

# Latent Defects Insurance

## Application Form Commercial Properties

## Applicant and Site Information

Name of Applicant

Development Name  
(If applicable)

Insured Address and  
Postcode

Correspondence  
Address and Postcode  
(if different)

Telephone Number

**RETURN QUOTE TO:**

Type of property to be insured	Offices <input type="checkbox"/>	Retail <input type="checkbox"/>
	Hotel <input type="checkbox"/>	Education <input type="checkbox"/>
	Car Park <input type="checkbox"/>	Industrial <input type="checkbox"/>
		Hospital <input type="checkbox"/>
		Other <input type="checkbox"/>

If Other, please specify

## 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)

Rebuild cost of retained building (if applicable)	£	<input type="text"/>
Structural works cost	£	<input type="text"/>
Non structural works cost	£	<input type="text"/>
External works cost	£	<input type="text"/>
Cost of demolition and removal of debris	£	<input type="text"/>
Professional fees	£	<input type="text"/>
<b>Total Estimated Rebuild Cost (Sum Insured)</b>	<b>£</b>	<input type="text"/>

Size of property (metres square)	0-150	<input type="text"/>	151-249	<input type="text"/>
	250-350	<input type="text"/>	351 +	<input type="text"/>

Number of Units being built for this project

Please explain why no warranty has been put in place as yet

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)

Builder/Contractor Name

Builder/Contractor Address and Postcode

Telephone  Mobile

Email Address

### Project Information (continued)

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

### 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

Legal Status of Company      Limited       Plc       Partnership   
Sole Trader       Special Purpose Vehicle Co

Trading for      <1 year       1 to 2 years       2 to 5 years   
5 to 10 years       Over 10 years

Company Registration No.

Number of units constructed in last financial year

Number of units anticipated for the next 12 months

### Contract Information

Type of Contract                      JCT                       RIBA                       ICE

Other

If Other, please specify

Is the contract Design and Build?                      Yes                       No

Is there an independent Architect design?                      Yes                       No

Is there an independent Consulting Engineer design?                      Yes                       No

Are the Collateral Warranties in place with the Design and Build teams? (if insured is not the owner)                      Yes                       No

Are any of the works contract under seal?                      Yes                       No

Will the quality of work be supervised during the construction works period by:

Resident Engineer                      Yes                       No

Clerks of Works                      Yes                       No

Independent Professional                      Yes                       No

Other                      Yes                       No

If Other, please specify

### Technical Information

Has the Site Investigation Report been made?                      Yes                       No

Does the contract site contain any of the following features?

Reclaimed Land

Mining Area

Quarries/ Excavated Land

Land Filled Site

Peat

Contamination

**Technical Information (continued)**

Please indicate if any of the following structural elements will be:

- Retained (Retained)
- Newly Constructed (New)
- Combination of both retained and new (Both)
- Not incorporated in the proposal development (N/A)

**Substructure**

Strip Footings	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>
RC Rafts	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>
Pile Foundations	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>
Mass Concrete	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>
Basement Walls	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>

Please specify any others

**Superstructure**

Steelwork	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>
Reinforced Concrete	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>
Pre-stressed Concrete	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>
Timber	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>
Modular	Retained <input type="checkbox"/>	New <input type="checkbox"/>	Both <input type="checkbox"/>	N/A <input type="checkbox"/>

Please specify any others

**Technical Information (continued)**

**Primary Structural Elements**

Ground Floor                      Retained                       New                       Both                       N/A

**External Walls:**

Masonry/Cavity                      Retained                       New                       Both                       N/A

Curtain Walling                      Retained                       New                       Both                       N/A

Profiled Sheet                      Retained                       New                       Both                       N/A

Light Façade/Composite Panels                      Retained                       New                       Both                       N/A

Heavy Concrete Cladding                      Retained                       New                       Both                       N/A

Please specify any others

**Internal Walls:**

Upper Floors                      Retained                       New                       Both                       N/A

Pitched roof structure & covering                      Retained                       New                       Both                       N/A

Profiled Sheet                      Retained                       New                       Both                       N/A

Light Façade/Composite Panels                      Retained                       New                       Both                       N/A

Heavy Concrete Cladding                      Retained                       New                       Both                       N/A

Please specify any others

Will the contract involve any:                      Pre-fabricated elements                       Innovative Materials                       Innovative methods of construction

Number of storeys                      Above ground level                       Below ground level

Has initial notice been served on relevant Local Authority?                      Yes                       No

**Technical Information (continued)**

**Is the basement** (if applicable):

Above the Intermittent Ground Water Table Level      Yes       No

Below Intermittent Ground Water Table Level      Yes       No

**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

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 of loss	Claim Amount	Date Paid
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

## Insurance Details and Requirements (continued)

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 and indemnity  
period, Alternative  
Accommodation, etc)

### \* Excess amounts

Usually 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 of cover 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 completion date (i.e. if the building is 5 years old, then cover will usually only be offered for a further 5 years).

## Insurance Details and Requirements (continued)

### 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 proposal (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. I/we give permission for Oval Insurance Broking to obtain, if necessary, relevant information from Local Authority Building Control in respect of the property to be insured.

Signed

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Print name

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Date

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For and behalf of

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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](http://www.theovalgroup.com)**

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