

## CERTIFICATE OF COMPREHENSIVE BUILDINGS INSURANCE

References to the Company include its successors, assignees and transferees (whether legal or equitable, by absolute assignment, by way of novation or by way of security).

*To be completed by Solicitors*

**Name of Insurer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Name(s) of all Borrower(s):**

**Name:** \_\_\_\_\_

**Address Covered:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

*To be completed by the Insurance Company*

**We confirm that the Company has been noted as a mortgagee on the Policy and that the Policy will not be allowed to lapse or be altered to the detriment of the Company without the Company's prior written consent, and that the Company will be notified in writing of all claims in excess of £1,500.**

**Policy Number** \_\_\_\_\_ **Sum Insured: £** \_\_\_\_\_

**Risks Covered** \_\_\_\_\_

**Is the Policy Index Linked: YES / NO**      **Renewal date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**On Behalf of:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

*To be completed by Solicitors*

**Please return this form to:** \_\_\_\_\_

\_\_\_\_\_

**Ref:** \_\_\_\_\_ **Mortgage Account No.** \_\_\_\_\_