



UNDERWRITING LTD.

# Property Owners Insurance Proposal Form

It is essential that you make fair presentation of the risk that should include a full and unrestricted disclosure including every material fact and circumstance (a material fact or circumstance is material if it would influence the judgement of the Underwriter when considering whether to accept the risk and/or the assessment of the terms, conditions or premium which should be applied).

If you are unsure in any way that your disclosure is complete you should check with your insurance advisor.

In the event you fail to make a full unrestricted disclosure we may refuse to pay your claim, pay only part of your claim, and/or void your policy.

## GENERAL QUESTIONS *(please answer all questions accurately and in full)*

Proposer's name(s):			
Risk address:			Postcode:
Postal address (if different from above):			

How are the premises occupied? *(Include all trades and use additional information section on page 4 if required)*

Cover required. 12 Months from:		<i>(No cover is in force until underwriters written confirmation has been issued)</i>
---------------------------------	--	---

## THE PREMISES AND BUILDINGS

If you tick any of the shaded boxes (with a red 'Yes' or red 'No'), please provide details under the Additional Information section on page 4.

- |  |           |            |
|--|-----------|------------|
| 1. Do you occupy any part of the Premises?   | Yes       | No         |
| 2. Are the buildings:  |           |            |
| a) Built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos?<br><i>(If not, detail on Page 4 and include specification of materials including composite panelling)</i> | Yes       | No         |
| b) In a good state of repair and maintained to keep it in good condition?  | Yes       | No         |
| c) A Protected Structure?  | Yes       | No         |
| d) Heated solely by electricity or mains gas?  | Yes       | No         |
| e) Entirely self-contained with its own means of access?   | Yes       | No         |
| f) Constructed with a flat roof (other than concrete) and covered with felt?   | Yes       | No         |
| If YES what percentage of total roof area is flat:   | up to 25% | up to 50%  |
|  | up to 75% | up to 100% |
| g) Heated with a system linked to a frost-stat to maintain a minimum temperature of 4°C<br>between 31st October and 31st March?  | Yes       | No         |
| h) Pipes lagged to prevent freezing?   | Yes       | No         |
| 3. Have you or do you intend to use, provide or store any type of portable heater(s) on the premises?  | Yes       | No         |
| 4. Approximate age of the oldest part of the buildings:  |           |            |
| Pre 1900   | 1900-1919 | 1920-1945  |
| 1946-1979  | 1980+     |            |

a) Are the buildings detached from neighbouring properties?	Yes	No
If NO what are the adjacent premises occupied as? <i>(If insufficient space provide details in Additional Information section on page 4)</i>		
<b>5. Safety Regulations</b>		
a) i) Has the whole of the electrical system at premises been inspected by a ECSSA or RECI registered contractor and a satisfactory electrical condition report been issued?	Yes	No
ii) If yes will you ensure that you possess a satisfactory electrical condition report issued by a registered contractor at commencement and during the currency of this insurance?	Yes	No
iii) Do you undertake periodical Portable Appliance Testing?	Yes	No
b) i) If the premises or any part thereof is let as residential accommodation will you comply with current gas safety regulations and laws and ensure you are in possession of a current Gas Completion certificate issued by a Registered Gas Installer?	Yes	No
ii) if the premises are in commercial use and you are responsible for gas installations do you ensure annual maintenance and safety checks of the gas installation(s) are completed by a Registered Gas Installer and that you are in possession of a valid Gas Completion certificate issued by a Registered Gas Installer engineer?	Yes	No
6. Is burning of waste carried out at the premises?	Yes	No
7. Is the building in an area unduly exposed to storm or impact damage?	Yes	No
8. Have the premises been flooded in the last ten years?	Yes	No
9. Are the premises within 400 metres of any watercourse, river or the sea?	Yes	No
10. Have you been informed that the premises are in a potential flood risk area?	Yes	No
<b>11. Security protections:</b>		
Do the premises have the following levels of physical security that are in use:		
a) All external entry/exit doors are fitted with at least 5 lever mortice deadlocks complying to BS3621	Yes	No
b) All windows at ground floor and basement levels and windows that are readily accessible either barred, grilled or fitted with key operated window locks?	Yes	No
c) Are the premises protected by an intruder alarm?	Yes	No
If YES, please advise type of alarm:		
i) Bell only      Digital Communicator      Central Station      Red Care/Dualcom		
ii) Do you have an alarm maintenance contract in force with a security company accredited by the SSAIB or NSI?	Yes	No
d) Do you have a safe or vault installed at the premises? <i>If Yes provide details in Additional Information</i>	Yes	No
12. Are any part of the premises unoccupied (when the Premises are closed for trade, untenanted or not resided at for a period in excess of seven consecutive days)?	Yes	No
If YES complete the following questions:		
a) Describe which part(s) of the premises are unoccupied in Additional Information on page 4.		
b) Cover will be limited, state which of the following cover you require: Fire, lightning, aircraft & explosion ONLY Standard Defined Perils (see definition under cover and sums to be insured) EXCLUDING theft, overflowing or leaking of any sprinkler apparatus or escape of water from any tank, apparatus or pipe		
c) How long have the premises been unoccupied?		
d) How long is it anticipated that the premises will remain unoccupied?		
e) Are the premises to undergo any building works, refurbishment and/or redecoration, or demolition ?	Yes	No

- f) What is the intended future use of the premises?
13. Is any part of the Premises used for Residential purposes? Yes No  
 If YES confirm the type of tenant(s) who will occupy the premises: *(tick all that apply)*  
 Persons in full time employment, retired and not claiming benefits      Students      HAP recipients  
 Asylum Seekers      Other (describe)
14. Is Subsidence, ground heave and landslip cover requested? Yes No  
 If Yes please complete the following questions:
- a) Have the buildings had any occurrence of subsidence, ground heave or landslip? Yes No
- b) Are you aware of any signs of damage to the buildings which may be attributable to subsidence, ground heave or landslip? Yes No
- c) Are the buildings being, or have they ever been monitored for subsidence, ground heave or landslip? Yes No
- d) Are you aware of any neighbouring property having been damaged by subsidence, ground heave or landslip? Yes No
- e) Has any survey or inspection mentioned settlement or movement of the buildings? Yes No
- f) Has the premises been subject to any river or coastal erosion? Yes No

## FINANCIAL CLAIMS AND PERSONAL HISTORY

We rely upon this proposal form and it is important to us that you make specific enquiries with each applicable party described in (i),(ii),(iii) & (iv) below prior to answering the questions and signing the declaration.

If you feel unable to answer a question(s) accurately or have a material fact or circumstance(s) to disclose please provide full details in the additional information box on page 4.

- (i) You or any family member(s) that reside at or use the insured premises or are involved in the business
- (ii) Any Director or Partner
- (iii) Any person (s) with a beneficial interest of 25% or more in the business (other than mortgagees)
- (iv) Any person with management control of the insured entity (other than professional letting agents that you have contracted to manage the property):

Have any of the parties described in (i) – (iv) above:

- a) During the last five years under any other insurance policy made a claim(s), incurred a loss, damage or liability whether insured or not at these premises or any other location (other than claims made against motor/travel/pet and health policies)? Yes No
- b) Ever been convicted of, cautioned or have a prosecution pending for any criminal offence other than motoring offences? Yes No
- c) Ever been disqualified to act as a Company Director? Yes No
- d) Been prosecuted or been subject to prohibition or enforcement notices under the Safety Health and Welfare Act Yes No
- e) Been a director of a company or partner of a business that:
- i) went into liquidation, administration, or was subject to an insolvency process or scheme of arrangement with creditors? Yes No
- ii) incurred a County Court judgment(s) that remains unsatisfied? Yes No
- f) Been declared bankrupt, incurred a County Court judgment(s) that remains unsatisfied or entered into an individual voluntary arrangement with creditors? Yes No
- g) Ever had insurance cover refused, cancelled or had special terms imposed? Yes No

If you have answered Yes to any question(s) or feel that you have been unable to answer a question(s) accurately please provide full information in the Additional Information box on page 4.

**MORTGAGES OR CHARGES AGAINST THE PROPERTY TO BE INSURED**

Is there a mortgage or other charge against the property to be insured which should be noted on the policy?

Yes

No

Name and address of interested parties


**ADDITIONAL INFORMATION**

Please use this area if you need more space to provide information to the questions where you have ticked a shaded box, need more space to answer a certain question or there are material facts and/or circumstances to disclose.

--

## SUMS TO BE INSURED

It is important that you should ensure the Sum(s) Insured given below are adequate on a full reinstatement basis as under-insurance may reduce the amount of recovery in the event of a claim.

<b>Section 1 Buildings &amp; Landlords Contents</b>			
<b>Standard Cover</b> – Defined Perils are fire, lightning, explosion, aircraft or other aerial devices or articles dropped therefrom, riot, civil commotion, strikers, locked-out workers, persons taking part in labour disturbances, malicious persons, theft, earthquake, storm, flood, overflowing or leaking of any sprinkler apparatus, escape of water from any tank, apparatus or pipe, or impact by any road vehicle or animal, falling trees, branches and falling aerials.			
<b>Accidental damage</b> is cover required?	Yes	No	
<b>Subsidence, heave &amp; landslip</b> is cover required?	Yes	No	
Buildings (including outbuildings) representing full cost of reconstruction in their present form and debris removal and professional fees:	Sum Insured	€	
Landlords Contents, fixtures and fittings including contents of common parts, furniture, furnishings, fitted carpets and domestic appliances	Sum Insured	€	
<b>Accidental Damage to Glass (cover automatically provided up to €2,000)</b>			
Please state if higher limit required:	€3,000	€4,000	€5,000
<b>Book Debts (cover automatically provided up to €25,000)</b>			
Please state if higher limit required:	€50,000	€100,000	
<b>Section 2 Rental Income Cover</b>			
	Yes	No	
Indemnity period required:	12 months	18 months	24 months 36 months
Gross Annual Rental Income €	Sum Insured	€	
<b>Section 3 Property Owners Liability Cover</b>			
	Yes	No	
Limit of indemnity required	€1.3m	€2.6m	€6.5m
<b>Section 4 Employers Liability Cover</b>			
	Yes	No	
Limit of indemnity	€6.5m		
Clerical Wages			€
General Maintenance, Repair and Security Wages			€
Caretaker, Internal Cleaners and Gardeners Wages			€

## DECLARATION

The underwriter will rely upon the information you have provided in this Proposal Form together with any other statements, facts or information you have provided when deciding whether to accept this insurance and the terms offered including the amount of premium payable.

If you are in any doubt as to the completeness and accuracy of the statements and facts you are providing you should consult with your insurance advisor.

During the period of the insurance you must tell your insurance advisor as soon as reasonably possible if you become aware that any of the statements and facts that you have provided have changed.

### **I/We declare that:**

- i. the statements and facts given are true and accurate.
- ii. if any statement or fact has been written by any other person, such person shall for that purpose be regarded as my/our agent and not the agent of the Underwriters.
- iii. I am duly authorised to sign this statement on behalf of the proposer.

Authorised Signatory

Capacity

Name in full:

Dated:



UNDERWRITING LTD.

[www.skunderwriting.co.uk](http://www.skunderwriting.co.uk)