

STONEGUARD

for eternal peace of mind



Application Form

Please print off and complete this application form and return with your payment to:

STONEGUARD
Bridge Insurance Brokers Limited
Cobac House, 14-16 Charlotte Street,
Manchester, M1 4FL

If paying by credit or debit card you can fax the application to :

0161 234 9341
You may wish to retain a photocopy of this form for your reference.

Please tick if you would like a copy of the completed form returned to you with your policy documents

Please write in BLOCK letters. All boxes to be completed.

Your personal data is confidential to us and any party involved in providing your insurance. Such data about you will not be released without your permission unless due to legal process or if required by our regulator. Under the Data Protection Act 1998 you have the right to request a copy of any data we hold about you (in return for a small fee) and to correct any inaccuracies in the data held.

We would also ask you to read our Privacy Policy in relation to our collection and use of your personal data.

The parties to Stoneguard have the right to choose the law applicable to the policy. We have chosen Scottish law if you live in Scotland and English law if you live elsewhere in the United Kingdom. The language used in the policy and any communication relating to it will be in English.

Your Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>
First name	<input type="text"/>				
Surname	<input type="text"/>				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Daytime contact number	<input type="text"/>				(in the event we need to contact you regarding your application)
Your Address	<input type="text"/>				
	<input type="text"/>				
POSTCODE	<input type="text"/>				
Email Address	<input type="text"/>				
Name of Deceased	<input type="text"/>				
Cemetery	<input type="text"/>				

Name and location of memorial mason where memorial was purchased from (if applicable) – any replacement or repair following a claim are usually dealt with by such memorial mason

<input type="text"/>
<input type="text"/>

Sum Insured

(Memorial Value including VAT)

The sum insured must represent the replacement cost at today's prices – including VAT.
If you are uncertain as to the correct figure please contact your local memorial mason for a valuation.

Payment Details

My premium cheque/postal order* for £ is enclosed, made payable to Bridge Insurance Brokers Limited.

*Please do not send cash by post

Please show your name and address on the back.

Or debit my Mastercard**/Visa**/Maestro/Delta card for the sum of £

** Credit card payments can be taken for sums of up to £100

Card Number Maestro 16+ No.s

Valid From Expiry Maestro Issue No.

Prior to signing the following declaration, please ensure that you have disclosed all material facts (anything likely to influence the acceptance or assessment of this proposal) in the box shown. If you are in any doubt as to whether a fact is material then you should disclose it. If you do not disclose all material facts you may cause your insurance to become void.

I/we wish to effect a Stoneguard policy from

(cover cannot commence until this application and your remittance are received).

I/we hereby declare that at the time of signing this application I/we am/are aged 18 years or above and that the stone or memorial to be insured is in good repair.

I/we declare to the best of my/our knowledge and belief that the above statements are true and complete and will form part of the contract between me/us and the Insurer.

I/we understand that cover will commence with immediate effect upon receipt of the premium and this completed application form or at the date shown above whichever is later.

If having examined your policy documentation you decide not to proceed with the insurance, you may cancel it within 14 days starting on the day you receive the policy documentation. To cancel please write to the address shown on the top of this form (also shown on the Stoneguard website) or call the number shown on your policy schedule.

On receipt of your notice, we will refund any premiums already paid, except where you have already made a claim under your policy.

I/we have read and accept the terms and conditions of cover and the legal and regulatory information set out on the Stoneguard website www.stoneguard.uk.com

Signature

Date

Declaration of Material Facts