

BLOCK OF FLATS PROPOSAL FORM

PROPOSAL FORM



Please complete using block capitals throughout and tick the appropriate boxes clearly. It is important that every question is completed honestly and accurately.

Failure to do so may result in your claim not being paid and could lead to legal proceedings.

Broker/Agency

Quotation Ref

Premium £ Authorised by

Policy No

Proposer Details

Mr, Mrs, Ms, Miss

Full Name of Proposer

Address of Block of Flats to be insured

Postcode:

Address of correspondence (if different from above)

Postcode:

Day time telephone number

Precise Occupation (including any part-time or casual) and nature of duties

Insurance required from for 12 months

About the Block of Flats

Please answer all the following questions

1. a) Are the walls built of brick, stone or concrete? Yes No
- b) Is the roof built entirely of concrete or other incombustible materials? Yes No
- c) Are all the floors of concrete construction? Yes No
- d) Are the stairs built of brick, stone or concrete? Yes No
- e) Are all stairs and lift shafts enclosed by walls of brick, stone or concrete and are the openings from the landings protected by fire doors? Yes No
- f) Is the block purpose-built? Yes No
- g) Are all lifts, escalators and steam boilers regularly inspected by qualified engineers? Yes No
2. a) How many storeys make up the block (excluding basement)?
- b) How many flats are there in the block?
- c) How many flats are sub-let?
3. a) Is the block used solely for residential accommodation (other than services e.g. boiler room, residents laundry)? Yes No
- b) Are all flats in the block presently occupied? Yes No
- c) Is there a swimming pool/health suite? Yes No
4. a) Is the block close to a cliff, river bank, quarry or other excavation? Yes No
- b) Has the block or any building nearby been damaged by subsidence or landslip? Yes No
- c) Is the block in an area subject to flooding? Yes No
5. Do you wish to have the names and addresses of any lessee, mortgagee or other financial interest recorded on the Policy? Yes No

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION OF THIS PROPOSAL FORM

About the Proposer

6. Have you in connection with these or any other premises:

- a) Suffered any loss or damage during the last five years from any of the risks you now wish to insure? Yes No
- b) Been refused the issue of or renewal of insurance or had special terms or conditions applied or insurance cancelled for any of the events you now wish to insure? Yes No
- c) Been convicted of arson or any offence involving dishonesty of any kind such as fraud, robbery, theft or handling stolen goods? Yes No

7. Please give the name and address of your previous insurer in the space below

Buildings

1. Amount to be insured
2. Does this amount represent the full rebuilding cost as new plus allowances for professional fees and removal of debris following a loss? Yes No
3. Liability to the Public
If you require a limit above £2 million, please state limit required
4. Liability to Employees (for any Employee arising from employment in connection with the Block of Flats Insured) Yes No
5. a) If yes, number of employees
- b) Estimated wage roll paid annually
6. If you employ contractors, are they bona-fide businesses carrying their own Insurance? Yes No

Contents

ARE YOU APPLYING FOR COVER FOR THE CONTENTS?

Yes No

1. Amount to be insured
2. Does this amount represent the full replacement cost as new of the contents to be insured? Yes No
3. Does the replacement cost of any picture or work of art exceed £500? Yes No

Alternative Accommodation

ARE YOU APPLYING TO COVER THE COSTS OF ALTERNATIVE ACCOMMODATION?

Yes No

1. Amount to be insured
2. Does this amount represent the full cost of providing comparable alternative accommodation for all residents while the block of flats is being rebuilt? Yes No

N.B. The maximum we will pay for each flat is the Sum Insured divided by the number of flats in the block.

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION OF THIS PROPOSAL FORM

Additional Information

If you have ticked ANY of the shaded boxes contained on this Proposal Form please give FULL details here or on a separate sheet of paper (attach details). Please state Question number clearly.

Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special features of the property or its location which makes losses more likely to happen or more serious if they do.
- Please disclose in the Additional Information Section above or on a separate sheet of paper any such material information, even if you have doubts as to whether it is material or not.
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal is available on request. Please tick box if required
- Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form and the claim form, together with other information relating to the claim, will be put on the register and made available to participants. Nonetheless, it is still important that you complete this form fully, accurately and honestly.

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 all material information as explained has been disclosed.
- 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, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.
- I/We consent to the information on this form and on any claim. I/We may make being supplied to Insurance Database Service Ltd IDS) so that it can be made available to other insurers. I/We also agree that, in response to any searches you may make in connection with this application or any claim, IDS Ltd may supply information it has received from other insurers about other claims. I/We have made.

Signature of Proposer(s)

Date

/ /

This insurance will not commence until the Insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

