

Latent Defect Proposal Form – Commercial

General Information

Name of Proposer: _____

Postal Address: _____

Post Code: _____ Telephone Number: _____

Fax Number: _____ E-Mail: _____

The Premises to be Insured (** Please Specify*)

Project title (if any) and location: _____

Could any part of the project involve residential occupation? If so please provide details:

Proposed use of the Premises (office, light industrial, retail or other*):

Please indicate the current stage of construction (site clearance/demolition, substructure, superstructure, fit out or other*):

Please confirm nature of project if other than wholly new build:

Interested Parties (** Please Specify*)

Please state your interest in the Premises (owner, developer, tenant or other*):

Please state other interested parties and the nature of their interest (s):

Do you Anticipate: (Selling the development upon completion, Leasing it, Occupying it or Other*):

Expected duration of works

Start of Construction: _____

Date of Practical Completion: _____

Contract Details:

Name of lead architect: _____

Address & contact no: _____

Name of main contractor: _____

Address & contact no: _____

Name of lead consulting engineer: _____

Address & contact no: _____

Breakdown of Contract Value *(Please refer to Guidance Notes attached)*

	New Works	Existing Structure (If applicable)
(i) Structural Works:	£	£
(ii) Mechanical and Electrical*	£	£
Boiler and Pressure	£	£
Heating and Ventilation	£	£
Transformers	£	£
Rotating (e.g. motors & compressors)	£	£
Lifts	£	£
Other electrical	£	£
Others (please specify)	£	£
(iii) Components	£	£
(iv) Demolition	£	£
(v) Fees	£	£
(vi) External Works	£	£
Total Value(s):	£	£

*Please specify any large items that exceed 5% of the total combined M&E value or £100,000 (whichever the lesser amount):

Premises Information

If the Contract value exceeds £10,000,000 then Interpretative Site Investigation reports, outline specification of the works, construction programme and plans/elevations are required before a quotation can be issued. If these are not attached please explain why?

Ground Conditions

Please confirm details of any site preparation works (i.e. vibro-compaction or remedial works):

Please confirm the level of the groundwater table (i.e. above or below basement level):

Please advise of any factors relating to the site (e.g if on any reclaimed or made up land or mining area) which may affect the acceptance of the risk?

Description of Structure *(* Please specify)*

Please confirm details of the following:

Foundations (piled, strip/pad, raft, or other*)

Structural Frame (steel, cast in-situ, pre stressed or pre cast concrete, timber or other*)

Height of structure above ground

Height of structure below ground

Type of Cladding (stone, concrete, walls, curtain walls, brick, prefabricated, metal, glass or other*)

Roof (Flat < 1%, Pitched > 1% <5%, Pitched >5%, Tiled, Slates, Corrugated/ Profiled Sheets or other*)

Insurance Requirements *(Please refer to guidance notes attached)*

Period of Cover: 6yrs (Contract Underhand), 10yrs (Standard), 12yrs (Contract under seal) please Specify: _____

Type of Cover: Please indicate your choice(s) of cover (cover 1 is mandatory)

1. Structural* (Mandatory)

(Please select any of the following additional covers)

2. M&E⁺ (Yes/No)
3. Component Failure⁺ (Yes/No)
4. Loss of Rent (Yes/No)

** Includes consequential damage to M&E and to any existing structure following damage due to a defect in the new structural works.*

+ Covers 2 & 3 not available for any Existing Structures

Names of any parties to whom subrogation rights are to be waived (architect, engineer, contractor or other*) *Please Specify: _____

Sums Insured, Loss Limit *(Please refer to Guidance Notes attached)*

Structural Cover: _____

Mechanical & Electrical: _____

Component Failure: _____

Loss of Rent: _____

Preferred deductibles *(Please specify*)*:

Structural Cover (£100,000, £50,000, £25,000, Other*) _____

Mechanical & Electrical (£25,000, £10,000, £5,000, Other*) _____

Component Failure (£25,000, £10,000, £5,000, £2,500, Other*) _____

Loss of Rent (14 days or other*) _____

Rental Type (Please select)

Rent receivable* (Yes/No) Rent payable* (Yes/No) Additional costs eg relocation (Yes/No)

Indemnity Period _____

**Please attach details of likely contractual insurance obligations*

Declaration

I/we undersigned certify that:

- Guarantees or warranties (machinery, guarantor, extent of guarantee etc) are in place on major items of plant e.g. Boilers, Chillers, Lifts, and Escalators*.
- No Machinery and plant is sited in inaccessible or unusual locations*.
- No major defects have been discovered, after expiry of the defects liability period, in machinery and plant associated with any project which you have been involved with in the past 3 years*.
- There are no known defects or deficiencies in Works to be installed and that there are no Works of a prototypical, unproven, innovative or of an unusual nature*.
- All contracts associated with the design & construction of the Premises are freely assignable.

**Where this does not apply please attach details*

Furthermore I/We certify that all details in this proposal form are complete and true and to my/our knowledge no material information relating to the risk has been deliberately withheld or omitted.

I/we understand that the signing of this proposal form does not bind us to effecting any policy of insurance but agree that if any quotation is accepted this proposal form and the statements made within shall form the basis of the contract between me/us and the insurers.

Signed:

Name:

Position in Company:

Dated:

Contact No:

This form should be returned to BLP:

BLP, 90 Fenchurch Street, London EC3M 4ST

Or via fax to 020 79291366, or by email to commercial@blpinsurance.com

A quotation will be prepared and returned to you as soon as possible. If you require that this quotation is delivered to any address other than that stated as the Proposers postal address above then please advise below.

Data Protection

BLP is registered as a Data Controller under the Data Protection Act 1998. We may collect certain information about you and/or individuals within or connected to your organisation in the course of our relationship with you. This information will be processed for the purposes of providing information to you, advising you and otherwise as is appropriate in the context of our relationship with you. We may pass your information on to loss adjusters, claims handlers, reinsurers, our agents and regulatory authorities for these purposes. This may involve the transfer of your information to countries which do not have equivalent data protection laws.

You may have a right of access to, and correction of, information that we hold about you. Please contact us at 90 Fenchurch Street, London EC3M 4ST.

You consent to the processing and transfer of such information as described above.