



Insurance Backed Guarantee
- Proposal Form



Please carefully complete this form and return it to us. Should you require any assistance then please contact us and we will be happy to help you and discuss any queries you may have.

In accordance with the provisions of The Insurance Act 2015, you must ensure that the information provided by you in connection with your commercial insurance policies is presented in a clear and accessible manner and contains all known material facts relating to the risk/risks in question. This information should not exclude anything material which is known by you and is likely to be of relevance to the insurer in deciding whether or not to accept the risk/risks and on what terms. If you are unsure what constitutes a material fact, or you are concerned that there may be any hazard associated with your business which we may not be aware of, then I will be able to assist you further in this regard.

In addition to the information provided in this form we will also require

- ▶ Your latest financial accounts
- ▶ Your latest management accounts
- ▶ Details of any parent or cross company who could act as a guarantee if this is an SPV
- ▶ Contractors Written Guarantee
- ▶ Product Manufacturers Guarantee (where applicable)
- ▶ Copy of the contract that this is the purpose for
- ▶ Plan of Works

1. Your Details

Name	
Correspondence Address and Postcode	
Telephone No.	
Email address	

2. Contractor Details (details of the company carrying out the works)

Company Name	
Address	
Registered Company No	
Trade Body Member of	
Telephone No.	
Email Address	

3. Insured Details (the owner of the premises where the works are to be done)

Name	
Address and Postcode	
Telephone No.	
Correspondence Address IN ADDITION	

Type of Insured (please tick the description which applies below)

Retail (private individual)	Micro (business with less than £2m turnover -10 staff)	Commercial (neither retail nor micro)	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Premises To Be Insured (where the work is being done)

Address and Postcode	
Type of Premises	
No. of Storeys Above Ground	
No. of Storeys Below Ground	

5. Contract Details

The total sum insured should represent the total cost of replacement/rebuild of the insured works. This should include items such as access, enabling etc. even if these did not form part of the original contract.

Contract Value	
Access costs eg. scaffolding	
Enabling works/debris removal/professional fees	
Total Sum Insured	

Start Date of Works (dd/mm/yyyy)	
Completion Date of Works (dd/mm/yyyy)	

Description of Works (please provide as much details as possible)	
(If roofing is included, please state number of roofs)	

6. Materials and Design

System/Product Installed	
BBA cert. or Equivalent No. If Known	
Do the installers have a minimum of 5 years' experience with these products?	
(If no, please give details)	
Who designed the works?	

7. Cover Required

Number of Years (Max 12)	
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What type of cover is required? (please tick the cover require below)

Workmanship	Materials	Design
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. General Queries

During the last three years have you carried out repair work due to defective workmanship of materials you installed previously?	
If yes – please give details	
Have you or any Director, Principal or Partner ever been convicted, or is there any prosecution pending for any offence involving dishonesty of any kind?	
If yes – please give details	
Have you or any Director, Principal or Partner ever been convicted, or is there any prosecution outstanding under the Health & Safety at Work Act of 1974?	
If yes – please give details	
Have you or any Director, Principal or Partner ever been involved in a company that has been declared bankrupt, ceased trading or entered into any form of liquidation; or has there been any county court judgements issued?	
If yes – please give details	

9. Declaration

I have read over all the statements and particulars given in this proposal form (including any answer written for me by any other person) and I declare that to the best of my knowledge and belief they are correct and that no material fact has been omitted, misrepresented or mis-stated. I am not aware of any circumstance likely to affect the risk. I/we will issue a written guarantee to our customer in respect of this work and agree to honour the terms of this written guarantee to our customer if we are still trading. In consideration of the insurer's acceptance we agree to be bound by the terms and conditions of the Policy. We will provide a copy of this proposal form to the Insured company / individual and have noted that, where a technical inspection may be required, full safe access will be provided for the technical inspector.

Print Name	
Date and position in company	
Signed	



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