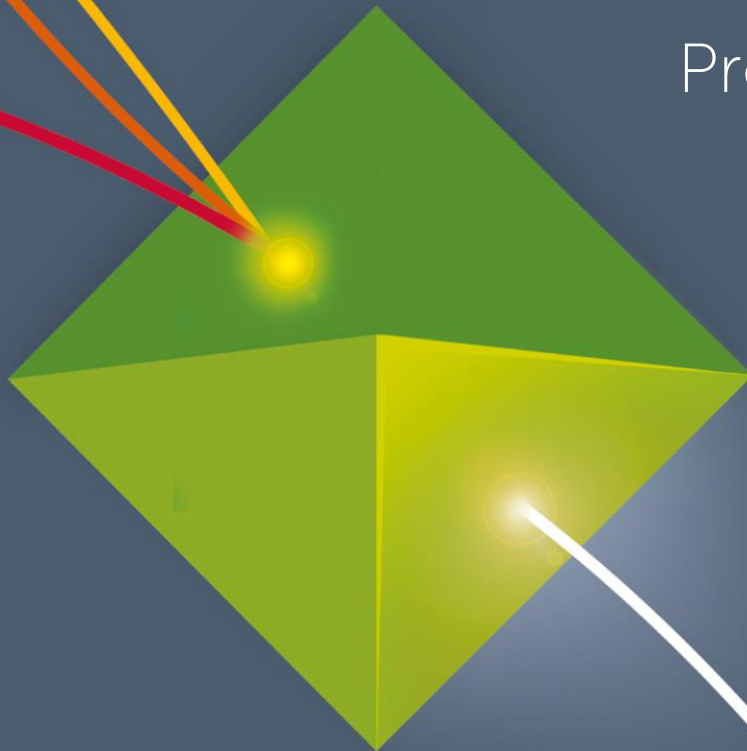


Latent Defects

Residential
Proposal form



LATENT DEFECTS

Residential Proposal Form

Your Details

Name of company or individual applying for the warranty			
Address			
If a company, number of years established			
If a company, number of years construction experience			
Relationship to development (please tick one)		<input type="checkbox"/> Owner <input type="checkbox"/> Developer <input type="checkbox"/> Don't Know <input type="checkbox"/> Other	
If Other, please specify			
Do you intend to sell, occupy or rent out the property at completion?			
Contact Name		Email	
Landline Number		Mobile	

The Premises to be Insured

Address			
Type of Premises (detached, semi-detached, terrace, flats, social housing)			
Number of Units		Number of bedrooms per unit (specify if various)	

Development Costs

If New Build		If Conversion of Existing Building	
Total Build Cost	£	Cost of new works:	£
		Plus value of existing elements:	£
		Equals total rebuild cost:	£

Contract Details

Company	Name	Address	Details of existing registrations with warranty providers, if known
Main Contractor			
Developer			
Architect			
Structural Engineer			
Building Control			

Duration of Works

Current stage of the works	
Commencement date of the works	
Anticipated completion date of the works	
If the works have already been completed, the practical completion date of the works	
If the works have already commenced, the reason that a warranty was not arranged prior to start on site	

Construction Methods

Foundations (strip foundations, piling, diaphragm wall, etc.)			
If piled, maximum depth of piles and reason			
Frame (stone, concrete, wood, metal, pre-fabricated, etc.)			
Cladding (stone, concrete, walls, brick, pre-fabricated, metal)			
Details of any existing elements/buildings incorporated within the development			
Total floor area (including all floors)			
Height of building		Number of floors - above ground	
		Number of floors - below ground	
Details of any innovative design / materials / structural methods to be used			

Roof Works

Roof (tiles, slates, corrugated sheets, etc.)	
Details of any flat roofing at the property (including areas such as balconies)	
The rebuild cost of flat roofing areas (it is important to include access costs once completed)	£
Name of sub-contractor carrying out flat roofing area work (if not main contractor)	
Current position of the roofing area works	<input type="checkbox"/> Not Started <input type="checkbox"/> Started <input type="checkbox"/> Completed

Ground Conditions

Please choose	<input type="checkbox"/> Standard <input type="checkbox"/> Made up ground <input type="checkbox"/> Contaminated <input type="checkbox"/> Other
If Other, please describe	

Insurance Requirements

Do you wish to include insolvency protection for the construction stage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like your indication to include a cost for building control?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Plot Details

Total anticipated sale value		£			
(where there are multiple units, please provide breakdown below)					
Plot/Unit	Anticipated Selling Price	Sq. M	Plot/Unit	Anticipated Selling Price	Sq. M
1	£		11	£	
2	£		12	£	
3	£		13	£	
4	£		14	£	
5	£		15	£	
6	£		16	£	
7	£		17	£	
8	£		18	£	
9	£		19	£	
10	£		20	£	

Claims Experience and Declaration

Have you or any director or partner / any individual or organisation referenced within this form, to the best of your knowledge:

Substained any losses or had any claims in the last three years that would be covered by this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been refused property insurance or had any special terms imposed by an insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been prosecuted or received notification of intended prosecution under the Health and Safety at Work Act 1974 or Consumer Protection Act 1987?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been involved with a house builder or construction company that has gone into liquidation / declared bankrupt in the past? If yes, please provide details of what company and when. A Statement of Affairs will usually be required if the liquidation/bankruptcy occurred in the last 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes for any of the above, please provide details below

I have read over all of the statements and particulars given in this proposal (including any answer written for me by any other person) and I declare that to the best of my knowledge and belief they are correct and that no material fact has been omitted, misrepresented or mis-stated. I am not aware of any other circumstances likely to affect the risk.

Name:	
Company Name: (if applicable)	
Position: (if applicable)	
Signature:	
Date:	

Please return the completed Proposal Form to:
e-mail: city@kerrylondonunderwriting.co.uk Tel: 0207 623 4957