

Proposal Form for Housing Warranty Insurance Policy

General Information

Name of proposer: _____

Address and postcode: _____

Telephone number: _____

Email address: _____

Premises to be Insured

Address and postcode: _____

Number and type of units (terraced, semi etc): _____

Development type i.e. new build, refurbishment, conversion: _____

Contract value: _____

Reinstatement value of any pre-existing structure: _____

Does this development include any element of non-residential use? Yes No

If yes, please give details including proportion of contract value and pre-existing structure value:

Insurance Requirements

Sum Insured: £ _____

This figure must represent the contract value (including professional fees) if new build or the reinstatement value of the premises on completion if refurbishment/conversion.

Please tick covers required:

- BLPSECURE** or **BLPSECUREPLUS**
 10 year policy period or 12 year policy period

N.B. The standard excess for any claim is £1,000 per any one loss.

The body carrying out the building control function

Name: _____

Address and postcode: _____

Telephone number: _____

N.B. If an Approved Inspector is being employed to carry out the building control function, the Contaminated Land Extension below is compulsory.

Additional Covers

Contaminated Land Extension

 Yes No

Do you require a waiver of subrogation rights against the professional team?

 Yes No

(A waiver of subrogation rights will disable the Insurers from making any recovery from any member of the professional team)

Is cover required for Loss of Rental Income?

 Yes No

Please provide annual rental income: _____

What indemnity period is required? (This represents the maximum period over which payments will be made and should normally represent the rebuild period of the premises): _____

Duration of Works

Start on site date: _____

Anticipated completion date: _____

(Please include even if work is completed)

Is the development phased?

 Yes No

If yes, please give details below:

Phase 1

Start of Construction: _____

Expected date of practical completion: _____

Phase 2

Start of Construction: _____

Expected date of practical completion: _____

Contract Details

Contract Parties

Name of Architect: _____

Contact No: _____

Name of Contractor: _____

Contact No: _____

Name of Engineer: _____

Contact No: _____

Premises Information

If any individual structure exceeds GBP10m (Contract Value and any pre-existing structure) or is constructed from Green Oak then Ground/Site Investigation reports, method statements, Gantt (Program) charts and plans and elevations will be required before a formal quotation can be issued. You will also need to complete the additional questions in Appendix 1. If these are not attached please advise: _____

Retail Customer or Commercial Customer

For insurance purposes you are either a Retail Customer or a Commercial Customer. You are a Retail Customer if you are an individual who is acting for purposes which are outside your trade, business or profession. Otherwise, you are a Commercial Customer.

Are you (please tick one): A Retail Customer or A Commercial Customer

Declaration

I/we undersigned certify that all details in this proposal form are complete and true and to my/our knowledge no material information relating to the risk has been voluntarily withheld or omitted.

I/we understand that the signing of this proposal form does not bind us to effecting any policy of insurance but agree that if any quotation is accepted this proposal form and the statements made within shall form the basis of the contract between me/us and the insurers.

Signed: _____

Name: _____

Position in Company (Commercial customers only): _____

Dated: _____

To help us to evaluate our marketing we would appreciate knowing how you heard about us:

- Marketing from BLP: _____
- Marketing from 3rd party, if so who? _____
- Trade press, if so which one? _____
- Search engine, if so which one? _____
- Word of mouth, if so who? _____

Appendix 1

Additional Information

Site Preparation e.g. Any Vibro-Compaction or other remedial works, please detail below:

Groundwater Conditions

- High Groundwater Level/Water above basement level
 Water below basement level/No other Influence
 Other: _____

Foundations

- Piling Strip/Pad Foundations
 Other: _____

Structural Frame Type and Height

- Steel or Cast In-situ Concrete Pre stressed or pre cast concrete Timber
 Other: _____ Green Oak

Height of Premises (in metres): _____ m

Number of Floors: _____

Number of Floors below ground and the % of Contract Value: _____

Number of Floors above ground and the % of Contract Value: _____

Types of Cladding (if any)

- Stone Concrete Walls Curtain Walls
 Brick Prefabricated Metal Glass
 Other: _____

Roof Details

- Flat < 1% Pitched > 1% <5% Pitched >5%: _____
 Tiles Slates Corrugated/ Profiled Sheets
 Other: _____

Please return this form to BLP:

90 Fenchurch Street, London EC3M 4ST

Fax 020 7929 1366

Email info@blpinsurance.com

A quotation will be prepared and returned to you as soon as possible. If you require that this quotation is delivered to any address other than stated as the proposer's address above please advise below:
