

Relationship manager Branch

Email address

WHAT TYPE OF POLICY DO YOU REQUIRE?

Residential Housing Association Mixed Use Self-Build Commercial

Other

1. APPLICANT INFORMATION

1.1. CLIENT DETAILS

Company/ Individual's name Trading address Or Home address

Company reg. No. (If applicable)

Incorporation date (If applicable)

No. of years trading ^{1*} (If applicable)

No. of years building exp. ^{2*} (If applicable)

Directors name (s) Postcode

Contact name Office No.

Email address Mobile No.

SPV company Yes No *If Yes please complete section 1.2*

1.2. PARENT/HOLDING COMPANY INFORMATION (IF APPLICABLE)

Company name Trading address

Company reg. No.

Contact name

Contact position

Office number

Mobile number

Email address Postcode

1.3. CLAIMS HISTORY

Any claims in the last 3 years? Yes No *If Yes please provide details (attach additional sheets as required)*

Details



2. CONTRACTOR / BUILDER DETAILS

2.1. COMPANY DETAILS

Name	<input type="text"/>	Trading Address	<input type="text"/>
Company reg. No.	<input type="text"/>		
Incorporation date	<input type="text"/>		
No of years trading ^{3*}	<input type="text"/>		
No of years building exp. ^{4*}	<input type="text"/>		
Directors name(s)	<input type="text"/>	Postcode	<input type="text"/>
Contact name	<input type="text"/>	Office No.	<input type="text"/>
Email address	<input type="text"/>	Mobile No.	<input type="text"/>

*3 If less than 10 years please provide appropriate references. Please note the years trading must only be active years trading
And not count any years the company was dormant.

*4 If less than 10 years please provide proof of experience (cv, references etc)

2.2. CLAIMS HISTORY

Any claims in the last 3 years? Yes No If Yes please provide details (attach additional sheets as required)

Details

2.3. DEVELOPMENT EXPERIENCE

Date	Address	Contract value (£)	New build/ conversion?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide as much experience as possible and use continuation sheets for further experience.



3. DEVELOPMENT DETAILS

3.1. UNITS

IMPORTANT INFORMATION

Housing association name (If applicable) 12 Year cover required Yes No

Do you require insolvency Cover for this policy? Yes No Amount of cover required £

Number of units Development address
Number of separate structures
Listed building
Is there a basement?
Do you have a tanking guarantee? Yes No
Postcode

Development type? New build Retrospective Conversion / Refurb

Unit type? Semi-Detached Detached Terraced Flats / Apartments

Unit dimensions *5 Total square metres sqm

*5 Provide additional details if more than one unit type

Details of build *6

*6 Provide details of the build i.e. 5 semi-detached, 3 bedroom properties with attached garage.

Is any element of the build for non-residential use? Yes No
i.e. Commercial space.

Provide details

Reinstatement value 7* £

Current building use (If applicable)

3.2. ABOUT YOUR DEVELOPMENT LAND

Are you aware of any Contamination, currently or historically, on the land or site examples would be landfill, Heavy metals, oils, tars, chemical, gases, asbestos, radioactive or other types of land contamination not listed.

Yes No If Yes provide details (An additional contamination report will be required)



4. CONTACT DETAILS

	Name	Contact number	E-mail address
Site contact	<input type="text"/>	<input type="text"/>	<input type="text"/>
Architect	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engineer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project manager	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. DURATION OF WORKS

5.1. CURRENT STAGE OF WORKS

Has construction started? Yes No Construction start date

Details of any work completed to date (Please use a continuance sheet if required)

Detail current stage of construction e.g. site clearance / demolition etc.
(Please use a continuance sheet if required)

Completion date Enter an estimated completion date if construction is not complete

5.2. DEVELOPMENT PHASES (IF APPLICABLE)

If the development is phased, please provide details below.

	Start date	Expected completion date	Units included within the phase
Phase 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase 3	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. INSURANCE REQUIRED

Build cost per unit £ Total build cost - Contract sum £

Existing structure value £ Sum to be insured £



7. PREMISES INFORMATION

Foundations Piled Raft Strip / Pad Mass Fill Pre-Existing Foundations
Other

Structural frame type Cast in-situ Concrete Steel Timber Green Oak
Traditional Cavity Wall Other

Type of cladding Concrete Curtain Wall Pre-Fabricated Glazed
Metal Stone Other

Roof Materials Glass reinforced plastic Corrugated / Profile sheets Slate
Concrete tile Other

Roof Pitch Pitched more than 15° Pitched less than 15° Flat Roof
Other

Height of premises (m) **Number of floors**

For flats and apartments, how many units will be on each floor?

Number of floors above ground **Number of floors below ground**

8. BUILDING CONTROL FUNCTION

8.1. WARRANTY INSPECTOR

Appointed warranty inspector

8.2. LOCAL AUTHORITY AND BUILDING CONTROL

Name of local authority

Nominated building control

Contact name

Contact e-mail

Contact No.

Planning Application No.



9. GENERAL DATA PROTECTION REGULATION

We will process any personal information we obtain in the course of providing our services to you in accordance with the general data protection regulation (GDPR). In administering your insurances it will be necessary for us to pass such information to insurers and other product or service providers which may also provide us with business and compliance support.

We may also disclose details to relevant parties, as necessary, to comply with regulatory or legal requirements. We may contact you or pass your details to other companies associated with us in order to promote products or services which may be of interest to you. We will not otherwise use or disclose the personal information we hold without your consent.

Some of the details you may be asked to give us, such as information about offences, are defined by the act as sensitive personal data. By giving us such information, you signify your consent to it being processed by us in arranging and administering your insurances.

Subject to certain exceptions, you will be entitled to have access to your personal and sensitive personal. If at any time you wish us, or any company associated with us, to cease processing any of the personal data or sensitive personal data we hold, or to cease contacting you about products and services, please write to us at our Warrington office, as above.

Please tick to confirm that you fully understand and agree to the above statement and are happy for us to process information you provide to us.

9. 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

Has any directory, partner or principle:

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 the health and safety at work act 1974 or consumer protection act 1987? 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.

Signed **Print name**

Position **Date**

Please return this form to AHCI via email to your relationship manager.

This quote is indicative and subject to all relevant supporting information being provided as per this application form. No policy will be incepted until all drawings, plans, membership form, consumer code and other requested documentation has been provided.



CONTINUATION SHEET

Please ensure you indicate the section each statement is in reference to.
i.e. Section 3.1 details of build additional building requires...

**Continuation
sheet**

of