

Latent Defects Insurance

Application Form Residential Properties

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

RETURN QUOTE TO:

Type of property to be insured

Detached	<input type="checkbox"/>	Semi Detached	<input type="checkbox"/>	Terrace	<input type="checkbox"/>
1-3 Storey Flats	<input 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 chimney and flues.

Project Information (continued)

Construction Method Conventional Cavity Masonry Conventional Timber Frame Other

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

Size of property (metres square) 0-150 151-249

250-350 351 +

Number of Units being built for this project

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 and Postcode

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

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

Details of Ground Conditions

Full 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

Full Developer Details (continued)

Legal Status of Company	Limited	<input type="checkbox"/>	Plc	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
	Sole Trader	<input type="checkbox"/>	Special Purpose Vehicle Co	<input type="checkbox"/>		<input type="checkbox"/>
Trading for	<1 year	<input type="checkbox"/>	1 to 2 years	<input type="checkbox"/>	2 to 5 years	<input type="checkbox"/>
	5 to 10 years	<input type="checkbox"/>	Over 10 years	<input 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 Health & Safety at Work Act or the Consumer Protection Act? Yes No

6. Sustained 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

Insurance Details and Requirement (continued)

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"/>
<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)

Insurance Details and Requirements (continued)

*** 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)

Please advise where you obtained our application form from or where you heard about our services:

Direct enquiry

Broker

Oval website

Direct Mail

LABC

Other

If Other, please specify

Statement of Data Protection

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 ensure it is kept secure. We will only use and disclose information we have about you in the normal course of arranging and administering your insurance, or as required to comply with legal or regulatory requirements.

Occasionally we may use your details to tell you about other products or services that we feel may be of interest to you. We may contact you by telephone or electronically with details of any offers. We may also pass information about you to other companies within the Oval group for the same purpose and they too may contact you by telephone or electronically.

If you would prefer not to be contacted in this way please write to the Data Protection Officer at our registered address.

We are registered under the Data Protection Act 1998 as Data Controllers. In some circumstances, it may be necessary to transfer your information to a State that is outside the European Economic Area.

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

Print name

Date

For and behalf of

When signed and complete, please return this form to:

Oval Insurance Broking Limited
Latent Defects Department
5 Western Boulevard
Leicester
LE2 7EX

Tel: 0116 254 6221

Fax: 0845 833 9943

www.theovalgroup.com

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