Client details:							
Personal details							
Name:							
Address:				Contact details:			
What type of business? e.g. sole trader/ltd etc:							
ERN details:							
Previous insurer (if applicable): Date business established: Cover start date:							
What policy term is required?	3 Months or less	S	6 Mo	onths	9 Moi	nths	12 Months or more
Risk details:							
Directors, partners, prin	ncipals & prop	prietors					
Number of Principals/ Proprietors:							
Description of activity - Clerical or Manual							
Other Employees							
Number of permanent employees - Manual:				er of perman yees - Non-N			
Sub-contractors							
Number of temporary employees:		Maximum number of labour only			of bona	m number fide tractors	
		sub-contract working at a			working one tim	at any	

At what stage is the project currently at?:		st thinking out it?	Building regs submitted?	Roof on and/or weather-tight?
		change of ntracts?	Foundations stage?	Kitchen & Bathroom installed?
	Ou	t line planning?	Up to damp course?	Completion certificate issued?
	Ful	ll Planning?	Up to first floor joists?	
Property damage				
Existing Structures -	Locatio	n 1		
Property Address:				
What is the sum insured of the existing building not including any new works (if applicable)?				
Construction:				
What are your intention the property on comple		Live In	Rent	Sell
Is the property listed?				
Works				
What limit of cover for contract works do you require?				
What will be the construction of the frame, walls and				
roof?				
Work details				
What is the maximum I ground level, or above			Not exceeding 10m	Exceeding 10m
Working below ground digging depth?	level - w	hat is the maximum	Up to 2m	Exceeding 2m
Do you undertake piling	g work?		Yes	No

Do you require plant cover?	Not required	Standard Limit (£30,000 owned £30,000 hired in			Specified amount	(Please specify)
What was the properties previous						
use e.g. residential, commercial etc?						
Is the property to be us commercial purposes or		Yes		No		
If yes, please specify						
Do you require any inte to be noted	rested parties	Yes		No		
If yes, please confirm the name of your finance provider						
If yes, has the lender a be noted as 1st loss par		Yes		No		
Is cover required for te	rrorism?	Yes		No		
Has a joint contract bee signed with the contract		Yes		No		
If yes, please confirm the name of the contractor?						
Claims						
Have there been any lo which have or could have covers now requested?		•	5	Ye	es	No
Claims 1						
Date of the claim:						
Description of loss:						
Value of claim:						

Claims 2		
Have you or your directors or partners involved with your business or any other company or business:		
Ever had a business insurance proposal declined, renewal refused, insurance cancelled or special terms applied	Yes	No
Ever been convicted of or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence which are not spent under the Rehabilitation of Offenders Act	Yes	No
In the last ten years been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings or been disqualified from being a company director	Yes	No
In the last ten years been the subject of a County Court Judgement, an Individual Voluntary Arrangement, a Company Voluntary Arrangement or a Sheriff Court Decree	Yes	No