

renovation underwriting

Statement of Facts

Important Information

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'you' or 'your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Renovation Underwriting Ltd and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit.

This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

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Please answer all of our questions.

1: Contact Information

Name of Insurance Broker

Postcode of Broker

Name of Person completing this form

Contact Email Address

Contact Telephone Number

2: Proposer Details

Full name of Proposer

Proposer's date of birth

Correspondence address:

Address Line 1:

Town/City:

County:Postcode:

General Questions

Has the Proposer had special conditions imposed onto an insurance policy?

Has the Proposer had a claim rejected by an insurer ?

Has the Proposer had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecutions pending?

Has the Proposer been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

Has the Proposer had an arson or suspected arson event, whether insured or not, at any property owned in part or in full?

Financial Status And History of The Proposer

Are you currently a company or partnership trading at a loss or a company or individual(s) with debts that you may not be capable of servicing?

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About the Premises

Full Address of Premises to be insured

Address Line 1: [REDACTED]

Town/City: [REDACTED]

County: [REDACTED]

Postcode: [REDACTED]

If you require any interested party to be noted, please state details.

Age Of Buildings [REDACTED]

Premises Type (e.g. Detached, terrace) [REDACTED]

Is the Property Listed?

If so, which grade? [REDACTED]

Wall Construction [REDACTED]

Roof Construction [REDACTED]

Is the roof more than 50% flat? [REDACTED]

Please confirm if the following:

The supply of gas and electricity to the buildings is disconnected except where it is required for maintaining fire or intruder alarms or central heating [REDACTED]

The main water supply at the property will be turned off at the mains/disconnected when the property is unoccupied. (PLEASE NOTE: The perils of Escape of water from fixed water tanks, apparatus or pipes will be excluded if the water is not turned off at the mains or disconnected) [REDACTED]

All fastenings and protections are and will be activated and in actual and complete operation whenever the buildings is left unattended [REDACTED]

You or your representatives inspect the buildings internally and externally at least once every 14 days and keep a written, dated and signed record of such inspections. [REDACTED]

You or your representatives will report to underwriters immediately you become aware of any attempt to enter it illegally or if the buildings is damaged in any way. [REDACTED]

The buildings and the area outside of it that is owned by you or under your control is kept clear of all loose combustible material. [REDACTED]

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About the Premises

All accessible windows are secured by key operated window locks and all final exit doors must be secure by a minimum of 5 lever mortise deadlocks

All accessible windows and all final exit doors are boarded, shuttered or grilled.

You will notify us prior to contractors attendance in or around the buildings

General Conditions

Please confirm if the following are true in respect of this proposal:

You will ensure that the buildings (and contents if applicable) are maintained in sound condition and you will take all reasonable precautions to prevent any claims.

You will allow us to examine your buildings if we request to do so.

You will ensure that any loss or damage incurred is limited to the minimum safely possible.

You will protect the buildings (and contents if applicable) from loss or damage

You will not take any action that could prejudice or prevent our ability to fully consider or investigate loss or damage without our consent.

You will ensure that all persons insured under this policy keep to all conditions of it.

Other Security and Risk Management

Please answer the following questions

Please state if an intruder alarm is operative

Does a caretaker reside at or is there a security guard reside full time in the buildings ?

is the adjacent property occupied?

For how long have the premises been unoccupied?

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Other Security and Risk Management

Has planning permission been sought?

Has planning permission been obtained?

Are the buildings to be demolished?

Do you know, or are there any signs, of malicious damage (for example graffiti) or attempted or actual illegal entry to any of the premises to be insured?

Are all the buildings in a good state of repair?

Is the Premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave - or actually incurred damage from Subsidence Landslip or Heave?

Is the Premises in a flood plain or area that has previously flooded?

Sums Insured

Please confirm the sum insureds required for buildings and contents (where required). You must ensure that these represents the full cost of replacement or reinstatement.

Buildings Sum Insured

Contents Sum Insured

Level of Cover Required

Level 1 - FLEEA Plus Property Owners Liability

Level 2 - Full Perils Plus Property Owners Liability

Accidental Damage Cover in respect of Buildings
(Available with **Level 2** Cover Only)

Note: Subsidence Cover is not included under **Level 1**

Property Owners Liability

Limit Required

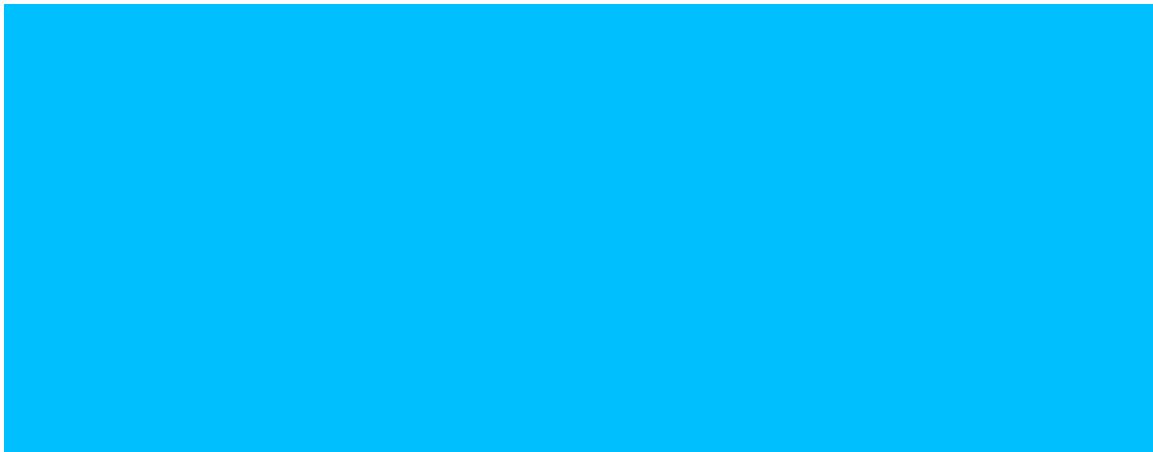
Do you require cover for Domestic Staff?

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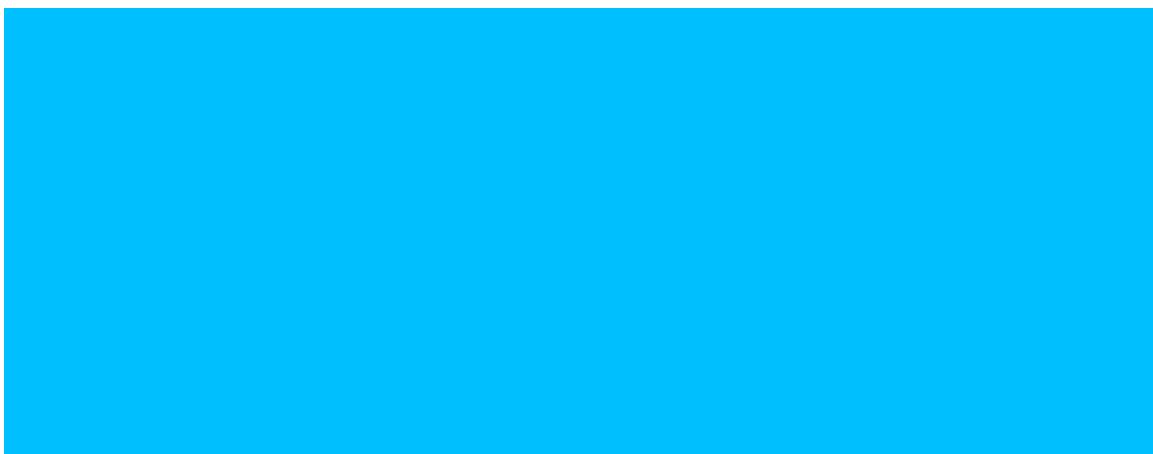
Claims History

Have You or any of Your Directors or Partners sustained any loss or damage or had a claim made against You during the last 5 years?

If **YES**, Please provide full details including date of loss/claim and the full final settlement figure



In the box below, please state any additional information necessary to provide; insofar that it increases a risk, is a particular reason that has led you to seek insurance or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

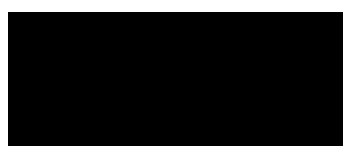


Declaration

Having made all necessary and appropriate enquiries, do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

Signed by

Date



RESET FORM