

**RMK INSURANCE CONSULTANTS LIMITED**  
**Block of Flats**

**Proposer's Details**

<b>Policyholders Name:</b>			
<b>Company Name:</b>			
<b>Correspondence Address:</b>			
	<b>Postcode:</b>		
<b>Telephone No:</b>		<b>Email Address</b>	
<b>Mobile No:</b>			

**Premises to be Insured**

<b>Address of Premises to be Insured:</b>			
	<b>Postcode:</b>		

**Occupancy Details**

<b>Are the premises entirely used for residential purposes (eg no shops or offices)</b>	<b>Yes / No</b>	
<b>Are any of the tenants</b>	<b>DSS Benefit Recipient(s)</b>	<b>Yes / No</b>
	Asylum Seeker	<b>Yes / No</b>
	Student(s)	<b>Yes / No</b>
<b>% of Property Unoccupied?</b>	<b>%</b>	

**Insurance Information**

<b>Name of Current Insurer if known:</b>	
<b>Current premium:</b>	

**Buildings Cover Required**

<b>SUM INSURED</b> The Sum Insured should be based upon the rebuilding costs of the buildings including any attached buildings, walls, fences, gates, landlords fixtures & fittings, underground pipes and cables	<b>£</b>
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**Property Owners Liability - (Optional Cover, leave blank if not required)**

<b>PROPERTY OWNERS LIABILITY LIMIT REQUIRED</b>			
<b>£ 1,000,000</b>		<b>£ 2,000,000</b>	<b>£ 5,000,000</b>

**Landlords Contents Cover - (Optional Cover, leave blank if not required)**

<b>SUM INSURED</b> The Contents Sum Insured should represent the full replacement value of contents within common parts e.g. carpets	<b>£</b>
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**Construction Details**

<b>a) Year Built or Approximate Age</b>		<b>b) Number of Storeys?</b>	
<b>c) Is the property listed?</b>	<b>Yes / No</b>	<b>If Yes, specify Grade</b>	<b>d) In a Conservation Area?</b> <b>Yes/ No</b>
<b>e) Is the property standard construction? (i.e. built of brick, stone or concrete with a tile or slate roof)</b>			<b>Yes / No</b>
<b>f) Is the property in a good state of repair and will it continue to be so maintained?</b>			<b>Yes / No</b>
<b>Note: If you have answered 'No' to either answers e) or f) above, please provide further details below</b>			
<b>g) Is there a sprinkler system installed?</b>	<b>Yes / No</b>	<b>If 'Yes' is the system LPCB approved?</b>	<b>Yes / No</b>
<b>h) Please confirm Floor Type?</b>	<b>Wood</b>		<b>Yes / No</b>

	Concrete	Yes / No
	Both Wood and Concrete	Yes / No
<b>i) Does the property, or any part of it have a Flat Roof?</b>		<b>Yes / No</b>
<b>If 'Yes' please specify:</b>	<b>What percentage of the roof is flat</b>	<b>%</b>
	<b>Timber Construction</b>	<b>Yes / No</b>
	<b>Concrete Construction</b>	<b>Yes / No</b>
	<b>Other (please specify type in the space below)</b>	<b>Yes / No</b>

**Claims Information**

<b>Please provide details of any claims made in the last 5 years.</b>		
<b>Date</b>	<b>Description</b>	<b>Cost</b>