

Proposal Form for Residential Latent Defects Insurance Policy

1. Customer name

Title: Firstname: Lastname:

If a company, partnership or other legal or business entity, with turnover greater than €3m, please provide:

Company or partnership name: Company or partnership registration number: Registered address: Postcode: Experience of director(s) in residential development (years): Business type (developer / contractor / social landlord): Name of contact: Title: Firstname: Lastname: Position within company:

2. General information

Your address: Postcode: Tel: Email:

3. Premises to be insured

(The Premises are as described by you below and should accurately describe the property to be constructed).

Address: Postcode: Number of residential units:

Number of single structures (any free-standing structure which does not share foundations with nor rely for support on any adjacent structure):

Type: Detached Semi Terraced Flats/apartments

Please describe the project in detail:

Does this development include any element of non-residential use? Yes No

Please complete the Contract Value breakdown below (all values should be inclusive of VAT):

	New Works The estimated costs to rebuild the new work at completion (includes costs for demolition, clearance, construction and other works including professional fees). You will be required to supply us with a detailed scope of works.
Structural works: Foundation	€
Basement	€
Frame	€
External envelope	€
Roof	€
Non-structural works	€
Demolition	€
Professional fees	€
External works (All external non-structural works within the curtilage of the premises including but not limited to pavement, cross-overs, paved areas, pedestrian and vehicular landscaping and all sewers, pipes, cables, wires and other service media).	€
Total estimated build cost	€

Percentage of the development that is used for:	
Residential use	%
Commercial use	%

4. Duration of works

Have any works started on site? Yes No

If yes, please describe what works have been completed to date:

Estimated start date of construction:

Estimated completion date:

Please indicate the current stage of construction e.g. site clearance/demolition, foundations or below ground works, above ground works, fit out or other:

If the development is phased please give details below and continue on a separate sheet if required:

	Start date of construction	Expected date of practical completion	Units included within this phase
Phase 1			
Phase 2			

5. Premises information

N.B. If the Reinstatement Value (the estimated costs to rebuild the Premises at completion) exceeds €5m or is constructed using Green Oak, then Ground/Site Investigation reports, method statements, Gantt (Program) charts and plans and elevations will be required before a formal quotation can be issued.

Site remediation: Has there been any site remediation to remove, treat or otherwise address contaminants? Yes No

If Yes, please attach a brief summary of the remediation carried out.

Site preparation: If any ground improvement works are/were necessary prior to construction commencing, please provide details (e.g. vibro-compaction):

Height of premises (in metres): m

Does your development comprise any floors below ground i.e. basements, cellars etc? Yes No

If yes, please provide the following information for each single structure:

Number of floors below ground:

Is the water table level located above the lowest level of the basement? Yes No

Detail the proposed usage of the basement, i.e. is the basement for domestic or office use?

The primary type of waterproofing to the basement (e.g. waterproof concrete, drained cavity, single membrane etc.):

The secondary type of waterproofing to the basement (required if habitable):

Foundations: Piled Raft Strip/Pad Foundations Other:

Are premises to be (have been) built using (tick all that apply):

Block/brick Prestressed or precast concrete Steel or cast in-situ concrete

Timber Green oak Other:

Type of cladding (tick all that apply): Brick Concrete Curtain walls Glass
 Metal Prefabricated Stone Not applicable

Other:

Roof pitch (tick any that apply): Flat 5° or less Pitched > 5° and < 15° Pitched 15° or more:

Roof materials: Corrugated/profiled sheets Metal Slates Tiles Other:

6. Insurance requirements

We will provide you with a quotation based on our 10 year policy.

Please advise if you would also like:

Water Ingress to be covered beyond the first 5 years

Loss of Rental Income cover (Will automatically cover any reduction in rental income up to a maximum of €2500 per calendar month and per individual dwelling for a 24 month period after discovery of insured damage).

7. Who is carrying out the Certified Approver function?

Name of company:

Title: Firstname: Lastname:

Address:

Postcode:

Tel: Email:

8. Contact details

Architect:

Title: Firstname: Lastname:

Address:

Postcode:

Tel: Email:

Contractor:

Title: Firstname: Lastname:

Address:

Postcode:

Tel: Email:

Engineer:

Title: Firstname: Lastname:

Address:

Postcode:

Tel: Email:

9. Data protection

In order to provide you with insurance, 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 administering your insurance, or as required to comply with legal or regulatory requirements.

We are registered under the Data Protection Act 1998 as Data Controllers and we undertake to comply with the Irish Data Protection Act 1988 (as amended).

10. Declaration

During the last three years have you sustained any losses or had any claims that would be covered by this type of Insurance? Yes No

Have you or has any director/partner/principal of the proposer:

- ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind? Yes No

- ever been prosecuted or received notification of intended prosecution under any Health and Safety at Work and Workplace Regulations Yes No

I/We undersigned certify that all details in this proposal form are complete and true and to my/our knowledge no material information relating to the risk has been voluntarily withheld or omitted.

I/We understand that the signing of this proposal form does not bind us to effect any policy of insurance but agree that if any quotation is accepted this proposal form and the statements made within shall form the basis of the contract between me/us and the insurers. This clause will not apply if you are an individual entering this contract wholly or mainly for purposes unrelated to your trade, business or profession however it is your duty to take reasonable care not to misrepresent information to the Insurer.

BLP will communicate with you electronically. Please confirm your email address (if different from the one you have already given above):

Email:

Signature (original): Date:

Full name:

Position in company (Commercial Customers only):

If you wish to provide any additional information that you think is relevant please provide it below or on a separate sheet.

Please now print off this document, sign it, and return to BLP by email to blpireland@blpinsurance.com or by post to BLP Insurance Ireland, 2nd Floor Palmerston House, Fenian Street, Dublin 2.