

# Churchill Insurance Consultants Ltd



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## Property Owners Proposal Form – Residential

Please complete this form in **BLOCK CAPITALS** and **SIGN** and **DATE THE DECLARATION** at the end. If the insurance is to relate to more than one property please provide separate details for each premises. If necessary, use a separate sheet of paper. For Yes/No answers please tick the appropriate box and give further information if required.

Name of Policyholder:

Correspondence address:

Contact telephone number:

Contact name:

Post code:

Address of property to be insured:

Post code:

Period of insurance from (dd/mm/yyyy)

To (dd/mm/yyyy)

1) Is it:

a) House, maisonette, block of flats

If Flats: a) Purpose built or conversion

b) Concrete floored or timber floored

2) How many flats?

How many storeys?

3) Declared value / rebuilding cost of the property

£

4) Landlords contents

£

5) Loss of rent / alternative accommodation

The policy automatically provides cover up to 20% of the building declared value. If this is insufficient please state the required amount

£

6) Property owners liability limit of indemnity

£5 million

7) Employers liability – cover is automatically given for blocks of flats up to £10 million which covers a wage roll up to £50,000. Please advise the employer payee reference number or confirm you are exempt from this.

## About The Building

8) Please answer the following:

a) Construction of walls

b) Construction of roof

c) Is roof pitched or flat, if flat what %

d) Approximate year property built

e) Are any parts of the building of combustible construction?

Yes No

f) Are the building and water apparatus in a good state of repair?

Yes No

g) Are you aware of any past or existing structural damage to the building?

Yes No

- |   |     |    |
|---|-----|----|
| h) Has the building ever been underpinned or subjected to other means of additional structural support?       | Yes | No |
| i) Has subsidence, heave or landslip occurred in the neighbourhood?   | Yes | No |
| j) Have there been any claims or losses in the past 5 years?  | Yes | No |
| k) Can you confirm that the property is <u>not</u> let to students/dss/housing associations / asylum seekers? | Yes | No |

If the answer is YES to questions e) g) h) i) & j) or NO to f) or k) please give details below:

### Optional Additional Covers

- |                                    |     |    |
|------------------------------------|-----|----|
| 9) Do you require terrorism cover? | Yes | No |
|------------------------------------|-----|----|

- |  |     |    |
|--|-----|----|
| 10) Do you require engineering inspection and insurance? | Yes | No |
|--|-----|----|

If Yes do you require:

- |  |     |    |
|--|-----|----|
| a) Statutory inspection of mechanical plant?<br>if yes please provide details of the plant | Yes | No |
|--|-----|----|

- |                          |     |    |
|--------------------------|-----|----|
| b) Mechanical breakdown? | Yes | No |
|--------------------------|-----|----|

- |                                    |     |    |
|------------------------------------|-----|----|
| 11) Do you require legal expenses? | Yes | No |
|------------------------------------|-----|----|

If yes please advise the following:

- |   |     |    |
|---|-----|----|
| a) Please state number of units let for non residential purposes  |     |    |
| b) Total annual rental income derived from non residential properties   |     |    |
| c) Please state number of units for residential purposes  |     |    |
| d) Total annual rental income derived from residential properties   |     |    |
| e) Have you been involved in any legal disputes within the last 3 years?<br>if "yes" please give full details below (including the date of the dispute, names of people involved and the outcome) | Yes | No |

- |  |     |    |
|--|-----|----|
| 10) Do you require cover for directors & officers liability? | Yes | No |
|--|-----|----|

If yes please advise the following:

Can you confirm that the company and any subsidiaries thereof:

- |  |     |    |
|--|-----|----|
| a) is a UK registered private company  | Yes | No |
| b) has no assets or turnover in North America  | Yes | No |
| c) has carried on business continuously for at least 18 months   | Yes | No |
| d) is not aware of any proposal relating to its acquisition by another company                                   | Yes | No |
| e) are the accounts externally audited   | Yes | No |
| f) is a residents association, or a right to manage company and is solely involved in the management of property | Yes | No |
| g) what is the annual turnover?  | £   |    |

## General Questions

11) In the past five years have you or any Director or Partner (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers for which you are now applying? Yes No

12) Have claims ever been made against any past or present Director or officer of the Company or its subsidiaries? Yes No

13) Is the proposer aware, after enquiry, of any circumstance or incident which may give rise to a claim? Yes No

14) Has any Insurer required special terms to insure you or any Director or Partner (in this or any other name which you may have been trading), declined, cancelled or refused to renew insurance of a type for which you are now applying? Yes No

15) Have you or any Director or Partner been declared bankrupt, been a director of a company which went into liquidation, administration or receivership, or been convicted of arson, criminal deception, fraud, forgery, theft, robbery or handling or any crime or violence associated with these or with any other offence against property? Yes No

### Non-disclosure warning:

Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your Proposal. Failure to do so may prejudice the settlement of any claim. Please mention such facts, or if you are in any doubt refer to Churchill Insurance Consultants Limited.

### IMPORTANT NOTE:

Insurers and 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 upon 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.

### Declaration

Please read carefully before signing

I / We declare that to the best of my / our knowledge and belief, all the statements and particulars made with regard to this proposal are true and I / We apply for a contract of insurance, to be expressed in the usual terms of the Company's Policy.

I / We consent to the seeking of information from other insurers to check the answers I / We authorise the giving of such information for such purposes. I / We also agree that, in response to any search 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 .....

Dated .....  
(dd/mm/yyyy)

For full details of the terms, exceptions and conditions please ask for a specimen of the policy

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