

## Cherish Lite Insurance Change of Address Form

Effective from 01/01/2022

This is an Electronic Form Please complete the answers straight into this pdf and save the edited form.				
Policy Number				
Change of Address effective from:	(DD/MM/YYYY)			
A. Proposer Details				
Title (eg. Mr, Mrs, Miss, Ms)				
Surname				
Forename(s)				
Date of Birth	(DD/MM/YYYY)			
Home Telephone				
Mobile Telephone				
Postal Address				
	Postcode			
B. Cover Details				
1. Is <b>Buildings Cover</b> required?				
2. Is <b>Contents Cover</b> required?				

## C. Insured Property Details

1. Address of property to be insured

Same as postal address

Postcode

- Type of property ownership (tick one)
   \*If owned on a mortgage and an interest is to be noted, please provide the name and address of the interested party. The Additional Information section on page 3 should be used for this.
   Owned on a mortgage\*
   Owned outright
   Rented furnished
- Is the property self contained?
   This means all facilities behind one lockable door under the sole control of the occupier.
- 4. In what year was the property originally built?
- 5. Is the property listed?
- 6. Number of bedrooms

A bedroom is a room used as or originally built to be a bedroom, even if now used for other purposes. If there are more than 4 bedrooms we will not be able to provide cover.

7. Is the home unoccupied for more than 30 consecutive days?

If Yes, is the property permanently unoccupied?

8. Type of property

Bungalow	Detached	Semi-Detached	Terraced	
Flat	Basement	Ground floor	Top floor	Other
- Number of flats in the building				
House	Detached	Semi-Detached	Terraced	
Maisonette	Basement	Ground floor	Top floor	Other

Other (please specify)

- 9. What is the construction of:
  - a) the walls (eg. brick, stone)
  - b) the roof (eg. slate, tile)
- 10. Is more than 50% of the property's roof flat?
- 11. In the last 10 years, has the property either been monitored for or suffered from subsidence, heave or landslip, or had a survey which mentioned subsidence, settlement or movement of the building?

If Yes, please provide full details including dates. Please use the Additional Information section on page 3.

12. To the best of your knowledge, is the property in an area which has ever suffered from flooding (an area is defined as within 50 metres of the property)?

If Yes, please provide full details including dates. Please use the Additional Information section below.

13. To the best of your knowledge, is the property nearby to any river, stream or tidal water (nearby is defined as within 50 metres of the property)?

If Yes, please provide **full details.** Please use the Additional Information section below.

14. To the best of your knowledge, has the property suffered from any coastal or river erosion?

*If Yes, please provide* **full details including dates.** *Please use the Additional Information section below.* 

Additional Information Please use this space to include any further information which may be relevant.



**Please email this document to enquiries@cherishinsurance.co.uk**. Alternatively you can print and fax both forms to 0845 638 8936.

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