

A light blue outline of a house with a gabled roof, a chimney on the right side, and a rectangular door at the bottom center. The text 'Schedule of Works' is positioned within the house's outline.

Schedule of Works

Details of Person & Property to be Insured

Name of person(s) to be insured

Address of property to be insured

Postcode

Conversion/Refurbishment Details

What is the style of the existing property: Flat House Barn

How is the existing structure used: Residential Storage Communal

Industrial Livestock Other

If other, please give details

Was the building built before 1900? Yes No

Please give a brief description of the works being done:

Is the building a Grade 1 listed building? Yes No

Is the site in a conservation area? Yes No

What is the value of the contract work undertaken?

What is the value of the existing structure?



Structure

Does the conversion or refurbishment involve work on the following structural elements?

Foundations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Load bearing walls	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Roofs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Floors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Ingress of Water

Does the conversion or refurbishment involve work on the construction of the following moisture resisting elements?

Ground Floors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
External Walls	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Roof Moisture	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Skylights	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Windows	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
External Doors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Membrane Floors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Membrane Walls	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Chimneys or Flues

Does the conversion or refurbishment involve work on the construction of chimneys or flues?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Extensions

Does the conversion or refurbishment involve work on the construction of a new extension?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Additional Information



Declaration by the Insured

I/we declare that to the best of my/our knowledge and belief, the information I/we have given is correct and complete in every detail and I/we have not withheld any material fact.

I/we understand that the signing of this form does not bind us to effecting insurance under the Premier Guarantee for Self Builders scheme but agree that should a quotation for a New Development or Housing Unit be accepted that this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter

Signed

Date

Please return this form with your Registration Form to:

MD Insurance Services Ltd. Haymarket Court, Hinson Street, Birkenhead, Wirral, CH41 6HT. Tel: 0151 650 4343
Fax: 0151 650 4344 Email: enquiries@premierguarantee.co.uk Website: www.premierguarantee.co.uk





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