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## Latent Defects Insurance Application Form Residential Properties

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### Applicant and Site Information

Name of Applicant

Development Name  
(if applicable)

Insured Address and Postcode

Correspondence Address and  
Postcode

Telephone No.

Fax No.

E Mail

Type of property to be insured	Detached	<input type="checkbox"/>	Semi Detached	<input type="checkbox"/>	Terrace	<input type="checkbox"/>
	1-3 Storey Flats	<input checked="" type="checkbox"/>	4+ Storey Flats	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, please specify

Is this a Grade 1 Listed property? Yes  No

### Project Information

Type of construction	New Build	<input type="checkbox"/>	Extension	<input type="checkbox"/>	Conversion	<input type="checkbox"/>
	Refurbishment	<input type="checkbox"/>	Other	<input type="checkbox"/>		

If Other, please specify

**For all refurbishment and conversion projects, a schedule of works must be provided detailing all structural works, works to the external envelope and works affecting chimneys' and flues.**

### Project Information (continued)

Construction Method	Conventional Cavity Masonry	<input type="checkbox"/>	Conventional Timber Frame	<input type="checkbox"/>	Other	<input type="checkbox"/>
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If Other, please specify

No. of Storeys Above Ground Level  Below Ground Level

Rebuild cost of any retained structure (if applicable) £

Structural works cost £

Non structural works cost £

External works cost

£

Cost of demolition and removal of debris

£

Professional fees

£

**Total Estimated Rebuild Cost (Sum Insured)**

£

**Anticipated Total Sale Value**

£

Age of any existing/retained structure

No. of phases in this development\*

\*Please provide details on the supplementary Residential form

No. of Units being built for this project\*

\*Please provide details on the supplementary Residential form

Size of property (metres square)

Please advise who will be carrying out the Building Control function during this project

Start date of construction

Due date of completion (if not yet completed)

date of completion (if completed)

### Project Information (continued)

Builder/Contractor Name, Address,  
Postcode and website

Has the main contractor been trading for 5+ years?

Yes  No

Does the main contractor have experience in this type of  
building/method of construction?

Yes  No

Is the contractor currently registered with a New Home  
Warranty Provider?

Yes  No

If yes, what is the name of the New Home  
Warranty Provider?

Current rating with the New Home  
Warranty Provider

Length of time registered with New  
Home Warranty Provider

	1 - 2 Years	2 - 5 years	
< 1 Year	5 - 10 Years	> 10 years	

Name of Lender financing this contract

Brief description of works being carried  
out

Please explain why no warranty is  
currently in place

Site Plans Attached?

Yes  No

Has construction started on any unit?

Yes

No

If yes please give details

Details of ground conditions

### Developer Details

Name of Business

Address and Postcode

Contact Name

Telephone No.

Email

Website

Type of Business (select one)

Selling units and carrying out construction

Selling units but not carrying out construction

Legal Status of Company

Limited

Plc

Partnership

	Sole Trader <input style="width: 40px; height: 25px;" type="checkbox"/>	Special Purpose Vehicle Co <input style="width: 40px; height: 25px;" type="checkbox"/>	<input style="width: 40px; height: 25px;" type="checkbox"/>
Trading for	<1 year <input style="width: 40px; height: 25px;" type="checkbox"/>	1 to 2 years <input style="width: 40px; height: 25px;" type="checkbox"/>	2 to 5 years <input style="width: 40px; height: 25px;" type="checkbox"/>
	5 to 10 years <input style="width: 40px; height: 25px;" type="checkbox"/>	Over 10 years <input style="width: 40px; height: 25px;" type="checkbox"/>	

Company Registration No.

Number of units constructed in last financial year

Number of units anticipated for the next 12 months

### Insurance Details and Requirements

**For the following questions please indicate if you have:-**

1. Built, managed or been responsible for the construction of any similar properties in the past?      Yes       No

If yes, please indicate the number and over what period (use a separate sheet if necessary)

2. Ever been refused property insurance, or had any special terms imposed by any insurer?      Yes       No

3. Ever been convicted, or is there any prosecution pending for any offence involving dishonesty of any kind?      Yes       No

4. Ever been declared bankrupt, or been subject to bankruptcy proceedings, or have been the subject of any voluntary or mandatory resolution?      Yes       No

5. Ever been prosecuted, or received notice of intended prosecution under the Health & Safety at Work Act or the Consumer Protection Act?      Yes       No

6. Sustained any loss in the last 5 years, or had a claim made against you whether insured or otherwise, in connection with the insurance for which cover is required?      Yes       No

7. Have you ever been involved with development(s) where a major defect has been discovered after the Practical Completion?      Yes       No

**Claims History** (use a separate sheet if necessary)

Claim(s) Made	Date	Amount	Date Paid
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Is cover required for seepage? (basement waterproofing)      Yes       No

Total Sum Insured required      £

Preferred Excess Amount\*      £

Policy period\*\*      10 years       12 years

Do you require cover for a waiver of the Underwriter's subrogation rights against any of the following?

**NOTE: IF YOU REQUIRE ANY OF THE FOLLOWING, COVER IS ONLY AVAILABLE IF THE RELEVANT PARTY HAS BEEN TRADING FOR 5 YEARS OR MORE IN THEIR OWN NAME**

The Contractor  Name  Trading 5+ years

The Architect  Name  Trading 5+ years

The Structural Engineer  Name  Trading 5+ years

Additional requirements (Loss of Rent, Alternative Accommodation)

**\* Excess amounts**

Usually a minimum of £1,000. Depending on the product, the excess is determined by the sum insured amount – either a fixed value or a percentage. However, in some circumstances, excesses can be adjusted to suit requirements.

**\*\* Policy Period**

Standard Policy Period is 10 years. An extension to 12 years is usually available at an additional premium. If the property is completed, the cover period will be the balance of 10 years from the practical completion date (i.e. if the building is 5 years old, then cover will usually only be offered for a further 5 years).

**Additional Information** (continue on a separate sheet if required)



## Statement of Data Protection

We are registered as a Data Controller under the Data Protection Act 1998 and we undertake to comply with the Act in all our dealings with your personal data.

In order to provide you with advice and services, we need to obtain information from you regarding your circumstances. We will treat this information in confidence and take appropriate technical and organisational measures to protect it.

We will only use and disclose information we have about you in the normal course of arranging and administering your insurance, as required to comply with legal or regulatory requirements or as defined within these Terms of Business.

For the purposes of this agreement we are acting as a Data Controller, as defined within the Data Protection Act 1998, and have registered appropriately.

In some circumstances, it may be necessary to transfer your information to a State that is outside the European Economic Area. In doing so we will ensure your information is treated in confidence and we will take appropriate technical and organisational measures to ensure it is protected.

## Declaration

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

Signed

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Print name

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Date

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For and behalf of

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