

Commercial Warranty Proposal Form

This form should be completed by a representative of the company requiring the policy (the Proposer). Should you require any assistance then please contact Surety Bonds or your broker.

1. Proposer

Name of Proposer.....

Address of Proposer.....

Contact Name.....Telephone.....

Email:.....

2. The Premises to be Insured

Location.....

Use of the premises.....

Nature of your interest in the premises (ie owner, developer, receiver).....

Other interested parties (and nature of interest).....

3. Contract Details (if not confirmed state TBA)

Name:

Address & Postcode

Main Contractor.....

.....Co. Reg No.....

No. of years trading?.....Previous experience in this type of project? YES/NO

If Main Contractor/Developer in receivership please provide details below:

Details Surrounding Receivership.....

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Architect.....

Building Control.....

Structural Engineer.....

Project Manager.....

Contract Type.....

Are any of these contracts assignable? YES/NO

If yes please provide separate additional information.

Is this a design and build contract? YES/NO

Are collateral warranties in place with the design & build teams(please provide details).....
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4. Duration of Works

Commencement of site clearance.....

Commencement date of works.....

Anticipated completion dateIf

works already completed, practical completion date.....

5. Sum Insured

The sum insured must be adequate to cover the full professional reinstatement cost of the works including debris removal and professional fees. All figures must include VAT.

Number of separately identifiable commercial units.....

Breakdown of units and anticipated selling cost (Please use separate sheet if required.)

Unit Ref:	SqM	Dwelling Type	Completion Date	Anticipated Selling Cost
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6. Construction Method

Foundations (strip, piling etc.).....If Piled, method and max depth of piles:.....

Basement: YES/NO Framing/Wall Information (Stone, Timber, Steel, SIP).....

Cladding
Method.....

Roof type: (Pitched, Flat)..... Roofing Covering Method.....

Details of any existing structure element forming a part of the project.....

Height of building..... Total Floor area of building SqM.....

Number of floors above ground.....Below ground.....

Has a site inspection report been made? YES/NO

Does the site have an intermittent ground water table? YES/NO

Does the site contain any of the following features?

Reclaimed Land YES/No Contamination YES/NO

Land Fill Site YES/NO Quarries/Mining YES/NO

Peat YES/NO

Does the design require any of the following elements of the existing structure to be retained?

Foundations YES/NO Basements YES/NO

Steelwork Frame YES/NO Reinforced Conc. Frame YES/NO

Timber YES/NO Walling/Facade YES/NO

Roof Covering YES/NO

If you have answered YES at any point – please provide separate details.

7. Insurance Requirements

Various options are available to you under a policy of this type, which you can request below. If you would like to discuss these with us please feel free to contact the agent shown below and they will endeavour to assist you.

Is a subrogation waiver required for a contractor? YES/NO

Is a subrogation waiver required for a member of the professional team? YES/NO

Is cover required for loss of rent due to a latent defect? YES/NO

If yes estimated rental income next 12 months.....

6. Construction Method

What period of cover do you require?

10Years

12 Years

8. Material Facts

Have you or any entity to be insured ever been involved with any developments where a defect has been discovered after the date of practical completion? YES/NO

Please provide any other material facts relevant to the request for insurance. If you are not sure whether a fact is material or not you should declare it anyway.

Declaration

I have read over all the statements and particulars given in this proposal (including answers provided on my/our behalf by the broker shown below and I declare that to the best of my/our belief they are correct and that no material fact has been omitted, misrepresented or mis-stated. I/We am not aware of any circumstance likely to affect the risk.

Signed: _____ Date: _____

Position: _____

Please return completed form to:

Surety Bonds, Insurance House, Main Street, Carrick on Shannon, Co. Leitrim