

Latent Defects Insurance - Proposal Form

The AWM Pioneer Warranty is available for roofing/cladding/solar panel contracts and can provide insurance cover for 10 or 12 years. Please carefully complete this form and return it to us. We will be happy to help you complete the form if you have any queries. We look forward to receiving the completed form.

1. Your Details			
Name			
Address			
Telephone		Email	

2. Contractor Details (who is responsible for completing the works)			
Company Name			
Address			
Registered Number		Trade Body Member	

3. Insured Details	
Name	
Address	

4. Premises Details	
Address	
Type of Premises	

5. 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 (Incl. VAT)		<i>(Please include a figure for all sections even if there is no cost)</i>
Access Costs		
Enabling Works/Debris Removal/Professional Fees		
Total Sum Insured		

Start Date		Completion Date	
Description of Works			
System		BBA Certificate No. or Equivalent (if known)	
If roofing is included, state the number of roofs			
Do the installers have a minimum of 5 years experience in installing these or similar products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please give details			

6. Period of InsuranceNumber of Years (10 or 12 years) **7. 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
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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
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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
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If Yes, please give details **8. Declaration**

I/we have read all the statements and particulars given in this proposal form (including any answer written for me 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. I am not aware of any other circumstance likely to affect the risk. I/we give permission for Building and Land Guarantees Ltd to obtain relevant information from AWM in respect of the Works to be insured.

Signed	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Position	<input type="text"/>

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