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## Insurance Backed Guarantee - 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.

# Proposal Form

## Insurance Backed Guarantee

### About this insurance:

The Insurance Backed Guarantee product you will give to your customers falls under the remit of the Financial Conduct Authority (FCA). As such all sales must comply with the FCA regulations. FCA regulations dictate that the provision of insurance products can only be carried out by a regulated firm. However, as you are going to provide your customers with an Insurance Backed Guarantee free of charge, this is not considered to be carrying out a regulated activity as your business is not gaining any economic benefit for the provision of the insurance. It is critical that you continue to ensure your firm receives no economic benefit from the provision of insurance, otherwise your firm could be subject to investigation and possible prosecution by the FCA. You must never discuss any aspect of the insurance with your customers other than to provide them with information about the cover. If a customer has any queries you must direct them to your Insurance broker. In line with Data Protection & GDPR laws, you give your broker and Ark consent to disclose your contact details to any third party and also any relevant details about the insurance and cover provided to the beneficiary of a policy you take out with us, (i.e. your customer). In consideration of Ark Insurance Group acceptance you agree to be bound by the terms and conditions detailed within the insurance Policy Wording.

### Terms and Conditions of application:

You as the proposer agree to be bound by your Written Guarantee which you must supply to the customer upon completion of the works together with a copy of this Proposal Form / Statement of Fact, Certificate of Insurance, Policy Wording and Policy Summary, as these documents form the written evidence required by your customer in order that they can make a valid claim against your policy should this be necessary. For the avoidance of doubt, the Insurance Backed Guarantee provided will only cover Inherent Defects as defined in the Policy Wording.

An Insurance Backed Guarantee insurance policy provided by Ark is on the basis that you are trading, solvent and have every intention of fulfilling the contract and honouring your Written Guarantee for the period prescribed at the time the policy was incepted. If not we reserve the right to cancel the policy ab initio.

You understand and agree we may pass details of the risk proposed and your contact details to 3<sup>rd</sup> party Surveyor Company(s) to undertake Inspection(s) or Survey(s) of the products used, works being undertaken and design. You recognise the inspection/Survey reports are for the sole purpose of satisfying our underwriting criteria that the materials, works and design meet an acceptable industry standard, building control or other requirements detailed by the Surveyors or listed in our technical manual which is available upon request. You accept and agree to waive any right of recourse against the survey company. Inspection or survey costs or administration fees which you have agreed to are non-refundable if for whatever reason the cover does not attach or the policy is cancelled by you or Ark. Surveys do not form any part of the insurance premium and as such are subject to VAT and are not regulated by the FCA.

You understand that Ark will receive an Electronic Report Summary (the Output) of the Limited Company and its Directors' personal credit file or for non-limited entities its Proprietor/Partners' personal credit file. You are aware that the search footprint retained by Experian or CreditSafe (the credit reference agency) in respect of a credit search made will show that a credit/identity check has been performed. You consent the search footprint to be retained by the credit reference agency in respect of a search made and will read as having been made by Ark Insurance Group. You understand that Ark have a valid reason for this search, this being ascertaining your suitability for an Insurance Backed Guarantee. You understand that the Output will be treated as confidential and will be used solely by your broker and Ark.

You confirm that by signing the below you understand and agree to these terms and conditions of application.

Please read the following information carefully. It forms a record of information advised and constitutes the basis of your contract of insurance.

**Proposer being the Contractor undertaking the works**

Company Name / Trading Name:	
Legal Business Entity: (i.e. Limited, Sole Trader, Partnership, LLP, PLC, Charity, Other)	
Principal Business Activities: (Roofing, Building etc.)	
Trading Address including Postcode:	
Number of Years Trading	

Registered Address (if different to above):	
Incorporation Date:	
Company Registration Number:	

If not a limited company please ignore the grey section:

**Contact Details**

Contact Name:	
Contact Number:	
Contact Email Address:	

**All Directors (Limited Companies) or Proprietor / Partners (for non-Limited Companies)**

Full Name (1):			
Home Address (1):			
Date of Birth (dd/mm/yyyy):		Planned Retirement Age*:	

Full Name (2):			
Home Address (2):			
Date of Birth (dd/mm/yyyy):		Planned Retirement Age*:	

Full Name (3):			
Home Address (3):			
Date of Birth (dd/mm/yyyy):		Planned Retirement Age*:	

Full Name (4):			
Home Address (4):			
Date of Birth (dd/mm/yyyy):		Planned Retirement Age*:	

Use separate sheet if needed

\*If the Planned Retirement Age for any of the above is less than 11 years from the date of the signature on this form, please advise of the Succession Plan for the Business and provisions for honouring the Period of your Guarantees issued

**Business Background**

Please list memberships of any Trade Bodies / Associations / Competent Person Schemes :	
How many years experience do the Directors / Principals have in the Principal Business Activities above?	

## Risk Details

### Your Job / Contract Reference

Reference:	
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### Risk Address (1) - (The Property to be worked upon that best reflects the main works of the contract)

If more than ONE Property or block please complete additional risk addresses below:

Address including Postcode:	
Number of storeys <b>above</b> ground	
Number of storeys <b>below</b> ground	
% of the total Contract Value?	% (If more than ONE Property or block)

### Other information

Enter Text
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### Property or Block (2) - (The Property to be worked upon)

Address including Postcode:	
Number of storeys <b>above</b> ground	
Number of storeys <b>below</b> ground	
% of the total Contract Value?	% (If more than ONE Property or block)
Is this property having the same works undertaken as 'Risk Address (1)' above?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Other information** – If this property is having differing works list designers, type of works & materials/systems here.

Enter Text
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### Property or Block (3) - (The Property to be worked upon)

Address including Postcode:	
Number of storeys <b>above</b> ground	
Number of storeys <b>below</b> ground	
% of the total Contract Value?	% (If more than ONE Property or block)
Is this property having the same works undertaken as 'Risk Address (1)' above?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Other information** – If this property is having differing works list designers, type of works & materials/systems here.

Enter Text
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### Property or Block (4) - (The Property to be worked upon)

Address including Postcode:	
Number of storeys <b>above</b> ground	
Number of storeys <b>below</b> ground	
% of the total Contract Value?	% (If more than ONE Property or block)
Is this property having the same works undertaken as 'Risk Address (1)' above?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Other information** – If this property is having differing works list designers, type of works & materials/systems here.

Enter Text
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Please duplicate and complete this page if further properties or blocks are required to be insured.

## Contract Details

### Contract value:

Total Contract value inclusive of Value Added Tax.	£
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### Type of Property

<b>Commercial / Mixed Use</b> <i>(Please Click or Tick)</i>	<b>Residential</b> <i>(Please Click or Tick)</i>
<input type="checkbox"/>	<input type="checkbox"/>

### Description of Contract

Please describe the contract works being undertaken as comprehensively as possible:	
At what stage are the Works currently at? Please describe as - Completed, Partially completed or Not yet started.	
If Partially completed please provide a full program of works and its current stage.	
Works Start Date:	
Works due Completion Date:	

### Design works:

Is there a 3rd party business undertaking the Design works?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / Designers name:	

Have you attached a copy of their Professional Indemnity Insurance Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is their limit of indemnity greater than the contract value?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Manufacturers of the main PRODUCTS being installed (i.e. Window manufacturer):

Product manufacturers name:	
Company Registration number (if applicable)	
Have you attached a copy of their product guarantee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an 'Approved Installer' for this manufacturer and hold a current certification to confirm the same?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are these Products British Board of Agrément 'BBA' certified or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, have you attached a copy Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Manufacturers of the main MATERIALS and/or SYSTEMS being used:

Materials/Systems manufacturers name:	
Company Registration number (if applicable)	
Have you attached a copy of their product guarantee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an 'Approved Installer' for this manufacturer and hold a current certification to confirm the same?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are these Materials/Systems British Board of Agrément 'BBA' Certified or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, have you attached a copy Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Installation works:

Are all installation works completed by, or managed and signed off by a person with:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>an industry recognised Qualification in the installation being undertaken and have at least 5 years' experience;</li> </ul> and/or <ul style="list-style-type: none"> <li>an 'Approved installer' of the manufacturers Materials and/or Systems being installed and hold a current 'approved installer' certification for the works to be insured and have at least 5 years' experience.</li> </ul>	

## Cover Required

### Design

Are the Design works required to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what are the total Design costs for this contract?	£

### Materials and Products

Are the Materials and Products costs required to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what are the total Materials and Products costs for this contract?	£

### Workmanship and Installation

Are the Workmanship and Installation costs required to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what are the total Materials and Products costs for this contract?	£

### Access

Are the Access costs to undertake the contract required to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what are the total access costs for this contract?	£
If you wish to insure Access costs these MUST represent 100% of the cost to reinstate all works under this contract. Can you confirm the figure requested satisfies this requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Enabling Works / Debris Removal / Professional Fees

Are the Enabling Works / Debris Removal / Professional Fees required to reinstate the works required to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what are the total costs to reinstate the works?	£
If you wish to insure Enabling Works / Debris Removal / Professional Fees the sum MUST represent 100% of the cost to reinstate all works under this contract. Can you confirm the figure requested satisfies this requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Total Sum Insured</b>	£
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### Deposit Protection cover

Is Deposit Protection cover required to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, can you confirm the maximum you understand that the maximum sum insured is up to 25% of the Contract Price or £12,500 whichever is the lesser	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Work in Progress cover

Is Work in Progress cover required to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, can you confirm the maximum you understand that the maximum sum insured is up to 50% of the Contract Price or £12,500 whichever is the lesser	Yes <input type="checkbox"/> No <input type="checkbox"/>

### What is the Required Length of the Policy from the Start Date?

2 Years	3 Years	6 Years	10 Years	12 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Disclosure (Please Click or Tick)

Has the Proprietor or any of the Directors or Partners ever:

Been declined an application for the supply of Insurance Backed Guarantees or had membership from any Insurance Backed Guarantee provider cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been involved in a company that has been, or is due to be declared bankrupt, ceased trading or entered into any form of liquidation; or have there been any county court judgements issued?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been personally declared bankrupt, entered into an individual voluntary arrangement, involved in a company that has been, or is due to be declared bankrupt, ceased trading or entered into any form of liquidation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been convicted, or is there any prosecution pending for any offence involving dishonesty of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been convicted, or is there any prosecution outstanding under the Health & Safety at Work Act of 1974?	Yes <input type="checkbox"/> No <input type="checkbox"/>
During the last three years, carried out repair work due to defective workmanship or materials installed previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes' please list the details on a separate page.

**N.B. The policy start date needs to be the Completion Date of Works (if IBG only) or the date the Deposit Protection is required (this being the deposit paid date).**

Policy Start Date:	
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I have read over all the statements and particulars given in this proposal form (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 circumstance likely to affect the risk. I / We will issue a written guarantee to our customer in respect of this work and agree to honour the terms of this written guarantee to our customer if we are still trading. In consideration of the insurer's acceptance we agree to be bound by the terms and conditions of the Policy. We will provide a copy of this proposal form to the Insured company / individual and have noted that, where a technical inspection may be required, full safe access will be provided for the technical inspector.

**Signed**

Name	
Signature	
Date	
Position*	

\*Director if Limited Company or Principal if Sole Trader / Partnership

**N.B No Liability is accepted by the insurers until the risk is accepted and the premium paid.**

How We use Your information

The personal information, provided by **You**, is collected by or on behalf of Ark Insurance Group Limited ('**We, Us, Our**') and may be used by **Us, Our** employees, agents and service providers acting under **Our** instruction for the purposes of insurance administration, underwriting, claims handling, for research or for statistical purposes.

Please visit [www.arkinsurance.co.uk/privacy.aspx](http://www.arkinsurance.co.uk/privacy.aspx) for further information about how and when **We** process **Your** personal information under **Our** full privacy policy.

**We** may process **Your** information for a number of different purposes. For each purpose **We** must have a legal ground for such processing. When the information that **We** process is classed as "sensitive personal information", **We** must have a specific additional legal ground for such processing.

Generally, **We** will rely on the following legal grounds:

- It is necessary for **Us** to process **Your** personal information to provide **Your** insurance policy and services. **We** will rely on this for activities such as assessing **Your** application, managing **Your** insurance policy, handling claims and providing other services to you.
- **We** have an appropriate business need to process **Your** personal information and such business need does not cause harm to you. **We** will rely on this for activities such as maintaining **Our** business records and developing, improving **Our** products and services.
- **We** have a legal or regulatory obligation to use such personal information.
- **We** need to use such personal information to establish, exercise or defend **Our** legal rights.
- **You** have provided **Your** consent to **Our** use of **Your** personal information, including sensitive personal information.

How We share Your information

In order to sell, manage and provide **Our** products and services, prevent fraud and comply with legal and regulatory requirements, **We** may need to share **Your** information with the following third parties, including:

- Reinsurers, Regulators and Authorised/Statutory Bodies
- Credit reference agencies
- Fraud prevention agencies
- Crime prevention agencies, including the police
- Suppliers carrying out a service on **Our**, or **Your** behalf
- Product providers where you've opted to buy additional cover
- Other insurers, business partners and agents
- Other companies within the Ark Insurance Group

Marketing

**We** will not use **Your** information or pass it on to any other person for the purposes of marketing further products or services to you unless you have consented to this.

Fraud prevention and detection

In order to prevent or detect fraud and money laundering **We** will check **Your** details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

**We** may also conduct credit reference checks in certain circumstances. **You** can find further details in **Our** full privacy policy explaining how the information held by fraud prevention agencies may be used or in which circumstances **We** conduct credit reference checks and how these checks might affect **Your** credit rating.

#### Automated decisions

**We** may use automated tools with decision making to assess **Your** application for insurance and for claims handling processes, such as price rating tools, flood, theft and subsidence area checks and financial / credit checks.

These automated decisions will produce a result on whether **We** are able to offer insurance, the appropriate price for **Your** policy or whether **We** can accept **Your** claim. If you object to an automated decision, **We** may not be able to offer you an insurance quotation or renewal.

#### How to contact Us

Please contact **Us** if you have any questions about **Our** privacy policy or the information **We** hold about you. Write to: Data Protection Officer, Ark Insurance Group Ltd, 1410 Spring Place, Herald Avenue, Coventry Business Park, Coventry, CV5 6UB. Or email [dpo@arkinsurance.co.uk](mailto:dpo@arkinsurance.co.uk).