be insured if different from above:

	Postcode :

**If you require insurance for additional residential properties please contact the church department at Congregational for guidance.**

3. Name and address of the authorised correspondent.

Name:	Postcode :
Address:	
Telephone No. :	
Email address :	

4. Responsibility or role (within the church) of the authorised correspondent:

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5. Interested Parties:

Please give the name(s) and address(es) of additional interests (such as bank, mortgagee, lessor, etc.) to be noted in the policy and the nature of their interests.

Name :	Name :
Address :	Address :
Postcode :	Postcode :
Telephone No. Day :	Telephone No. Day :
Nature of interest :	Nature of interest :



## Policy cover dates

6. Date upon which the insurance is to commence.  
Renewal date required if different.

DD	MM	YY
DD	MM	YY

## Property damage

We will provide cover for insured events 1-15 & 17 described in the policy. Insured event 16 – Accidental damage is optional. Please see 7 (iii) below.

7. Please complete for the premises to be insured.

i Buildings

The buildings at the **premises** built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or slabs composed of incombustible material unless otherwise advised to **us**. Buildings includes it's permanent fixtures and fittings, fixed heating and lighting installations, windows, solar panels, wind turbines, satellite television receiving equipment, television or radio aerials, aerial fittings or masts, external fuel storage tanks, boundary walls, fences, gates, paths, lampposts, drives, paved and hard standing areas, patios, terraces, hard sports courts and sunken swimming pools, ornamental ponds, fountains, cesspits and septic tanks, so far as they are regarded as immoveable, integral fittings and fixtures of the building, all belonging to **you** or for which **you** have accepted legal responsibility.

Buildings also includes outbuildings irrespective of their construction for which **you** have accepted legal responsibility.

Building sum insured:

***The sum to be insured should represent the full cost of rebuilding including architects', surveyors', consulting engineers' and legal fees, the cost of debris removal and of meeting public authority requirements, and an allowance for VAT if applicable.***

ii Contents

This policy only provides cover for contents belonging to the church and is not intended to cover personal contents belonging to the occupant or their family. Business equipment and valuable items belonging to or the responsibility of the church should be insured under your church insurance policy.

Contents sum insured :

***Where cover is required for contents, the sum insured should represent the full cost to replace all contents, as new, belonging to the church.***

- iii Accidental damage (insured event 16) – do you wish to insure against accidental damage?

a Buildings

Yes

No

b Contents

Yes

No



## Alternative accommodation or loss of rent

8. Cover under insured event 17 also includes rent payable and/or receivable following damage by any other insured event up to 20% of the buildings sum insured. If cover is required in excess of this amount please supply details.


## Act of terrorism

9. We can arrange cover for your property against damage arising from an act of terrorism.

Do you want us to provide a quotation for act of terrorism?

Yes  No

**Terrorism cover may be required under the terms of a lease.**

## General Questions

**For questions 10-19, if there is insufficient space in any of the boxes below, please make a note under additional information on page 10.**

10. Are the buildings of the premises to be insured:

i Constructed of brick, stone or concrete and roofed with slates, tiles, concrete, metal or slabs of incombustible material with not more than 35% of the total roof area being a flat roof?

Yes  No

(if no, please provide details of the buildings construction)


ii All in a good state of repair?

Yes  No

(if no, please provide details of the buildings construction)


iii Constructed or roofed in whole or in part with asbestos, including any garages and outbuildings?

Yes  No

11. Are there any outbuildings other than small garden sheds, domestic greenhouses and domestic garages?

Yes  No

If yes, please supply details of the age and condition of each outbuilding, a brief description of construction and use, together with the sums insured both on the buildings and the contents.


12. When was the property built?

DD	MM	YY
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13. Property to be insured *(please tick all that apply)*

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
Terraced	<input type="checkbox"/>	Detached	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Flat	<input type="checkbox"/>	<b>If a flat please state which floor</b>			<input type="checkbox"/>

14. Is the property to be insured:

i occupied by a church official Yes  No

ii occupied by a tenant Yes  No

If the property is occupied by a tenant.

Is the tenant currently employed? Yes  No

Were satisfactory references obtained prior to the letting? Yes  No

If the answer to either of the above is no please provide details:


iii unoccupied Yes  No

**The property shall be deemed to be occupied by a church official or a tenant if such parties and their family are living in the property as their main home with enough furniture and facilities for daily normal living and sleeping purposes. Regular visits or occasional overnight stays do not constitute that the property is occupied.**

iv used solely for domestic purposes and clerical work in connection with the church and not used for any other trade, professional or business use either by the church or by the tenant? Yes  No

**If there is insufficient space in any of the boxes below, please make a note under additional information on page 10.**

15. To the best of your knowledge, is the property to be insured:

i unusually exposed to damage by storm, flood or inundation from the sea? Yes  No

If yes, please provide details:


ii on a site which has suffered from flooding at any time in the last 10 years? Yes  No

If yes, provide details including dates and extent of damage suffered:


## General questions (continued)

16. To the best of your knowledge, has the area within 400 metres of the property ever been affected by flooding?

Yes  No

If yes, please provide details:


17. Is the property to be insured:

i free from visible damage?

Yes  No

ii free from a known history of or any ongoing damage as a result of subsidence, landslip, heave or structural movement?

Yes  No

iii free from a known history of or any ongoing cracking, bulging/bowing of the walls?

Yes  No

iv free from underpinning?

Yes  No

v free from previous or on-going monitoring or investigations for subsidence, landslip, heave or structural movement?

Yes  No

If no to any of the above, please provide details:


**For the purpose of questions 18 and 19 – any person living in the property may include but is not restricted to a church official, a tenant, their spouse, civil partner or any member of their family.**

18. Has the church or any person permanently living in the property to be insured:

i made any household (building or contents or personal belongings) claims or suffered any loss or damage, whether insured or not in the last 5 years?

Yes  No

ii had any claims made upon you or them during the last 5 years, this includes injury to other people or damage to their property?

Yes  No

iii ever been refused insurance or had any special terms, restrictions or conditions imposed by any insurer?

Yes  No

If yes to any of the above, please provide details:


19. Has any person permanently living in the property to be insured:

i been convicted or charged but not yet tried for a criminal offence or been given an official police caution?

Yes  No

ii ever been declared bankrupt?

Yes  No

If yes, has the bankruptcy been discharged?

Yes  No

iii ever been served with any county court judgements (CCJs) or other judgements relating to debt? Yes  No

If yes, has the judgement been paid? Yes  No

iv ever entered into any Individual Voluntary Arrangements (IVA)? Yes  No

v ever been an owner or director of a company which has become insolvent or which has gone into administration? Yes  No

If yes to any of the above, please provide details:


## 20. No claims discount

Has the property to be insured previously been insured by you for the cover requested in this proposal form? Yes  No

If yes please state:

Name of Previous insurer(s)	
Policy No./Reference:	Renewal Date(s):
The number of claims free years held:	

## Voluntary excess discount

You may wish to opt for a policy excess of £150 or £250 in return for a premium discount. This excess will apply to insured events 1-14 and 16 if applicable.

**Please tick the appropriate box:**

£150 (7.5% discount)

£250 (10% discount)

## Your duty of fair representation

21. Do you know of any other facts or circumstances which might reasonably be seen to have an influence upon the underwriter in deciding whether or not to accept the risk proposed or the rating or terms of acceptance? Yes  No

If yes, provide details: (continue on page 10 if necessary)


**It is essential that you provide us with a fair presentation of the risks we are accepting when applying for cover. It is also important that you advise your intermediary or the church department at Congregational of any changes which occur during the period of insurance which may alter information provided. If you are in any doubt as to whether you need to disclose information to us then this should be declared. This means you may need to make enquiries with all church officials and advisers to ensure that you have declared all necessary information.**

## Important notes

### Your responsibility

Please ensure the answers you give are accurate. Failure to answer all questions honestly and to the best of your knowledge may result in the wrong terms being quoted, claims being rejected or claim settlement being reduced. In some circumstances your policy may become invalid.

It is your responsibility to make sure that the sums insured and indemnity levels are sufficient. If not any claim payment made may be reduced in proportion to the amount of underinsurance.

You are advised to keep a record of all information, including copies of letters supplied for the purposes of entering into the contract.

A full policy wording is available on request.

### Data protection and how we use your information

The underwriters and Integra Insurance Solutions Ltd. use information provided by you to set up a general insurance quotation. We will keep information about you confidential and take appropriate security measures to safeguard all data supplied to us whether personal or non-personal. The collection and subsequent processing of your personal information, how it is held and used by us meets all relevant data protection legislation.

For further information on data protection see [www.ico.gov.uk](http://www.ico.gov.uk) or call 0303 123 1113

For the purpose of providing a quotation, administering your insurance policy and any claims made against the policy, we will from time to time share your personal information with relevant third parties such as loss adjusters, lawyers, fraud prevention and credit reference agencies as well as organisations which have a specific role laid out in law where we are permitted to disclose your personal information to them. We will never share your personal information, unless required to do so by law, without the appropriate and necessary care and safeguards being in place.

For further information on our privacy policy please go to <https://www.congregational.co.uk/privacy-policy.php>

### Declaration

I/We the undersigned declare that to the best of my/our knowledge and belief the information given in this proposal and declaration, which I/we have read through and checked, is complete and true.

I am/We are willing to accept the insurance policy underwritten by International Insurance Company of Hannover SE UK Branch and administered by Integra Insurance Solutions Ltd, subject to its terms and conditions.

Proposer(s) details (all proposers must sign)

Name
Position
Signature

DD	MM	YY
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Proposer(s) details (all proposers must sign)

Name
Position
Signature

DD	MM	YY
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## Credit agreement

Please note that by signing this agreement you accept the terms and conditions of the Integra premium by instalment plan.

Unincorporated associations will qualify providing:

1. signatories are aged 18 or over and resident in the UK;
2. the insurance is an annual policy with a premium of at least £75;
3. your organisation has a current account at a bank. Most building society current accounts are also acceptable.

Name in full (BLOCK CAPITALS ONLY)

Postal address

Postcode:

Policy number (if known)

**CREDIT AGREEMENT REGULATED BY THE CONSUMER CREDIT ACT 1974. SIGN IT ONLY IF YOU WANT TO BE BOUND BY ITS TERMS. You can pay in 12 monthly instalments (6% administration charge, 11.4%APR)**

Signature of applicant(s)

Date of signature(s)

Signed for and on behalf of Integra Insurance Solutions Ltd.



Carlo Cavaliere, Strategic Director

## Instruction to your bank or building society to pay by Direct Debit



Please complete the form and send to: Integra Insurance Solutions Ltd., Currer House, Currer Street, Bradford BD1 5BA

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	

Service user number

2	5	4	6	2	2
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Reference (for office use only)

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Instruction to your bank or building society

Please pay Integra Insurance Solutions 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 Integra Insurance Solutions Ltd. and, if so, details will be passed electronically to our bank/building society.

Name(s) of account holder(s)

Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank/building society 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"/>	<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"/>
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Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

## The Direct Debit guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit, Integra Insurance Solutions Ltd. will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Integra Insurance Solutions Ltd. to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by Integra Insurance Solutions Ltd. or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when Integra Insurance Solutions Ltd. asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.





# Manse Choice



**Congregational**

Congregational is a trading name of Integra Insurance Solutions Ltd.  
Registered Office: Curren House, Curren Street, Bradford BD1 5BA  
Registered in England and Wales Registered Number 06760260.

Authorised and regulated by the Financial Conduct Authority.  
Financial Services Register No. 495111.