



CADIS LDI Proposal Form

Please return the completed CADIS Warranty Proposal form and any supporting documentation to your broker.



CADIS MGA Ltd - Registered Office: Trot House, 11, Fore Street, Torpoint, Cornwall, PL11 2AB.

CRN (England & Wales): 12534516 - FCA FRN: 1001011.

CADIS MGA Ltd is an Authorised Representative of International Financial Security Ltd which is authorised and regulated by the Financial Conduct Authority - FCA FRN: 969653.

SECTION 1.

Applicant Information:	
Company Name:	
Contact Name:	
Contact Address:	
Contact Telephone Number:	
Contact Mobile Number:	
Contact Email Address:	

Applicant's role in this development:	
Please select from the following:	
If "Other" please give details below:	
Number of years of development / building experience: If more than 10 years please choose 10.	

Trading Status of Applicant:	
Please select from the following:	
If "Other" please describe your trading status:	
If a limited company please provide the company registration number:	
Is the company a Special Purpose Vehicle (SPV)?	Yes No
Is property development your full time occupation?	Yes No
If "NO" please provide details of occupation:	
Number of units constructed in the last 12 months:	

Main Contractor/Builder (if not the applicant above)	
Company Name:	
Contact Name:	
Contact Address:	
Contact Telephone Number:	
Contact Mobile Number:	
Contact Email Address:	
Number of years of building experience: If more than 10 years please choose 10.	

If Applicant is SPV	
Is there a parent or holding company associated with the company applying for the warranty?	Yes No
If "YES". Please answer the following questions:	
Registered Company Name:	
Registration Ref:	
Contact Address:	
Contact Telephone Number:	
Contact Mobile Number:	
Contact Email Address:	
Website:	

Membership with other warranty providers:	
Is the company applying for the warranty currently registered with another warranty provider?	Yes No
If YES. Please answer the following questions:	

Name of warranty provider:	
Current rating:	
Length of time registered:	

Has the company ever been refused membership, or been removed from a warranty provider's register?	Yes No
Is the company currently in dispute with a warranty provider?	Yes No

Section 2. Development Details:

Site Address:

Please provide a full description of the development in the box below:

Is travel to the site from the UK mainland required by boat, tidal causeway or aircraft?

Yes No

Is the project located in an area prone to flood, subsidence or landslide?

Yes No

Is the site located in an area known or suspected of underground mining?

Yes No

Do you require a 12 year policy?

Yes No

Do you require insolvency (Deposit Protection) cover?

Yes No

Site Access:

Site access company name:

Site access contact name:

Site access email address:

Site access telephone number 1:

Site access telephone number 2:

Type of Development:

Type of project:

Choose an item.

Maximum number of storeys above ground:

Maximum number of storeys below ground:

What best describes the construction of the Housing Unit(s)?

Choose an item.

If "Other", please state below the type of construction:

What material will the roof covering be made from?	Choose an item.
If "Other", please state below the type of covering: GRP or Single ply.	

Do any of the Housing Units have any areas of flat roof (i.e. pitch less than 15 degrees)	Yes	No
Are there any basements for residential use, or any tanking required?	Yes	No
Are any elements of the development for non-residential use?	Yes	No

If "YES" please give details below.

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Type of Foundations?	
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If "Other" please give details below.

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Is any underpinning required?	Yes	No
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What type of cladding is being used?	
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If "Other" please give details below.

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Total number of Housing Units:	
How many separate structures are there?	
A separate structure is defined as a block containing more than one unit on its own foundations completely separate from any other structures.	

Existing Structures:	
This section is to be completed if the project contains any conversion or refurbishment elements.	
Number of separately identifiable existing structures:	
Type of structure:	Choose an item.
If "other", please describe type of structure:	
Approximate year of construction:	
Is the Building Listed?	
Has a condition survey been carried out?	Yes No

Cost and Rebuild Values for the Development:				
Total gross internal floor area (m ²)	Total cost of new works.	Rebuild value for existing structure if applicable.	Total rebuild value.	Anticipated market value.

Stage of Work:	
Construction start date:	
Anticipated completion date:	
Current stage of work:	

Is the development phased ?	Yes No
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	Start Date	Expected Completion Date	Units included In Phase
Phase 1			
Phase 2			
Phase 3			

Professional Team:	
Structural engineer name:	
Address:	
Project Manager name:	
Address	

Has an Architect or Architectural technician been involved in the project?	Yes	No
If "YES", please confirm what level of involvement they will have?		

Practice Name:	
Telephone Number:	
Email Address:	
Company No:	

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Additional Information

Please give any additional information that you feel we may need below.

Section 3. Declaration:		To be completed for every application	
DECLARATION			
Have you or any director, partner, any individual or organisation declared as part of the proposal:			
Sustained any losses or had any claims in the last five years that would be covered by the insurance being applied for?	Yes	No	
Ever been refused property insurance or had any special terms posed by an insured?	Yes	No	
Ever been prosecuted or received notification of intended prosecution under the Health and Safety at Work Act 1974 or Consumer Protection Act 1987?	Yes	No	
Ever been involved with a house builder or construction company that has gone into liquidation or been declared bankrupt in the past?	Yes	No	

I have read all of the statements and details 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

Name:	
Signed:	
Digital Signature:	
Date:	
Position:	

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