

# Property Owners Proposal Form

#### GB UNDERWRITING PROPOSAL FORM: PROPERTY OWNERS

This proposal and declaration will form the basis of the insurance contract between you (the proposer) and us. Please answer all questions in full, truthfully and accurately. All material facts\* should be disclosed, as failure to do so could invalidate your insurance.

\*material facts are those facts which are likely to influence insurers in the acceptance of this insurance proposal and it is essential that you disclose them. If you are in any doubt whether a fact is material, you should disclose it, since failure to do so could invalidate your insurance.

### GENERAL INFORMATION

Full name, including trading name:				
Full risk address (including postcode):				
Full correspondence address (including postco	de):	Postcode:		
		Postcode:		
Period of insurance:				
From:	To:			
i. Occupation and/or use of the property. Pon page 6 if necessary:	lease state all trades,	using the Ad	dditional Inforn	nation box
ii. Do you occupy any part of the property?  If Yes, please provide details:			Yes	No
iii. Is any part of the property unoccupied? If Yes, please advise how long the propert property will remain unoccupied?	y has been unoccupi	ed, and how	Yes	No
	Full risk address (including postcode):  Full correspondence address (including postcode):  Period of insurance:  From:  i. Occupation and/or use of the property. Pon page 6 if necessary:  iii. Do you occupy any part of the property?  If Yes, please provide details:  iii. Is any part of the property unoccupied?  If Yes, please advise how long the property.	Full risk address (including postcode):  Full correspondence address (including postcode):  Period of insurance:  From:  To:  i. Occupation and/or use of the property. Please state all trades, on page 6 if necessary:  ii. Do you occupy any part of the property?  If Yes, please provide details:  iii. Is any part of the property unoccupied?  If Yes, please advise how long the property has been unoccupied.	Full risk address (including postcode):  Postcode:  Full correspondence address (including postcode):  Postcode:  Period of insurance:  From:  To:  Occupation and/or use of the property. Please state all trades, using the Adon page 6 if necessary:  ii. Do you occupy any part of the property?  If Yes, please provide details:  iii. Is any part of the property unoccupied?  If Yes, please advise how long the property has been unoccupied, and how	Full risk address (including postcode):  Postcode:  Full correspondence address (including postcode):  Period of insurance:  From:  To:  i. Occupation and/or use of the property. Please state all trades, using the Additional Inform on page 6 if necessary:  ii. Do you occupy any part of the property?  If Yes, please provide details:  iii. Is any part of the property unoccupied?  If Yes, please advise how long the property has been unoccupied, and how long it is antici



		IV.	is any part of the property used for residential purposes?	res	INO
			If yes, please advise the type of tenant, i.e Professional/Student/DSS/Asylun	n Seeker etc:	
	f)	lft	here is a bank interest, please provide the name and address:		
	g)	Da	te when business was established:		
RIS	SK II	NFO	DRMATION		
2.	a)	i.	Is the property built of brick, stone or concrete and roofed with slate, tiles or concrete?	Yes	No
			If No, please provide details:		
		ii.	Please advise percentage of total roof area that is flat and covered with felt:		%
	ь)	ls t	he property in a good state of repair?	Yes	☐ No
		If N	lo, please provide details:		
	c)	Ap	proximate age of property:		
	<b>d)</b>	ls t	he property listed?	Yes	No
		If Y	es, please provide details including grade:		
	e)	i.	Is the property undergoing any renovations or are any planned?	Yes	No
			If Yes, please provide details:		
		ii.	Has any relevant planning permission been obtained?	Yes	No
		iii.	What is the intended future use?		
	f)	i.	Has the property ever been flooded?	Yes	No
		ii.	Have you been informed that the property is located in a potential flood area?	Yes	No
		iii.	Is the property within a quarter mile of any river, watercourse or sea?	Yes	No



		s the property or any adjacent property suffered damage or shown as of subsidence or heave or displayed any visible signs of cracking?	Yes	No		
	lf Y	es, please provide details:				
		ne property heated solely by electricity or mains gas?	or mains gas? Yes			
	Ple	ase provide details of any fire alarm on the property:				
	i.	Please provide details of any intruder alarm at the property including met (e.g. Redcare etc.):	hod of signallin	g		
	ii.	Has the system been installed by a NACOSS/SSAIB approved installer?	Yes	No		
	iii.	Is the system subject to a regular maintenance contract?	Yes	No		
	iv.	Are all external doors fitted with 5 lever mortice deadlocks conforming to BS3621 or locking bars secured by close shackle padlocks?	Yes	No		
		If No, please provide details:				
,	v.	Is the property secured by roller shutters or grilles, secured by 5 lever close shackle padlocks?	Yes	No		
		If No to any of the above, please provide details:				
,	vi.	Are all windows and skylights that are accessible from the ground, fitted with key operated locks or barred or fixed permanently shut?	Yes	No		
		If No, please provide details:				
,	vii.	Are there any additional security measures at the property such CCTV?	Yes	No		
		If Yes, please provide details:				

If Yes to any of the previous questions, please provide details:



## COVER REQUIRED

3.	a)	Standard Perils -	- Fire, Lightning, Explosion & Aircraft?		Yes	No	
	ь)	Extended Perils	– Standard Perils plus Riot, Impact, Storm or Tempest & Flo	od?	Yes	No	
	c)	Is accidental dam	nage cover required?		Yes	No	
	<b>d)</b>	Is subsidence co	ver required?		Yes	No	
		If Yes, please cor	mplete a Subsidence Questionnaire.				
	<b>e)</b>	Buildings Sum Ir	nsured:		£		
	f)	Landlords Conte	ents Sum Insured:		£		
	g)	Rental Income (a	ental Income (annual):				
		Indemnity Period	d (12, 18, 24 or 36 months):				
	h)	Property Owner	rs Liability limit of Indemnity:		£1,000,000		
					£2,000,000		
					£5,000,000		
	i)	Is Employers Lia	bility cover required?		Yes	No	
		If Yes, please sho	hcomir	ng year:			
		Clerical, manage	rial and supervisory staff:		£		
		Caretakers, grou	Ismen and maintenance staff:		£		
	j)	Is Terrorism cove	er required?		Yes	No	
CL	AIM	S INFORMATI	ON				
Ple	ase g	give details of all l	osses, whether insured or not or any claims made against	the pro	oposer.		
Dat	e of	occurence	Brief details of incident Co	st/Any	amount outst	nount outstanding £	
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*****	•••••						
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### DECLARATION

Has any Insurer or Underwriter cancelled, withdrawn from cover, refused to renew, imposed any special terms or asked the proposer to replace all or part of your insurance?  Yes  No					
lf Y	es, please provide full details:				
На	s any director or partner:				
a)	Ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?	Yes	No		
ь)	Received an official caution for a criminal offence (other than a motoring offence) within the last 3 years?	Yes	No		
c)	Ever been declared bankrupt whilst being a director of a company which went into liquidation?	Yes	No		
lf Y	es, to any of the above, please provide full details:				
He	ase detail any dealings the proposer has had in the last five years with the Health & Safety alth Officer or any other enforcement agency or if you have been the subject of arbhibition notices or criminal proceedings:				
	We declare that the statements and particulars in this proposal form are true and no	o material fac	ts have been		
	We undertake to inform Underwriters of any material alteration to these facts occur e contract of insurance.	ring before o	completion of		
	We understand that this proposal, together with any other information supplied, s ntract of insurance.	shall form the	e basis of the		
SIC	SNATURE:				
NA	IME:				
PC	SITION:				
DA	TE:				



#### **Data Protection Act**

We may store your information and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention. We will only disclose your personal details to third parties if it is necessary for the performance of your contract with us. In order to assess the terms of the insurance contract or administer claims that may arise, we will need to collect data that the Data Protection Act defines as sensitive, such as medical history or criminal convictions. By proceeding with this contract you consent to such information being processed by Insurers or their agents. We will keep your information secure at all times. In certain circumstances, for instance for systems administration purposes, we may transfer your information outside the European Economic Area (EEA). By proceeding with this insurance application you consent to us to transfer your information to a country outside the EEA if so required.

Should you wish to receive a copy of the information we hold about you, please contact:
GB Underwriting Ltd
Little Braxted Hall
Little Braxted
Witham
Essex
CM8 3EU

ADDITIONAL INFORMATION:	





www.gbunderwriting.co.uk