

Issued by Warrior Square Limited, 74 Blake Road, London N11 2AH and 43 Acton Road, Long Eaton, Derbyshire NG10 1FR

Agency: \_\_\_\_\_

**NOTE: Please complete answers to all questions. If your answer is in any of the shaded boxes, please provide further details in the space provide overleaf.**

Proposer's full name(s) including any trading title or company name: \_\_\_\_\_

Address of property to be insured: \_\_\_\_\_

Post Code: \_\_\_\_\_

Your postal address (if different): \_\_\_\_\_

Post Code: \_\_\_\_\_

Your occupation, business or profession: \_\_\_\_\_

Insurance required from: \_\_\_\_\_ to: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

#### STANDARD COVER - BUILDINGS

1. Please state the sum insured required on the buildings to be insured. £ \_\_\_\_\_  
**N.B.1. The sum insured should represent the full rebuilding cost of the property including its domestic outbuildings, garages, greenhouses, terraces, patios, drives, footpaths, walls, gates, fences and hedges and including allowances for architects', surveyors' and consultants' fees and debris removal costs.**  
**N.B.2 Minimum sum insured £50,000**  
**N.B.3. If more than one property is to be insured summarise the address and sums insured on a separate sheet and attach it to this proposal form.**
  
2. If a bank, building society or other financial institution has a financial interest in the property, please give details (premises number, name, address and account number of the bank or building society):

#### OPTIONAL ADDITIONAL COVERS - only available when buildings are insured

The following optional covers may be included for an additional premium:-

3. RENT:- The standard limit is 10% of the buildings sum insured stated in 1 above for 12 months if you require a higher sum please state amount. £ \_\_\_\_\_  
**N.B. Longer rent periods available on request.**
  
4. OWNERS' CONTENTS:- Please state the sum insured required. £ \_\_\_\_\_  
**N.B.1 The sum insured should represent the replacement cost (less an amount for wear, tear and betterment) of household goods, furnishings, appliances, fixtures, fittings, interior decorations and aerials in the portion of the property occupied by tenants or the common parts.**  
**N.B.2 Minimum sum insured £2,500.**

5. YOUR OWN HOUSEHOLD CONTENTS:- Please state the sum insured required. £ \_\_\_\_\_  
*N.B.1 The sum insured should represent the replacement cost (less an amount for wear, tear and betterment on clothing, household linen and pedal cycles) of household goods, furnishings, appliances, fixtures, fittings, interior decorations and aerials in the portion of the property occupied by you and your family.*  
*N.B.2 Minimum sum insured £10,000.*
6. INCREASED LIMIT for PROPERTY OWNERS LIABILITY to £5,000,000  
 The standard limit of indemnity is £2,000,000 if you require a higher limit please state amount. £ \_\_\_\_\_

**THE PROPERTY TO BE INSURED**

7. Is the property:-  
 (a) (i) a house/bungalow?  
 or (ii) a block of self contained flats?  
 or (iii) a single self contained flat?  
 or (iv) other? (please give details and if accommodation includes a shop indicate type e.g. grocers)
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7. (b) (i) detached?  
 or (ii) semi-detached?  
 or (iii) terraced?
8. Is the property let to:-  
 (a) individuals or families in work or retired and not on housing benefit?  
 or (b) students?  
 or (c) long term tenants on housing benefit not referred to you by the DSS or local authority?  
 or (d) tenants referred to you by the DSS or local authority?  
 or (e) holiday accommodation (let to tenants on a weekly basis)?  
 or (f) others? (please give full details below)  
**N.B. Properties let or leased to housing associations or local authorities or let to asylum seekers or political refugees are not normally acceptable.**
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9. Is the property:-  
 (a) let to a single tenant (a family is considered as a single tenant)  
 or (b) let on a shared accommodation basis?  
 or (c) let as self-contained flats?
10. Please state the length of the tenancy agreement or lease. \_\_\_\_\_
11. When was the property originally built? \_\_\_\_\_

**GENERAL INFORMATION**

- |      |  | YES                                 | NO                                  |
|------|--|-------------------------------------|-------------------------------------|
| 12.  | Are any of the buildings (or part of the buildings) you wish to insure:-   |                                     |                                     |
| (a)  | built other than of brick, stone or concrete and roofed other than of slate, tile, concrete, metal or asbestos?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b)  | occupied solely for private residential purposes?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c)  | currently untenanted or vacant or expected to become so in the foreseeable future?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d)  | leased to a local authority, housing association or similar organisation who will be responsible for arranging the tenancies and vetting tenants?                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e)  | inspected by you, an authorised employee or agent at least every 4 weeks?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (f)  | protected by an automatic fire alarm or smoke detectors providing protection for the whole property?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (g)  | in a good state of repair and will it be so maintained?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (h)  | in the course of construction or undergoing any structural alteration, repair or renovation or likely to have such work carried out in the next 12 months?                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13.  | Are any of the buildings (or part if the buildings) you wish to insure:-   |                                     |                                     |
| (i)  | free from signs of internal or external stepped or diagonal cracking?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (ii) | being monitored for subsidence, heave or landslip; have they ever been monitored for subsidence, heave or landslip or suffered any damage caused by subsidence, heave or landslip? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

<b>GENERAL INFORMATION (continued)</b>		YES	NO
(b)	Are you aware of any survey carried out on any of the buildings which mentions subsidence, settlement or movement of the Buildings? (If Yes, please give details.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Are you aware that any neighbouring buildings have been subject to an occurrence of subsidence, heave, landslip, flooding, coastal or river erosion? (If Yes, please give details.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	(a) Has the electrical installation in each building been inspected by a qualified electrician in the last 5 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(b) Are all gas appliances inspected by a qualified gas contractor, at least annually, in accordance with current legislation and are all heating and plumbing installations in good order?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(c) Is cooking only allowed in rooms or areas designed as and fitted out as kitchens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Have you, or any person connected with this insurance (including any principal, director or partner under the current or any previous trading title):-		
	(a) been declared bankrupt or insolvent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(b) been convicted of, or is any prosecution pending for arson, or any criminal offence other than road traffic offences?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(c) suffered any loss in the last 5 years in respect of the risks you wish to insure for the above or any other previous address? (Give full details of date, cause and amount for each loss and for theft losses the action taken to prevent recurrence.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(d) been refused insurance or had special terms or conditions applied by any Insurer for any of the risks you wish to insure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(e) held insurance for any of the risks you wish to insure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If 'Yes' please provide details of the current/previous insurance arrangements including the name and address of the Insurer, the policy number, the expiry date and the number of years insured with above or other Insurers.

**IF YOU HAVE TICKED ANY OF THE SHADED BOXES IN QUESTIONS 12 to 15 GIVE FULL DETAILS BELOW:-**

(Continue on a separate sheet if necessary)

Question No.	Details
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**IMPORTANT DISCLOSURE OF MATERIAL FACTS**

*All material facts known to you must be disclosed. A material fact is one likely to influence the Insurers assessment and acceptance of the proposal. Should you have any doubt as to whether a fact is material it should be disclosed for your own protection as failure to disclose such facts will invalidate this insurance. You are not required to disclose convictions regarded as 'spent' by virtue of The Rehabilitation of Offenders Act 1974.*

**LAW APPLICABLE TO THIS CONTRACT**

*This insurance shall be subject to English Law.*

**DECLARATION**

**I/We declare that to the best of my/our belief all particulars given on and in connection with this proposal are correct and complete.**

**Where this form has been completed on my/our behalf, I/we have checked the answers and information stated.**

**I/We agree that this proposal is for insurance in the normal terms and conditions of the Insurers' policy and shall be incorporated in and form the basis of the contract between me/us and the Insurers.**

Signature of

Proposer(s).....Date.....

**N.B. Where this proposal has been signed on behalf of a company or organisation please state the position held. e.g. Director, Secretary.**

**DATA PROTECTION ACT 1998 - PROPOSER'S CONSENT CLAUSE**

**I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling, which may necessitate your providing such information to third parties.**

Signature of

Proposer(s).....Date.....