

## Basement Latent Defects Insurance - Proposal Form

Please carefully complete this Proposal Form and return it to us. We will be happy to help you if you have any queries or require any assistance. We look forward to receiving the completed form from you.

### 1. Your Details

Name			
Address			
Telephone		Email	

### 2. Contractor Details (details of the company carrying out the works)

Company Name			
Address			
Registered Number		Date of Incorporation	
Trade Body Member		Membership No. & Expiry Date	
Do the installers have a minimum of 5 years experience in basement construction?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please give details			
Number of basements constructed in last financial year			
Anticipated number of basements constructed in next 12 months			
Activities of Business (select)	Specialist basement contractor <input type="checkbox"/>	Basement contracting less than 25% of activities	<input type="checkbox"/>

### 3. Insured Details (details of the owner of the premises where the works are being carried out)

Name			
Address			
Type of Insured (please tick the description that applies below)			
<input type="checkbox"/> Retail (private individual)	<input type="checkbox"/> Micro (less than €2m t/o and less than 10 employees)		
<input type="checkbox"/> Commercial (neither Retail or Micro)	<input type="checkbox"/> Unknown		

### 4. Premises to be Insured (details of the premises where the works are being carried out)

Address			
Type of Premises			
No. of storeys above ground		No. of storeys below ground	
Is this a Grade 1 Listed property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the site contain any of the following features?	<input type="checkbox"/> Reclaimed Land	<input type="checkbox"/> Mining Area	<input type="checkbox"/> Quarries/Excavated Land
	<input type="checkbox"/> Land Filled Site	<input type="checkbox"/> Peat	<input type="checkbox"/> Contamination

### 5. Claims History (use a separate sheet if necessary)

Claim(s) Made	Date	Amount	Date Paid

## 6. Contract Details

The total sum insured should represent the total cost of replacement/rebuild of the Insured Works. This should include items such as access, enabling, etc., even if these did not form part of the original contract.

Contract Value	
Access Costs	
Enabling Works/Debris Removal/Professional Fees	
<b>Total Sum Insured</b>	

(Please include a figure for all sections even if there is no cost)

Start Date		Completion Date	
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## 7. Interested Parties

Basement Designer	Company Name			
	Address			
	Designer has Professional Indemnity Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Waterproofing System Manufacturer	Company Name			
	Address			
	Manufacturer has Professional Indemnity Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Waterproofing System Installer	Company Name			
	Address			
	Installer has Professional Indemnity Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

## 8. Period of Cover

Number of Years (maximum 10 years)	
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## 9. General Questions

During the last three years have you carried out repair work due to defective workmanship or materials that you have installed previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details	
Have you or has any director/partner/principal of the proposer ever been convicted or is there any prosecution outstanding under the Health & Safety at Work Act 1974 or Consumer Protection Act 1987?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details	

## 10. Declaration

I have read over all of the statements and particulars given in this proposal form (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. I am not aware of any other circumstance likely to affect the risk. In consideration of the Insurer's acceptance I agree to be bound by the terms and conditions of the Policy that includes the Contractor being contractually obliged to the Insurer to make good all defects reported if they are trading. I have provided a copy of this proposal form to the Insured company/individual and have noted that, where a technical inspection may be required, full access will be provided to the technical inspector.

Signed		Date	
Print Name		Position	

Please return the completed Proposal Form to:

**Address:** Building and Land Guarantees Ltd, BLG House, 86A High Street, Whetstone, Leicestershire LE8 6LQ  
**Telephone:** 0116 286 5533 **Email:** info@buildingandland.co.uk