

Communal Areas & Infrastructure Proposal Form

INTRODUCTORY STATEMENT:

Our acceptance of this risk is based on the information presented to us being a fair presentation of your business including any unusual or special circumstances which increase the risk and any particular concerns which have led you to seek insurance.

In the event of deliberate or reckless misrepresentation and/or non-disclosure of any unusual or special circumstances which increase the risk, we may void the policy.

Details of Firm/Insured

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

Proposer/Company name

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

£

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Premises Specific Information

Address

Infrastructure Description

Are there any ponds, lakes, swimming pools or other bodies of water on the land to be insured?

Yes / No

Please provide details of any bodies of water on the premises, including size, depth, fencing, life saving equipment present, signage and previous issues/losses:

Is there a children's playground at the location to be insured?

Yes / No

Please provide details of any children's playgrounds

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Infrastructure Sum Insured

Buildings includes communal property/infrastructure such as garages, bin storage, hedges, fences, roads, sewerage systems etc.

£

Landlords Contents Sum Insured

£

Interested Parties

Are there any interested parties to be noted against the premises?

Yes / No

Please provide details of one or more interested parties below

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?

Is it compulsory for all companies (including and subsidiaries) required to hold Employers Liability insurance to provide their Employers Reference No. or employers PAYE Reference.

Yes / No (exempt) / Yes but ERN details are not available at this time

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

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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?

If Yes: Please provide full details including the type of loss, date of loss, amount of loss, claim status and claim details.

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

NB: This WILL appear on documents

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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?

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

and during the last five years, whether insured or not and excluding driving offences, been involved with:

(a) any legal dispute, action or prosecution?

Yes / No

(b) debt recovery actions?

Yes / No

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

Additional Notes

Additional Notes (This will not appear on any documentation).

Please Note:

Only add information that is not covered in any questions as entering information here will trigger a referral

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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