

# Residential 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 the broker shown at the foot of this form.

## 1. Proposer

Name of Proposer.....

Address of Proposer.....

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

## 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.....

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

Details Surrounding Receivership.....

.....

.....

Architect.....

Building Control.....

Structural Engineer.....

Project Manager.....

Please advise if any of the above projects are not 'under seal'.....

Are any of these contracts assignable? YES/NO If yes please provide separate additional information.

Is this a design and build contract? YES/NO



**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 6 months.....

**8. Material Facts**

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:**