



## Residential Warranty - Proposal Form

Please carefully complete this Proposal Form and return it to us. We will be happy to help you if you have any queries or require any assistance. We look forward to receiving the completed form from you.

1. 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"/> Builder/Contractor	<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	

2. 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)	

3. Development Costs	
New Build	Total build cost:
Conversion/Includes Existing Elements	Cost of new works: Plus value of existing elements: Equals total rebuild cost:

4. Contract Details			
Company	Name	Address	Details of existing registrations with warranty providers, if known
Main Contractor			
Developer			
Architect			Not applicable
Structural Engineer			Not applicable
Building Control			Not applicable

5. 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	

6. 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					
Total floor area (including all floors)					
Height of building	<table border="1"> <tr> <td>Number of floors - Above ground</td> <td></td> </tr> <tr> <td>Number of floors - Below ground</td> <td></td> </tr> </table>	Number of floors - Above ground		Number of floors - Below ground	
Number of floors - Above ground					
Number of floors - Below ground					
Details of any innovative design/materials/structural methods to be used					

7. 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

8. Ground Conditions	
<input type="checkbox"/> Standard <input type="checkbox"/> Made up ground <input type="checkbox"/> Contaminated <input type="checkbox"/> Other	
If Other, please describe	

9. Insurance Requirements	
Do you wish to include insolvency protection for the construction stage?	
Would you like your indication to include a cost for building control?	

10. Plot Details	
Total anticipated sale value	
(where there are multiple units, please provide breakdown below)	

Plot/Unit	Anticipated Selling Price	Sq. M
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Plot/Unit	Anticipated Selling Price	Sq. M
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**11. 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:

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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:****Address:** Building and Land Guarantees Ltd, BLG House, 86A High Street, Whetstone, Leicestershire LE8 6LQ**Telephone:** 0116 284 7031    **Email:** info@buildingandland.co.uk