

# Property and Contract Works Proposal



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)				
	1 <sup>st</sup> Proposer:				
	2 <sup>nd</sup> Proposer:				
2	Correspondence Address				
3	Occupation of Proposer(s)				
	1 <sup>st</sup> Proposer:				
	2 <sup>nd</sup> Proposer:				
4	Date of Birth of Proposer(s)				
	1 <sup>st</sup> Proposer:				
	2 <sup>nd</sup> Proposer:				
5	Address of property undergoing works				
6	Period of contract	From:		To:	
7	Property type (Detached bungalow, terraced house etc)				
8	Is the property listed?			Yes	No
	If so, Grade I or II etc?				
9	Construction of building (eg Brick and Tile)				
10	Previous / Current Insurer:				
11	Approximate age of the Property (Year of Build):				

## Property and Contract Works Proposal Form for JCT Contracts

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](http://www.ictinsurance.com) t: 01825 745 410 e: [enquiries@ictinsurance.com](mailto:enquiries@ictinsurance.com)

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12	Is the building of standard construction? If "No" please give details	Yes		No	
13	Is the Property being used for Business Use? If "Yes", please give details	Yes		No	
14	Is the property adjoining a Thatched Property?	Yes		No	
15	Is the property in a good state of repair? If "No" please give details	Yes		No	
16	Has the property ever suffered from, or is it built in, an area with a history of flooding and coastal or river erosion?	Yes		No	
	If "Yes" please give details				
17	Is the property over 200 metres from any river, stream or tidal waters? If "No" please give details	Yes		No	
18	Have you or any person living at the property				
	Made an insurance claim (whether paid or not) in the last 5 years?	Yes		No	
	Ever been convicted of any criminal offence?	Yes		No	
	Ever been made Bankrupt?	Yes		No	
	Ever had Insurance Declined or Cancelled?	Yes		No	

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	If "Yes", please give details			
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?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes", please advise when works started, how much has been spent to date and what works have already taken place:			
24	Will any materials be salvaged or be direct purchases?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes" to either please confirm:			
	Salvage Value			
	Description of materials			
	How stored			
	Direct Purchase Value			
	Description of materials			
	How stored			

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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		No
27	Will there be any use of heat other than for general plumbing? If "Yes" what will this involve	Yes		No
28	Will there be any structural work? If "Yes" please provide full details particularly for roof work and underpinning contracts	Yes		No
29	Has a Structural Engineer has been appointed? If "Yes" please provide full details	Yes		No
30	Will work involve			
	A) A depth of excavation exceeding 5 metres?	Yes		No
	B) Work in or adjacent to water?	Yes		No
	C) CFA Piling?	Yes		No
	If "Yes" please provide full details			
31	When works are complete what will happen to the property?			

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

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## 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**

**Title of signatory**

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