



Proposal Form

**Details of Person & Property to be Insured**

Name of person(s) to be insured

Address of property to be insured

County  Postcode

Name of any Bank / Building Society whose interest should be noted on the policy

**Correspondent Details**

If you are an insurance intermediary please tick this box

Name of person(s) to act as correspondent

Correspondent address

Postcode

Telephone contact number (Day)  (Evening)

Fax  E-mail

**Contact Details for gaining access to the property**

Name

Telephone contact number (Day)  (Evening)





**Details of Project (Continued)**

Type of Housing:

Detached House	<input type="checkbox"/>	Semi Detached Bungalow	<input type="checkbox"/>
Detached Bungalow	<input type="checkbox"/>	Terraced House	<input type="checkbox"/>
Semi Detached House	<input type="checkbox"/>	Terraced Bungalow	<input type="checkbox"/>

Other

Name of Architect/Designer

Details of Architect involvement:

Drawing Plans only	<input type="checkbox"/>	Oversee and issue Certificates	<input type="checkbox"/>
Oversee majority of work	<input type="checkbox"/>	No Architect	<input type="checkbox"/>

Who is the Project Manager?

Myself	<input type="checkbox"/>	Main Contractor	<input type="checkbox"/>
Timber Frame Company	<input type="checkbox"/>	Outside Agent	<input type="checkbox"/>
Not yet known	<input type="checkbox"/>		

Who is in charge of Health & Safety?

No One	<input type="checkbox"/>	Project Manager	<input type="checkbox"/>
Myself	<input type="checkbox"/>	Outside Agent	<input type="checkbox"/>



**Details of Project (continued)**

Are you living on site during construction? Yes  No

Has a Limited Company been set up during Construction? Yes  No

Do you wish the Site Audit Surveyor to carry out Building Control?  
(please refer to the Summary of Cover for details) Yes  No

If No, have detailed plans been submitted to L.A Building Control? Yes  No

Are stage payments required? Yes  No

If Yes, how many?

Who is responsible for construction? Main Contractor  Entirely Myself   
Individual Tradesman  Mixed

If Main Contractor, please give details

Is the main contractor/builder registered with a New Home Warranty Provider? Yes  No

If Yes, please provide details of with whom and how long

Has a Site Investigation Report been carried out yet? Yes  No

Is it your intention to use the property as your sole place of residence? Yes  No

If No, please provide details in the additional information section on the last page of this form.



**Insurance Details**

Have You:

- Built, managed or been responsible for the construction of any houses in the past? If yes, please include the number of houses, and over what period in the Additional Information Box. Yes  No
- Ever been refused property insurance or had any special terms imposed by any insurer? Yes  No
- Ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind? Yes  No
- Ever been declared bankrupt or been the subject of bankruptcy proceedings or have been the subject of any voluntary or mandatory resolution? Yes  No
- Ever been prosecuted or received notice of intended prosecution under Health & Safety at Work Act 1974 or the Consumer Protection Act 1987? Yes  No
- Sustained loss in the last 5 years, or had a claim made against you whether insured or otherwise, in connection with the insurance for which cover is required? Yes  No

If you have answered "Yes" to any of the above questions, or you are aware of any facts that might be relevant please provide details in the Additional Information box and/or a separate sheet if required.

**Additional Information**



**Additional Information (continued)**

\*Please note: We do not offer insurance on Grade 1 Listed buildings, barn conversions or buildings constructed using Green Oak. For any property that deviates from standard construction, please refer to insurer prior to quotation request.\*

**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 to :**

MD Insurance Services Ltd. Haymarket Court, Hinson Street, Birkenhead, Wirral, CH41 5BX. Tel: 0151 650 4343  
Fax: 0151 650 4344 Email: [enquiries@premierguarantee.co.uk](mailto:enquiries@premierguarantee.co.uk) Website: [www.premierguarantee.co.uk](http://www.premierguarantee.co.uk)





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MD Insurance Services Ltd is authorised and regulated by the Financial Services Authority