

# Residential Let Proposal Form

## INTRODUCTORY STATEMENT:

Please answer the questions set out below accurately and completely.

For your convenience, we have included certain answers in the form however you must change these answers if they are inaccurate. This may result in us requiring further underwriting information, but may not preclude us from providing cover. You must notify us on behalf of your client of any changes to the information provided. You must answer all questions accurately and completely. You must provide us with all further information we request and any other information of which we should be made aware.

## Details of Firm/Insured

What is the renewal or expected start date of this policy?

Proposer/Company name

Additional trading name(s)

## Contact Details

Correspondence Address

Are you domiciled within the United Kingdom, the Channel Islands or the Isle of Man?

Yes / No

Please provide details of your domicile

Do you have a UK bank account

Yes / No

Do you have a UK Representative responsible for checking on the property?

Yes / No

Please provide a target premium (including IPT and fees) if you have one

£

Which insurer has provided the alternative quotation?

Do you wish to charge an additional policy fee?

£

# Residential Let Proposal Form

## Premises Specific Information

Address of the premises to be insured

Please select the occupancy of the premises.	Tick all that apply
Asylum Seeker	<input type="checkbox"/>
DWP (Agreement is between the landlord and the tenant)	<input type="checkbox"/>
DWP (Agreement is between the Landlord and local authority or housing association)	<input type="checkbox"/>
Professional Let	<input type="checkbox"/>
Retired Let	<input type="checkbox"/>
Holiday Home	<input type="checkbox"/>
Owner Occupied	<input type="checkbox"/>
Student Let	<input type="checkbox"/>
Unoccupied	<input type="checkbox"/>
Unoccupied Property Pending Sale	<input type="checkbox"/>
Family or Friends	<input type="checkbox"/>

If Asylum Seeker, DWP, Professional Let, Retired Let, Owner Occupied, Student Let or Family or Friends:

Are all properties let under a Tenancy Agreement?

Yes / No

## Sum Insured Details

Buildings Sum Insured (Total cost to rebuild)

This value represents the cost to completely rebuild your home to its present condition, including materials and labour in the event of total loss or destruction. This will vary according to the type of property and materials used. If you need help calculating the rebuild cost for your property, the Association of British Insurers website provides guidance and access to a calculator at <http://abi.bcis.co.uk/>

£

Landlords Contents

Professional Let and Retired Let occupancies will automatically include £5,000 Landlord's Contents where Buildings cover is also required.

£

# Residential Let Proposal Form

ANNUAL Loss of Rent

20% of Building Sum Insured is automatically included

£

Do you require cover for Accidental Damage?

Choosing "No" may reduce your premium but leave you at risk in the event of damage to your property

Yes / No

## Subsidence, Ground Heave & Landslip Supplementary Questionnaire

Is the property free from and in an area which is free from any signs of? subsidence, heave or landslip both now and in the past.

Yes / No

Please provide details in the space below

Is the property in an area where there are any underground workings, active inactive or proposed, or built on made up or reclaimed land?

Yes / No

Please provide details in the space below

Is the property nearby to any cliffs, hills, quarries or other excavations or similar features?

Yes / No

Please provide details in the space below

## Residential Let Proposal Form

Has the property been extended?

Yes / No

Please give details including the year the property was extended

Are there any trees within 10 metres of the building?

Yes / No

Please provide details in respect of the trees surrounding the property including height, distance from premises and species

### The Premises

Type of Property	Tick all that apply
Barn	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>
Coach House	<input type="checkbox"/>
Commercial Usage	<input type="checkbox"/>
House/Bungalow	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>
Non-purpose Built Flats	<input type="checkbox"/>
Other	<input type="checkbox"/>
Purpose Built Flats	<input type="checkbox"/>
Single Self Contain Flat	<input type="checkbox"/>

If Bedsit:

How many bedsits within the property?

Is there a dedicated cooking area separate from the bedroom areas?

Yes / No

# Residential Let Proposal Form

If Coach House:

Number of Garages in Total

Number of Long Term Leasehold Garages

If Maisonette:

What floor is the property on?

If Non-purpose Built Flats / Purpose Built Flats :

How many flats within the block?

If Other:

Please provide details in the space below

If Single Self Contained Flat:

What floor is the property on?

Is the property:	Tick all that apply
Detached	<input type="checkbox"/>
Semi Detached	<input type="checkbox"/>
Terraced	<input type="checkbox"/>
Flat	<input type="checkbox"/>

Number of Bedrooms	Tick all that apply
For blocks of flats, please state the number of bedrooms of the largest flat	
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>

# Residential Let Proposal Form

Is this property let or occupied as a House of Multiple Occupation (HMO)?

Yes / No

Is there a dedicated cooking area separate from the bedroom areas?

How many years have you owned the premises?

What is the estimated year of construction of the premises? (Depending on age, a discount may be available)

Are the Premises Listed, Protect or subject to Preservation Order?

Yes / No

Please specify the level of protection	Tick all that apply
Grade 1 England & Wales	<input type="checkbox"/>
Grade 2 England & Wales	<input type="checkbox"/>
Grade 2* England & Wales	<input type="checkbox"/>
Grade A Scotland	<input type="checkbox"/>
Grade B Scotland	<input type="checkbox"/>
Grade C Scotland	<input type="checkbox"/>
Grade A Northern Ireland	<input type="checkbox"/>
Grade B Northern Ireland	<input type="checkbox"/>
Grade B+ Northern Ireland	<input type="checkbox"/>
Preservation Order	<input type="checkbox"/>
Protected	<input type="checkbox"/>

Is the property underground any structural work or is any such work planned?

Yes / No

If yes, please fill out the below:

Please provide information on the works being carried out including the project length:

Value of Works

£

## Residential Let Proposal Form

Is the property underground any non-structural work or is any such work planned?

Yes / No

If yes, please fill out the below:

Please provide information on the works being carried out including the project length:

Value of Works

£

Is there a JCT in place?

Yes / No

To the best of your knowledge, has the property flooded in the past 25 years?

Yes / No

Please provide details of previous flooding:

Are the premises, in a good state of repair?

Yes / No

Please provide additional information in respect of the above:

# Residential Let Proposal Form

Construction of the walls?	Tick all that apply
Asbestos	<input type="checkbox"/>
Brick	<input type="checkbox"/>
Brick/Timber	<input type="checkbox"/>
Cedar	<input type="checkbox"/>
Concrete	<input type="checkbox"/>
Clunch	<input type="checkbox"/>
Cob	<input type="checkbox"/>
Corrugated iron	<input type="checkbox"/>
Essex Construction	<input type="checkbox"/>
Fibreglass	<input type="checkbox"/>
Flint	<input type="checkbox"/>
Glass	<input type="checkbox"/>
Lathe and Plaster	<input type="checkbox"/>
Metal	<input type="checkbox"/>
Other	<input type="checkbox"/>
Plastic	<input type="checkbox"/>
Pre-fabricated Concrete	<input type="checkbox"/>
Stone	<input type="checkbox"/>
Steel Framed	<input type="checkbox"/>
Steel Framed/Brick	<input type="checkbox"/>
Steel Framed/Render Or Pebbledash	<input type="checkbox"/>
Steel Framed/Tile	<input type="checkbox"/>
Steel Framed/Wood Shiplap	<input type="checkbox"/>
Stramit	<input type="checkbox"/>
Timber Framed	<input type="checkbox"/>
Timber Framed/Lathe and Plaster	<input type="checkbox"/>
All Timber	<input type="checkbox"/>
Timber Plaster	<input type="checkbox"/>
Wattle Daub	<input type="checkbox"/>
Woodwall	<input type="checkbox"/>
Woodwork	<input type="checkbox"/>

Please describe below

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# Residential Let Proposal Form

Construction of the roof?	Tick all that apply
Asbestos	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>
Tile	<input type="checkbox"/>
Concrete	<input type="checkbox"/>
Copper	<input type="checkbox"/>
Corrugated iron	<input type="checkbox"/>
Fibre Glass or Perspex	<input type="checkbox"/>
Glass	<input type="checkbox"/>
Green Roofs	<input type="checkbox"/>
Lead	<input type="checkbox"/>
Metal	<input type="checkbox"/>
Other	<input type="checkbox"/>
Plastic	<input type="checkbox"/>
Shingle	<input type="checkbox"/>
Slate	<input type="checkbox"/>
Stramit	<input type="checkbox"/>
Thatch	<input type="checkbox"/>
Timber	<input type="checkbox"/>
Turnerised	<input type="checkbox"/>
Unknown	<input type="checkbox"/>
Woodwork	<input type="checkbox"/>
Zinc	<input type="checkbox"/>

Please describe below

Is any part of the roof flat?

Yes / No

What percentage of the overall roof is flat?

%

## Residential Let Proposal Form

What is the construction of the flat roof?	Tick all that apply
Asphalt	<input type="checkbox"/>
Butyl Rubber	<input type="checkbox"/>
Concrete	<input type="checkbox"/>
EPDM Rubber	<input type="checkbox"/>
Felt on Timber	<input type="checkbox"/>
GRP Fibreglass	<input type="checkbox"/>
Single Ply Membrane	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please provide details of the construction of the flat roof:

### Security

Are all final exit doors fitted with 5 lever mortice deadlocks or multi point locking systems complying to BS3621?

Yes / No

Please provide additional information in respect of the above

Are all accessible windows, fanlights and skylights fitted with key operated locks?

Yes / No

Please provide additional information in respect of the above

## Residential Let Proposal Form

Please state the type of alarm protecting the premises	Tick all that apply
Audible/Bells Only	<input type="checkbox"/>
Digital Communicator/Digicom with connection to Central Station	<input type="checkbox"/>
Dual Path Signalling qualifying for Level 1 Policy response	<input type="checkbox"/>
Dual Path Signalling with connection to Central Station	<input type="checkbox"/>
No Alarm	<input type="checkbox"/>
Other	<input type="checkbox"/>
Single Path Signalling or Auto (GSM)/Speech Dialler – Self Monitored	<input type="checkbox"/>
Single Path Signalling or Auto (GSM)/Speech Dialler with connection to Central Station	<input type="checkbox"/>

Please give details of any other protections to the premises such as a safe, smoke detectors, neighbourhood watch etc

### Interested Parties

Are there any Interested Parties to be noted against the premises?

Yes / No

Name

Address Line 1

Address Line 2

Town

County

Postcode

Ref

# Residential Let Proposal Form

## Policy Specific Details

Do you require Employers Liability cover for Domestic Employees?

Yes / No

Is your business registered in the UK, employing 1 or more People and operating a PAYE scheme? It is compulsory for all companies (including any subsidiaries) required to hold Employers Liability insurance to provide their Employers Reference No. or employers PAYE Reference, Please <a href="#">Click here</a> to see an ELTO Guide for Employers	Tick all that apply
Yes	<input type="checkbox"/>
No (exempt)	<input type="checkbox"/>
Yes, but ERN details are not available at this time	<input type="checkbox"/>

If Yes:

What is the company's Employers Reference Number (ERN)? This may be referred to as the Employer's PAYE Reference

	/	
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Cover for Property Owners Liability under the policy is included at £5M

Do you want to include cover for trade and access?

This extension provides cover for costs necessarily incurred in locating the source.  
A typical claim example would be a water leak behind a wall and locating the source of the leak would require removing plasterboard or part of the wall

Yes / No

Do you require malicious damage by tenant?	Tick all that apply
No Cover Required	<input type="checkbox"/>
Malicious Damage and Theft by Tenant (up to a limit of GBP 5,000)	<input type="checkbox"/>
Malicious Damage by Tenant (up to Sum Insured)	<input type="checkbox"/>
Malicious Damage and Theft by Tenant (Up to Sum Insured)	<input type="checkbox"/>

## Residential Let Proposal Form

### Claims

Within the last 5 years have you or any partners or directors had any losses whether insured or not in connection to the properties to be insured?

Yes / No

Please provide details of all claims below

If you wish to disclose any additional information that you feel may be important to an underwriters' assessment of this risk please do so below:

NB: This WILL appear on documents

## Residential Let Proposal Form

### Statement of Fact

Have you or any individual involved in the business of the Proposer/Insured in a capacity listed in A. to E. below, being:

A. director;

B. business partner;

C. a family member;

D. an individual providing working capital or loan guarantees to this business; and

E. anyone else who plays a significant role in making decisions about how the Proposer/Insured is to be managed or organised;

whether in relation to the business of the Proposer/Insured or any previous business or any other business in which you or they have been involved in any of the capacities listed in A. to E. above or in a personal capacity ever:-

- been declared bankrupt or are the subject of any current bankruptcy proceedings? Yes / No
- been disqualified from being a Company Director? Yes / No
- had any County Court Judgement(s) (CCJ) or Sheriffs Court Decrees entered against you or them, or been involved in a company against which such judgements have been entered? Yes / No
- been convicted or have any prosecution pending or been given an official police caution in respect of any criminal offence other than motoring offences and any offences which are spent under the Rehabilitation of Offenders Act 1974, or been involved in a company subject to such a conviction, prosecution or caution? Yes / No
- been charged with or convicted of, or been involved in a company charged with or convicted of, a breach of the Health and Safety at Work Act or other legislation relating to employee safety and safe working practices, or been served with, or been involved with a company served with, an improvement order or a prohibition notice under such legislation? Yes / No
- had any insurance proposal declined, renewal refused, had any special or increased terms applied, had insurance cancelled midterm by Underwriters, had a policy declared void or claim repudiated? Yes / No
- been, or are currently a director or officer of a company which has been, declared insolvent or had a receiver or liquidator appointed or entered into arrangements with creditors in accordance with The Insolvency Act 1986, or had an Individual Voluntary Arrangement (IVA)? Yes / No
- been party to, or involved in a company which was party to, a Company Voluntary Arrangement (CVA)? Yes / No
- been subject to a recovery action or fines exceeding £25,000 by HM Revenue & Customs, or been involved in a company subject to such a recovery action or fines? Yes / No

If you have answered yes to any question above, please provide additional information

## Optional Cover

Our landlord Home Emergency Policy includes Cover for:

- Main Heating System
- Plumbing & Drainage
- Home Security
- Toilet Unit
- Domestic Power Supply
- Lost keys
- Vermin Infestation
- Alternative Accommodation Costs

## Additional Notes

## Confirmation

I confirm that I have answered the questions above accurately and completely to the best of my knowledge, information and belief.

I understand that if I do not tell you about changes or have provided incorrect information, the wrong terms and conditions may have been quoted and you may be entitled to:

- reject payment of a claim or a payment could be reduced, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

In some circumstances your policy might be invalid, and you may not be entitled to a refund of premium

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date