

Comprehensive Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with * are mandatory information.

Agent Details

Name of agent:	
Branch number:	Contact name:
Locality:	Phone number:

Property Details

Postcode* :	House number:
Flat number:	House name:
Street*:	District:
Town*:	County:

Rental Details

Number of tenants moving into the property?:	
Share of rent per month* :£	Total rent per month* :£
Tenancy term (months)*:	Start Date*:

Applicant Details

Title*: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	
First Name*:	Initial:
Surname*:	Date of birth*:
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female	No of dependants*:
Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)	
Any previous surnames:	National Insurance Number*:
Employment Type*: <input type="checkbox"/> Full time employed <input type="checkbox"/> Part time employed <input type="checkbox"/> Temporary/Contract <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife/Home maker <input type="checkbox"/> Payment in advance	

Employment status*: Junior Management Unskilled Supervisor Semi-skilled
 Skilled Senior Management Other Not applicable

Occupation*:

Can we contact the applicant?* Yes No Home phone number* :

Work phone number: Mobile phone number*:

Email Address*:

Do you have any adverse data, for example CCJ's, Voluntary arrangements, etc? Yes No
If Yes, Please provide details:

Affordability Details

Gross annual income*: £ Any additional sources of income?*: Yes No

Amount of additional income per annum?*: £

Please provide details of any additional income*:

Employer Details

Is your employment likely to change shortly*? Yes No If **Yes** please provide details of your future employer

Job Title: Start date*: Month - Year -

Employers company name*:

Payroll number:

Contact name*: Contact job title:

Postcode: Building number:

Unit number: Building Name:

Street: District:

Town*: County:

Daytime phone number*: Mobile phone number:

Fax number*: Email address*:

Please ensure you provide either a fax number or email address.

Additional Information:

Accountant Details (ONLY IF SELF-EMPLOYED)

Do you have an accountant?*: Yes No If **No** Please provide 6 months bank statements showing proof of income

Accountants name*:

Contact name*:

Postcode:

Building number:

Unit number:

Building name:

Street:

District:

Town*:

County:

Daytime phone number*:

Mobile phone number:

Fax number*:

Email Address*:

Please ensure you provide either a fax number or email address.

Additional Information:

Pension Providers Details (ONLY IF RETIRED)

Do you have proof of pension?* Yes No If **Yes** please provide your annual statement of pension

Pension providers name*:

Contact name:

Pension reference number*:

Postcode:

Building no:

Unit number:

Building name:

Street:

District:

Town*:

County:

Daytime phone number*:

Fax number:

Email address:

Additional information:

Current Address – Please complete all address details where appropriate

Postcode*:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time at address From*: Month - Year- To: Month - Year -	
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

Please supply addresses to cover your last 3 years of residency**Previous Address** – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time at address From*: Month - Year- To: Month - Year -	
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

2nd Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time at address From*: Month - Year- To: Month - Year -	
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

Landlord details or Previous landlord details

Landlord / Agent name*:	Contact name*:
Postcode:	Building number:
Unit number :	Building name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number:	Email address:
Additional Information:	

Bank Details

How many credit cards held?*	Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please enter the details below
Sort code*:	Name of bank*:
Account name *:	Account number:
Address *:	
Time with bank*: (years)_____ (months)_____	Cheque guarantee card held*: Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

Will any of the tenants have pets?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will any of the tenants smoke?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be any children living at the property?*	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Children

Date of Birth

Next of Kin

First Name:	Surname:	Relationship:
Postcode:	House/Flat Number/Name:	Street:
District:	Town:	County:
Home Phone:	Mobile Number:	Email Address:

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to Endsleigh may be supplied to other organisations and used by them and us to

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you

By **confirming your agreement to proceed** you are accepting that we may use your information in this way.

Signed:

Date:

Endsleigh* offer specialist contents insurance for people in rented accommodation and as a service will contact the applicant to discuss insurance requirements.

If you do not wish to be contacted please tick here

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Endsleigh Insurance Services Limited. Company No: 856706 registered in England at Shurdington Road, Cheltenham Spa, Gloucestershire GL51 4UE