

PROPOSAL FORM FOR UNOCCUPIED BUILDINGS

THE PROPOSER(S)

ASSURED'S NAME
TRADING TITLE
POSTAL ADDRESS
NATIONALITY POST CODE
DAYTIME TELEPHONE NUMBER DATE OF BIRTH

ADDRESS OF PROPERTY
TO BE INSURED POST CODE

DESCRIPTION OF PROPERTY AND SECURITY ARRANGEMENTS

1. a) Approximate age of construction b) Number of storeys
c) Are the premises detached / semi-detached / terraced / other
if other please give details
d) Are the premises constructed of brick, stone or concrete and does the external surface of the roof consist of slates, tiles, metal, concrete, asphalt and/or sheets or slabs composed entirely of incombustible mineral ingredients (**i.e. standard construction**). **YES / NO**
if NO, please give details
e) Is any part of roof area flat / felted / bitumen / asphalt **YES / NO**
if YES, please note General Condition 9 of the Certificate.
f) Are the premises in a good state of repair **YES / NO**
if NO, please give details
g) Are the premises listed **YES / NO**
if YES, please give details
2. a) Provide details of the adjoining or nearest adjacent property i.e. trade use and distances from etc.
Is the property situated in (i) Main Road **YES / NO**
(ii) Side Road **YES / NO**
(iii) Other - **Please describe.** **YES / NO**
b) Has the Proposed Property suffered problems with vagrants, squatters or vandals **YES / NO**
If YES, please give details
c) Is the Property in an area which is free from flooding **YES / NO**
3. a) How long have you owned the premises
b) How long have the premises remained unoccupied
c) For what purpose are the premises designed to be used **COMMERCIAL / RESIDENTIAL**
d) For what reason are the premises presently unoccupied
e) Are the premises to be sold **YES / NO**
If YES, how long have the premises been up for sale
f) Give full details of any proposed conversion / renovation work
g) During which period to you expect this work to take place
h) When do you expect the premises to be occupied again
i) Is the property situated near a River, Stream, Reservoir, Lake **YES / NO**
if NO, please describe

4. Indicate which mains services are :- **CONNECTED**
- a) Electricity **YES / NO**
- b) Water **YES / NO**
- c) Gas **YES / NO**

SECURITY ARRANGEMENTS

5. Please give details of security regarding:-
- a) all external doors **YES / NO**
- b) all ground floor basement and accessible upper floor windows **YES / NO**
- c) Describe any intruder alarm system **YES / NO**
- d) Any other security measures taken to protect the premises **YES / NO**
- e) is the property boarded up **YES / NO**

INSURANCE HISTORY

6. Details of all partners/directors :

- | | |
|---------------------|---------------------|
| a) Name | b) Name |
| Position | Position. |
| Date of Birth | Date of Birth |

Have you and/or any Director/Partner/financially associated person(s) been involved in any company that has become Insolvent and/or gone into liquidation **YES / NO**
if YES, please give FULL details.

Have you and/or any Director/Partner/financially associated person(s) been subject to a County Court Judgement **YES / NO**

Have you and/or any Director/Partner/ financially associated person(s) been convicted of any crime **YES / NO**
if YES, please give FULL details.

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If property is let to tenants, can you confirm if a tenancy agreement is in force **YES / NO**

COVER REQUIRED

SUMS TO BE INSURED

7. a) **Buildings** (Full cost of reconstruction in present form) £
- b) **Buildings** (Purchase price cost to Proposed) £
- c) **Other cover** (Please state) £
- d) **Property Owners Liability:-**
 Limit of Indemnity £1,000,000 any one occurrence / Unlimited. Is cover required **YES / NO**

CLAIMS DECLARATION

Give details of all claims you and/or any Director/Partner/financially associated person(s) have made during the last 5 years:

<u>Date of Loss</u>	<u>Settled</u>	<u>Outstanding</u>	<u>Details</u>

Give details of any previous claims you and/or any Director/Partner/financially associated person(s) made over an amount of £10,000:

<u>Date of Loss</u>	<u>Settled</u>	<u>Outstanding</u>	<u>Details</u>

Please provide details of measures taken to prevent further losses:

<u>Date of Loss</u>	<u>Details</u>

DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(NB A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor).

I understand that signing this proposal form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this form and the statements made therein shall form the basis of the contract.

Signature of Proposer(s) Date

Please note : Unless dated this Proposal will not be valid.

Affinity Select Insurance Services Limited
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