

All insurances are underwritten by Insurance Corporation of the Channel Islands Ltd.

IMPORTANT

Please note that failure to disclose all material information which is likely to influence the underwriting of the risk could invalidate the insurance. If you are in any doubt as to whether information is material, it should be disclosed.

Please use block letters and tick boxes where appropriate. Where requested, please enter further details in the space provided.

Please indicate the categories of cover for which you require quotations;

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| a) Property Damage | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Income | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Public Liability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a) JCT Clause 21.2.1 and equivalent | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please complete all questions, other than those specific to sections for which cover is not required and sign the Declaration.

Full Name of Proposer (the Employer/Developer) in full	<input type="text"/>	<input type="text"/>
Address of Proposer	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Day time telephone number	<input type="text"/>	
Name of Main Contractor	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>

Details of Development

1 Situation**2 Period of the Constructional Work**From To **3 Defects Liability Period**

Is insurance required during the Defects Liability (or Maintenance) period?

Yes No

If 'Yes', state period

 months**4 The Contract Form**

a) Under which conditions of contract is the work to be carried out?

b) If subject to JCT Conditions, state which version of the Conditions applies and which of Clauses 22 A, B or C (or equivalent) applies.

Please forward a copy of the contract conditions if they are not standard.

5 The Development

- a) Will the Contractor be complying with the requirements of the Joint Code of Practice for the Protection from Fire on Construction Sites and Buildings Undergoing Renovation? Yes No
- b) Will the Contractor be complying with the UK's Construction Design and Management (CDM) Regulations? Yes No
- c) Please describe fully the work to be carried out and the extent to which this includes fitting out.

If there is not sufficient space below, please show on additional sheets.

It will be helpful if specifications and plans are supplied.

- d) Please provide a breakdown of the contract value for work being carried out in relation to:
 - i) Substructure £
 - ii) Superstructure £
 - iii) Mechanical/electrical services £
 - iv) Fitting out (excluding iii) £
 - v) Landscaping/external works £
- e) Will there be a phased handover of the development? Yes No

If 'Yes', please give details

Brief Description of the Contract Phase(s)	Start Date	Date of Handover	Contract Value for the Phase(s)
			£
			£
			£
			£

- f) If the work involves alterations, repairs or extensions to existing buildings, please answer questions i) to iv)
 - i) Please provide details of the building, including construction, floor area, height, approximate age and condition
 - ii) Will any part of the building remain occupied while the work is carried out? Yes No

If 'Yes', please provide details below

If 'No', please advise the date the building was last occupied, and the nature of the occupation at that time

- iii) Please provide details of any work on columns, beams, slabs or loadbearing walls requiring temporary shoring, propping or support
- iv) Does the work involve any extensions which 'tie-in' with the existing building? Yes No

If 'Yes', please give details and method to be used

g) If the work involves demolition, please answer questions i) to iv)

i) Please provide details of property to be demolished, including number of storeys and method of demolition. (If demolition of internal walls only, state how many and whether they are loadbearing).

ii) If demolition is not internal only, what is the distance from the nearest property?

iii) Is any demolition below ground level?

Yes No

If 'Yes', state

- maximum depth

- minimum distance from nearest property

iv) Will shoring or propping be necessary?

Yes No

If 'Yes', please give details

Property Damage

1 Cover Required

Please indicate the cover required:

	"All Risks"	J.C.T. Specified Perils	Selected Perils (as indicated below)
Constructional Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If cover is to be for Selected Perils, please indicate those required:

1 Fire, Lightning, Aircraft, Explosion	<input type="checkbox"/>	6 Escape of Water	<input type="checkbox"/>
2 Earthquake	<input type="checkbox"/>	7 Malicious Damage (only if Riot also insured)	<input type="checkbox"/>
3 Riot	<input type="checkbox"/>	8 Theft	<input type="checkbox"/>
4 Storm	<input type="checkbox"/>	9 Impact by Road Vehicles	<input type="checkbox"/>
5 Flood (only if storm also insured)	<input type="checkbox"/>		

2 Sums Insured

Please state -

Base Value

a) Constructional Works (and Existing Buildings)

- The estimated contract price (plus the value of any free issue materials, professional fees and VAT, if applicable)

And if Existing Buildings are also to be insured,

- The estimated rebuilding cost of the completed Development
- Inflation provision required

Sums Insured

b) Constructional Plant, Temporary Buildings, etc (other than hired equipment)

The maximum value at risk at any one time for

- Temporary buildings and their contents
- Tower cranes
- All other plant, tools and equipment

c) Plant and Equipment Hired

- The maximum value at risk at any one time
- The total hiring fees

Income

1 Cover Required

Please indicate the cover required (which should not be wider than that selected for the Property Damage):

"All Risks" J C T Specified Perils Selected Perils

If cover is to be for Selected Perils, please indicate those required by reference to the Property Damage page opposite:

2 Sums Insured

Please indicate whether the development will be let or sold

To be let To be sold Undecided

Please use the following to calculate the sums insured (see Note below)

a) Rent and Interest

If the Development is to be let – Loss of Rent

Anticipated Annual Rent		X	Indemnity Period		Sum Insured
£ <input style="width: 100px;" type="text"/>			<input style="width: 100px;" type="text"/> Years	=	£ <input style="width: 100px;" type="text"/>

or

If Development is to be sold – Additional Interest and Loss of Interest

Anticipated sale price £

Annual cost of borrowing the above amount		X	Indemnity Period		Sum Insured
£ <input style="width: 100px;" type="text"/>			<input style="width: 100px;" type="text"/> Years	=	£ <input style="width: 100px;" type="text"/>

Note. If, at this stage, you are undecided on letting or sale, you should select the basis of sum insured which produces the higher amount.

b) Additional Overhead Costs

Sum Insured £

c) Additional Cost of Construction of Unbuilt Work (inflation only)

Contract Price (including fees and any free issue materials) £

Rate of inflation to be allowed for % per annum

Estimated maximum rebuilding period months

N.B. If cover is required for 'out of sequence' working the sum insured must be assessed separately for the specific development.

3 Extensions

Do you wish to include Damage at premises of suppliers, (e.g. of construction materials or fittings) in excess of the limit of £50,000.00 or 20% of the sum insured (whichever is the less), provided free by the Policy:

- on an Unspecified basis? Yes No

If 'Yes', indicate limit (the normal maximum is £1,000,000.00 but please note it is cheaper to specify suppliers below) £

- on a Specified basis? Yes No

If 'Yes', please give details below of all the suppliers which you wish to include:

Name and Address of Supplier	Type of Material being Supplied	Limit £

Public Liability and/or JCT Clause 21.2.1 or equivalent

1 Limit of Indemnity

Please state limits and, for the Clause 21.2.1 Insurance, the basis of the limit.

Public Liability

£

Clause 21.2.1 or equivalent

Limit for any one occurrence

or in total for the contract

£

2 Contractors

Do you require Public Liability insurance to include Contractors/Sub Contractors as a joint Insured?

Yes

No

Will any work be contracted to established firms holding their own Public Liability insurances, with an equivalent limit to that stated in 1 above?

Yes

No

If 'Yes', give details and estimated contract values

3 Prosecutions

Have you or (to your knowledge) the contractor, ever been prosecuted during the last five years, under any safety legislation?

Yes

No

If 'Yes', give details, including date and outcome

4 Surrounding Property

Please give a description of all surrounding property not forming part of the Constructional Works.

a) Please state the address of each property and its approximate distance from the site.
Give a description, including age and occupation, and attach a copy of location plan, if available.

i)

ii)

iii)

iv)

b) Have any Schedules of Condition been drawn up for surrounding property?

Yes

No

If 'Yes', please give details or attach a copy

5 Foundations

a) Give a general description of ground conditions

b) Please indicate if any of the following will be undertaken:

i) Excavation

Yes No

If 'Yes', state

- Depth

- Minimum distance from nearest property

- Means of supporting excavation

ii) Piling

Yes No

If 'Yes', state

- Type

- Number and maximum depth

- Minimum distance from nearest property

iii) Underpinning

Yes No

If 'Yes', state

- Overall length involved

- Maximum depth

Maximum length any bay

iv) Ground stabilisation

Yes No

If 'Yes', please give details and method

- Minimum distance from nearest property

v) Dewatering

Yes No

If 'Yes', please give details and method

General Questions

1 How long has your company or firm been in business?

2 Have you or any of your directors or partners been Involved in any other business in the last 5 years?

Yes No

If 'Yes', please give details of each business, including name, address, trade and dates.

Name and Address of Business	Trade	From	To

3 In respect of any of the covers to which this proposal relates, and any business in which you or any of your directors or partners are or have been engaged:

a) Has any Insurer ever declined a proposal, refused renewal, terminated an insurance, or imposed special terms in the last 5 years?

Yes

No

If 'Yes', please give details

b) Have any accidents, losses or claims arisen, whether insured or not, in the last 5 years?

Yes

No

If 'Yes', please give details (please continue on a separate sheet if required)

Date of Occurrence	Brief details of each incident (whether a claim was made or not)	Cost/Estimate

4 Have you or any of your directors or partners ever been convicted of or charged (but not yet tried) with a criminal offence, other than a motoring offence?

Yes

No

If 'Yes' please give details

Declaration

I/We declare that to the best of my/our knowledge and belief, the above statements made by me/us or on my/our behalf are true and complete, and will form part of the contract between me/us and the Insurer.

I/We agree to accept a policy in the Insurer's usual form for this class of insurance.

Signature

Date

Print Name and Position

(Signing this form does not bind you to complete the 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 contract.

Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
- Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
- Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
- Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Insurance Corporation of the Channel Islands Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Insurance Corporation of the Channel Islands Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
 - If you receive a refund you are not entitled to, you must pay it back when Insurance Corporation of the Channel Islands Ltd ask you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

Please detach and return both sections to Insurance Corporation.

How would you like to pay?

Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No)

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Valid from Date (as shown on card):

--	--	--	--

Expiry Date (as shown on card):

--	--	--	--

Switch Issue No. (if shown on card):

--	--	--

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Amount: £

--	--	--	--	--	--	--	--	--	--

If you require a receipt, please tick:

3 Digit Security Code (last numbers found on Signature Strip)

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Option 2. Annual Payment by cash or cheque

Policy Number Premium

BY POST to the address shown above. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number Premium

Please do not detach - FOR OFFICE USE ONLY.



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd
P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

Bank Sort Code

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Bank/Building Society account number

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Service User Number

9	4	0	3	4	2
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Reference Number (FOR OFFICE USE ONLY)

Instruction to your Bank or Building Society
Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

