

**Household Contents Insurance Change Of Address**

Name of Policyholder		Date of move	Policy number
Tel No	E-mail address		
New address		Correspondence address (if different)	

**Is your home**

A House	<input type="checkbox"/>	A Bungalow	<input type="checkbox"/>	A Flat	<input type="checkbox"/>
Detached	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>	Terraced	<input type="checkbox"/>

*Delete as applicable*
**Built of brick or stone with a slate or tile roof? (if no, please provide details below)**

Yes	No
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**Used solely as private living accommodation for you and your family? (i.e not used for any part of any business or profession and not let to others)**

Yes	No
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**Does your home have any area of flat roofing? (e.g. Ruberoid/Glassfibre/Asphalt)**  
(if yes, please provide separate details of the approximate coverage and when it was last renewed)

Yes	No
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**Is your home protected by :**
**A professionally installed intruder alarm? (please provide full details)**

Yes	No
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**Working key operated door locks and secure window locking mechanisms?**

Yes	No
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**Within the last 5 years has the home been damaged by subsidence, landslip or heave or does it show any signs of cracking or bulging of walls?**

Yes	No
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**suffered any loss or damage arising from theft or attempted theft, flooding or any other water damage?**

Yes	No
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**Will your home be left regularly unattended due to adults being in full-time work or education?**

Yes	No
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**be left unoccupied for more than 30 consecutive days or more than 60 days in total per annum?**

Yes	No
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**If you have answered "Yes" to any of these questions, please provide full details below**
**As a result of your move, are there any changes you wish to make to the Sections Insured, Sums Insured or Items Insured under your policy? If so, please provide details in the box below.**

Additional Information

*Please continue overleaf if required*

**I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information has been disclosed.**

Signature of Policyholder(s)	Date

**This insurance will not commence until the Insurers have indicated their acceptance of the changes detailed within. Insurers reserve the right to decline to continue the insurance.**