### New Homes — Construction Guarantee Contract Proposal Form



#### **IMPORTANT PLEASE READ**

**SECTION 1 Developer Contact Details** 

When completing this form, please use BLOCK CAPITALS and fill in all relevant sections, providing additional information where necessary. Failure to complete all relevant sections of this form fully may result in us being unable to provide terms for your site and if necessary, incomplete forms may be returned.

Please be aware we may be unable to provide cover for conversions to Grade 1 Listed buildings, construction which uses Green Oak or barn conversions. If your development includes any of these features, please contact us on 01825 745 410 before completing this form.

Name of business		
Development Details		
Name of development		
Address		
County		
Contact Details for Technical Audit		
Contact name		
Telephone number	Mobile	
Email	Fax	
Contact Details for Quotation to be sent to		
Contact Name		
Telephone number	Mobile	
Email	Fax	
Contact Details for Invoices to be sent to (if different to	the above)	
Contact Name		
Telephone number	Mobile	
Fmail	Fax	

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#### **Building Control**

By using Insurers Surveyors for your Building Control, y site for your warranty and Building Control inspections							
Nould you like Insurers to provide Building Control services on your development? Yes 🗖 No 🗖							
If you do not want Insurers Surveyors to carry out your the following section:	Building Control services, please complete						
Who will be carrying out the Building Control function Local Authority Building Control  Appro	·						
Date Building Regulations submission made:							
If an Approved Inspector please provide the following	details (if known)						
Company name							
Contact Name							
Telephone number	Mobile						
Email	Fax						
Note Cover under a Building Guarantee Policy may be undertaking the Building Control work. To check if you please contact us.							
SECTION 2 Details of Project							
Name of the lender financing this contract							
Please complete the table below providing details of th	ne phases you require quotations for If your						

Please complete the table below providing details of the phases you require quotations for. If your development consists of only one phase, please complete Phase 1 only. If more than 1 box is ticked please provide details on a separate sheet.

	Start date of	Approx End	No	Build type (please tick)		
Phase	Construction work	Approx End date	of Units	New Build/ Conversion	Refurbishment	Extension
1						
2						
3						
4						



Will you be taking any deposits for any of units you require a quotation for?	Yes 🖵	No 🗖
If yes, Total number of units you will be taking deposits for		
Total estimated value of deposits to be taken		
SECTION 3		
Please complete the following section if the development is a conversion or refurbi	shment.	
<b>Conversion / Refurbishment Details</b> - Please note we require a copy of the plans of the building and the proposed alterations. These should be forwarded with this application.		ng
What is the age of the existing property		
How is the existing structure used:		
Residential  Storage  Communal  Industrial  Livestock  Other		
If Other, please give details:		
Has the developer had experience in conversion / refurbishment contracts?	Yes 🗖	No 🗖
If Yes, please give details:		
Has a condition survey been carried out? If yes please provide a copy.	Yes 🗖	No 🗖
Have any other surveys or tests been carried out on the existing structure?	Yes 🗖	No 🗖
If yes, please give details:		
Is the building a Grade 1 Listed building?	Yes 🖵	No 🗖
Is the site in a conservation area?	Yes 🗖	No 🗖
Please give a brief description of the works being done:		



#### **SECTION 4 Details of Project Continued**

Has construction started on any unit?			Yes 🗖	No 🗖
If Yes, please give details:				
Has a ground investigation been made	e?		Yes 🗖	No 🗖
Are the housing units:				
Conventional cavity	Conventional timbe	r	Any other ty	
masonry construction	frame construction	i <b>-</b>	of constructi	on 🗖
If any other, please give details:				
If the development is for apartments				
Pre-cast heavy panels □	Pre-fabricated elem	ients 🗖	Curtain walls	
Innovative materials or methods of co	onstruction $lacksquare$	Any existing	retained elemen	its 🗖
If you have ticked any of the above, p	lease provide details o	n a separate shee	t.	
SECTION 5 Contractor Information				
Who will carry out the building works	?			
Name of builder				
Address				
County		Postc	ode	
Telephone number		Mobi	le	
Email		Fax _		
Website address				
Is the contractor currently registered			Yes 🖵	No 🗖
If No, has the business ever been refu Provider's register or is currently in di	•			



If Yes, what is the name	of the	New Ho	ome W	/arranty	Provid	der?						
Current rating with the	New H	ome Wa	arranty	y Provide	er?							
Length of time registere  □ < 1 Years □ 1 - 2				/arranty Years			ears		<b>□</b> >10	O Years		
SECTION 6												
Nature of the Developn	nent (p	olease c	omple	te the b	elow i	n full, in	respe	ct of the	e phase	e terms	are	
required for) NB = New	Build	Conv = 0	Conve	rsion/Re	furbisl	nment						
Estimated Selling Price		Units I Units I		Flats Other		Tot al Number						
	NB	Conv	NB	nits Conv	NB	Conv	NB	Conv	NB Conv		of Units  NB Conv	
Up to £80,000	IND	COTTV	IND	CONV	IND	CONV	IND	CONV	IND	COIIV	IND	CONV
£80,001 - £90,000												
£90,001 - £100,000												
£100,001 - £110,000												
£110,001 - £120,000												
£120,001 - £140,000												
£140,001 - £160,000												
£160,001 - £180,000												
£180,001 - £200,000												
£200,001 - £250,000												
£250,001 - £300,000												
£300,001 - £350,000												
£350,001 - £400,000												
£400,001 - £500,000												
£500,001 - £600,000												
£600,001 - £750,000												
£750,001 - £1,000,000												
£1,000,000 + *												
* For any units above £3  Total number of units to		-					rices o	n a sepa	rate sh	neet.		
Total estimated sale pri	ce = £_											
Total estimated reconst	ruction	n cost =	£									
Number of storeys: Above ground level Below ground level												
Number of individual se (A separate block is dee which does not rely on a to the ground)	med to	be an i	individ	ual build	ding or	structu	re, con	taining	a numl	per of u	nits	



If Other has been ticked on the previous page, please give details:
I/we declare that to the best of my/our knowledge and belief, the information I/we have given is correct and complete in every detail and I/we have not withheld any material fact.
I/we understand that the signing of this form does not bind us to effecting insurance but agree that should a quotation for a new development or housing unit be accepted that this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter.
Signed
Name
Date For and on behalf of
Please note documents supplied to Underwriters will be scanned and originals will not be returned unless clearly stated.
Please return this form to: The Expert Insurance Group Horsted Square Bellbrook Business Park Uckfield East Sussex TN22 1QG
T: 01825 745 410 F: 01825 E: enquiries@jctinsurance.com W: www.jctinsurance.com
The Expert insurance Group and JCT Insurance Expert are trading styles of Affinity Select Insurance Services Limited. Affinity Select Insurance Services Limited is authorised and regulated by the

Financial Services Authority.