

Latent Defects Insurance

Application Form Mixed Use 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:

Property Description (e.g.
Offices & Flats)

Project Information

Type of construction New Build Extension Conversion
Refurbishment Other

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"/>
Total Estimated Rebuild Cost (Sum Insured)	£	<input type="text"/>

%age size split of property	Commercial	<input type="text"/>	Residential	<input type="text"/>
£ split of property	Commercial	<input type="text"/>	Residential	<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"/>

No. of units in this development	Commercial	<input type="text"/>	Residential	<input type="text"/>
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Please explain why no warranty has been put in place previously

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

Project Information (continued)

Telephone Mobile

Email Address

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	<input type="text"/>
Address and Postcode	<input type="text"/>
Contact Name	<input type="text"/>
Telephone No.	<input type="text"/>
Email	<input type="text"/>
Website	<input type="text"/>

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: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	£ <input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	£ <input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	£ <input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" 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 £1,000 for the Residential element (up to £2,500). The Commercial element excess is dependant on the sum insured amount – either a fixed value or a percentage determined by the insurer. 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).

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 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. 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

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

Oval Insurance Broking Limited
Registered Office: 9 South Parade, Wakefield
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Financial Services Authority