

Unoccupied Property Insurance Proposal Form

This proposal form is not for use by Consumer Customers

It is essential you provide us with ALL MATERIAL FACTS. Failure to disclose any material facts may invalidate your insurance or may result in the insurance not operating fully. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters.)

If you are in any doubt as to whether a fact is material or not you must disclose it under Additional Information.

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

Proposer's name(s):			
Type of premises:	Residential	Shop	Industrial
Risk address:			Postcode:
			Council Tax Band:
Postal address (if different from above):			
Period of Insurance:	from		to:

THE PREMISES

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. | Is any part of the Premises occupied? | Yes | No |
| 3. | Are the Premises: | | |
| | a) Built of brick, stone or concrete and roofed with slates, tiles, asphalt, metal or concrete? | Yes | No |
| | b) In a good state of repair and will be so maintained? | Yes | No |
| | c) Grade I, II* or II listed or Category A, B or C Listed? | Yes | No |
| | d) Heated solely by electricity or mains gas? | Yes | No |
| | e) Constructed with a flat roof (other than concrete) and covered with felt? | Yes | No |
| | If YES, please state percentage of total roof area: up to 25% up to 50% up to 75% up to 100% | | |
| 4. | Approximate age of the building: | Pre 1599 | 1600-1699 1700-1799 1800-1899 1900+ |
| 5. | Have you or do you intend to use, provide or store any type of portable heater(s) on the premises? | Yes | No |
| 6. | Are the adjacent premises occupied? | Yes | No |
| | If yes what are they occupied as? <i>(If insufficient space provide details in Additional Information section on page 4)</i> | | |

- | | | | |
|-----|---|-----|----|
| 7. | Is the building in an area 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 buildings are in a potential flood risk area? | Yes | No |

Security protections

- | | | | |
|-----|---|-----|----|
| 11. | 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 |
| | All windows at ground floor and basement level and windows that are readily accessible are either barred, grilled or fitted with key operated window locks? | Yes | No |
| | b) Are the premises protected by an intruder alarm? | Yes | No |
| | If YES, please advise type of alarm: | | |
| | Bell only Digital Communicator Central Station Red Care/Dualcom | | |
| | c) Do you have an alarm maintenance contract in force with a professional company accredited with SSAIB or NSI? | Yes | No |
| | d) Are all windows that are at ground floor and basement level and windows that are readily accessible professionally boarded up? | Yes | No |
| 12. | Is there a security presence at the premises? | Yes | No |
| | If YES tick applicable box | | |
| | full time Caretaker employed at the Premises a 24 hour Security Guard other (please describe in Additional Information) | | |

General

- | | | | |
|-----|--|-----|----|
| 13. | How long have the Premises been unoccupied? | | |
| 14. | How long is it anticipated that the Premises will remain unoccupied? | | |
| 15. | Are the Premises to undergo any building works, renovation, refurbishment, redecoration or demolition during the period of insurance? | Yes | No |
| | If Yes, has the relevant planning permission been obtained? | Yes | No |
| 16. | What is the intended future use of the Premises – Is any part of the Premises to be used for Residential purposes? | Yes | No |
| | If yes tick the boxes applicable to all type(s) of tenant to occupy the Premises: | | |
| | Persons in full time employment, retired and not claiming benefits Students DSS referrals | | |
| | Asylum Seekers Other (describe) | | |
| 17. | Are all gas supplies to the buildings to be kept disconnected? | Yes | No |
| 18. | Are all water pipes and tanks in the buildings to be drained and kept disconnected from the mains water supply (except those supplies required to maintain sprinkler installations)? | Yes | No |
| 19. | In the buildings is an operational sprinkler system installed? | Yes | No |
| | If YES, is it maintained by a professional company? | Yes | No |
| 20. | Are all electricity mains supplies in the buildings to be kept disconnected other than to keep security alarms and security lighting operational? | Yes | No |
| 21. | Will all waste refuse and other disused combustible materials be cleared from the building and removed from the Premises at least once a week? | Yes | No |
| 22. | Have all letter boxes been sealed? | Yes | No |
| 23. | Have all tanks containing fuel or other flammable liquids been drained and purged? | Yes | No |

24. Are the buildings inspected at least once every 7 days, both internally and externally and a record kept of such inspections?	Yes	No
25. Is Subsidence, heave and landslip cover required?	Yes	No
If YES, please complete the following questions:		
a) Has the property had any occurrence of subsidence, heave and landslip?	Yes	No
b) Are you aware of any signs of damage which may be attributable to subsidence, heave and landslip?	Yes	No
c) Is the property being, or has it ever been monitored for subsidence, heave and landslip?	Yes	No
d) Are you aware of any neighbouring property having been damaged by subsidence, heave and landslip?	Yes	No
e) Has any survey mentioned settlement or movement of the buildings?	Yes	No
f) Has the premises been subject to any river or coastal erosion?	Yes	No

HISTORY

Have you, an insured family member or any person(s) with an interest in the property (other than mortgagees):

a) Had any previous insurance for the insurance cover you now require?	Yes	No
If YES, please state insurer's name:		
b) Ever had insurance cover refused or cancelled or special terms imposed?	Yes	No
c) During the last five years made a claim, incurred a loss or liability whether insured or not at these premises or any other premises owned or occupied that would be covered under the insurance now being applied for?	Yes	No
d) Ever been convicted of, cautioned or have a prosecution pending for any criminal offence other than motoring offences?	Yes	No
e) Been prosecuted under the Health & Safety at Work Act?	Yes	No
f) Been declared bankrupt, or been a director of any company that went into liquidation?	Yes	No
g) Incurred a County Court judgment(s) or entered into any schemes of arrangement with creditors?	Yes	No
h) Commenced legal proceedings in the last 12 months against a previous or existing tenant in relation to the terms of their tenancy/occupancy of the property or for their non-payment of rent?	Yes	No

OWNERSHIP OF 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 or you need more space to answer a certain question.

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.

Section 1 Buildings		
Please select cover required		
Standard Cover – Defined Perils are fire, lightning, explosion, aircraft only		
Extended Cover & Options (subject to underwriters acceptance) tick if required		
Extension 1 Perils defined as 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, earthquake, storm, flood, impact by any road vehicle or animal, falling trees, branches and falling aerials		
Extension 2 Perils defined as 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, impact by any road vehicle or animal, falling trees branches and falling aerials		
Accidental damage is cover required?	Yes	No
Subsidence, heave & landslip is cover required?	Yes	No
Acts of Terrorism is cover required?	Yes	No
Buildings (including outbuildings) representing full cost of reconstruction in their present form and debris removal and professional fees:	£	
Landlords Contents, Contents of common parts, furniture, furnishings, fitted carpets, domestic appliances and fixtures and fittings	£	
Glass: Please state limit required	£	
Section 2 Rental Income		
Indemnity period required:	12 months	18 months 24 months 36 months
Gross Rental Income (sum of monthly rental income x monthly indemnity period covered)	£	
Is cover required for the Acts of Terrorism?	Yes	No
Section 3 Property Owners Liability		
Limit of indemnity required	£1m	£2m £5m
Section 4 Employers Liability		
Limit of indemnity	£5m	
Clerical Wages	£	
Caretaker, Internal Cleaners and Gardeners Wages	£	
General Maintenance, Repair and Security Wages	£	

DECLARATION

Important Notice – Information we need to know about

The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable. Should a contract be entered into this proposal will form the basis of the insurance.

If you are in any doubt at all regarding any of the answers you have given, you should ask your insurance broker or the seller of this insurance.

During the period of the insurance you must tell your insurance broker or seller of the insurance as soon as practicable if you become aware that the answers and information you have provided in this proposal form and or in any further declaration(s) has changed.

I/We declare that:

- I. to the best of my/our knowledge and belief, the answers and information given are true and accurate.
- II. this proposal and declaration shall be the basis of the contract between me/us and the Underwriters and I/ we will accept a policy on the certificate wording issued by the Underwriters and be bound by the terms and conditions thereof;
- III. if any answer 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.

Proposer's Name:

Proposer's Signature:

Date:

Proposer's Name:

Proposer's Signature:

Date: