

Property and Contract Works Proposal Form for JCT Contracts



Please Complete In Capital Letters Using Black Ink And Tick Boxes As Appropriate. Where requested, please enter further details in the space provided Please complete all questions where applicable and sign the Declaration.

1	Name of Proposer(s)		
2	Correspondence Address:		
	Postcode:		
3	Occupation of Proposer 1:		
	Occupation of Proposer 2:		
4	Date of Birth of Proposer 1:	Date of Birth of Proposer 2:	
5	Address of property undergoing works:		
	Postcode:		
6	Period of contract From :	To:	
7	Property type (Detached bungalow, terraced house etc):		
8	Is the property listed? If so, Grade I or II etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Construction of building (eg Brick and Tile)		
10	Previous Insurer:		
11	Approximate age of the Property (Year of Build):		
12	Is the building of standard construction? If "No" please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Is the Property being used for Business Use? If "Yes", please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Is the property adjoining a Thatched Property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Is the property in a good state of repair? If "No" please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Please return completed form to:-

Expert Insurance Group Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479

w: www.ictinsurance.com t: 01825 745 410 e: enquiries@ictinsurance.com

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16	Has the property ever suffered from, or is it built in, an area with a history of flooding and coastal or river erosion? If "Yes" please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	Is the property over 200 metres of any river, stream or tidal waters? If "No" please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18	Have you or any person living at the property Made an insurance claim (whether paid or not) in the last 5 years? Ever been convicted of any criminal offence? Ever been made Bankrupt? Ever had Insurance Declined or Cancelled? If "Yes", please give details:	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
19	Name & Address of Contractors:		
20	Is the insurance to be in joint names with the Contractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21	Are you in any way related to or associated with the Contractor? If yes, please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22	What contract terms & conditions, if any, will the work be carried out under? e.g. JCT Minor Works, incorporating insuring clause 5.4B:		
23	Has the Contract already started? If "Yes", please advise when works started, how much has been spent to date and what works have already taken place:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24	Will any materials be salvaged or be direct purchases? If "Yes" to either please confirm the value, type of materials and how stored: Salvage: Value £ Description of materials: How stored?: Direct Purchases: Value £ Description of materials: How stored?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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25	Details of contract works being carried out at the premises:	
26	Is this a new build i.e. separate house, garage, complete new build? If yes please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
27	Will there be any use of heat other than for general plumbing? If "Yes" what will this involve:	Yes <input type="checkbox"/> No <input type="checkbox"/>
28	Will there be any structural work? If "Yes" please provide full details particularly for roof work and underpinning contracts	Yes <input type="checkbox"/> No <input type="checkbox"/>
29	Has a Structural Engineer has been appointed? If "Yes" please provide full details	Yes <input type="checkbox"/> No <input type="checkbox"/>
30	Will work involve: A) A depth of excavation exceeding 5 metres? B) Work in or adjacent to water? C) CFA Piling? If "Yes" please provide full details	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
31	When works are complete what will happen to the property?	
32	Describe the location of the site/home, eg. remote, on an estate, etc.:	
33	Where is the nearest occupied house in relation to the site/home?	
34	Will you be living in the home during the works? If "No", who is responsible for securing site each day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
35	If you are not living at the property who will be inspecting the site and how often will they be doing this? i.e. we, the insured, will visit the property weekly	

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36	What security is in place at the site during works, e.g. alarm, type of door/window locks, alarmed scaffolding etc?
37	Existing structure sum insured £ (please include garages, outbuildings etc) The sum insured should be the rebuild value
38	Contract Value £ (Inc VAT, but excluding Salvage & Direct Purchases listed above)
39	Do you require Non Negligence Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes a separate form will need completing and returning to us in order to obtain a quote:
40	Is there any other information we should know? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details on a separate piece of paper:

IMPORTANT
Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. Failure to disclose all material facts whether or not the subject of a specific question may invalidate your insurance.

We recommend that you should keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this insurance.

DECLARATION
Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand

I/We declare that to the best of my/our knowledge and belief the answers given are true and complete.
I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf.
I/We agree that the information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)	Date of signing
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Title of signatory

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