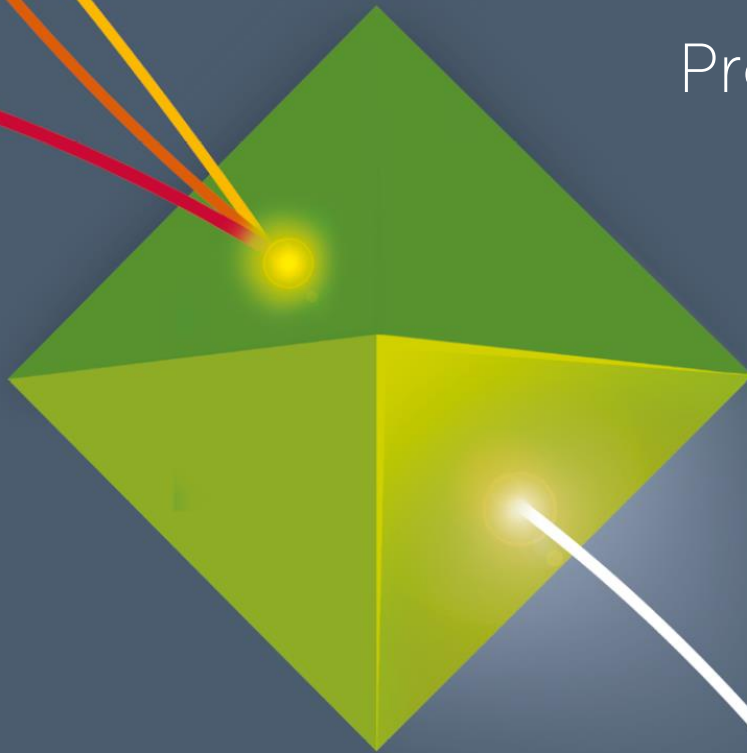


Latent Defects

Commercial
Proposal form



LATENT DEFECTS

Commercial 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	
Use of the premises	

Contract Details

Company	Name	Address		
Main Contractor				
Architect				
Building Control				
Structural Engineer				
Project Manager				
Are any of the contracts between you (or the owner) and the above parties Under Seal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
To what extent are the benefits under the above contract assignable?	<input type="checkbox"/> Fully <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
If Other, please provide details				
Is this a Design & Build Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			

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	

Sum Insured

The Sum Insured must be set at an adequate amount to cover the full rebuild cost of the Works including Professional Fees and Demolition/Debris Removal. This must be adequate to enable the Works to be completely rebuilt in the event of a defect occurring. All figures must include VAT.

Breakdown of Rebuild Cost

Structural works	
Non structural works, equipment, fixtures and fittings	
External works	
Cost of demolition/removal of debris	
Professional fees	
Total of all of the above	

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)			
Roof (tiles, slates, corrugated sheets, etc.)			
Is the roof flat or pitched? (if pitched, please state degree)	<input type="checkbox"/> Flat <input type="checkbox"/> Pitched		
	<table border="1"> <tr> <td>Degree</td> <td></td> </tr> </table>	Degree	
Degree			
Details of any existing elements/buildings incorporated within the development			
Rebuild cost of any existing elements/buildings incorporated			
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			

Insurance Requirements

Various options are available to you under a policy of this type, which you can select below. If you would like to discuss these with us then please feel free to contact us and we will be happy to assist you.

Period of cover required	<input type="checkbox"/> 10 Years <input type="checkbox"/> Other If Other, please state
Deductible/excess required (minimum £5,000)	

Optional Extensions to Cover

Is cover required for loss of rent due to a latent defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, the level of cover required	- Estimated annual rent
	- Indemnity period in years
Is a subrogation waiver required for a contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, the name of the company	

Is a subrogation waiver required for any members of the professional team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, the name of the company		

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

 020 7623 4957
  info@kerrylondonunderwriting.co.uk
 kerrylondonunderwriting.co.uk
 @KerryLondonLtd
  Kerry London Ltd

Complete reassurance. Total support

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