

DETAILS OF PERSON AND PROPERTY TO BE INSURED

Name of person(s) to be insured

Address of property to be insured

County Postcode

Name of any Bank/Building Society whose interest should be noted on the policy

CORRESPONDENT DETAILS

Name of person(s) to act as correspondent

Correspondent address

County Postcode

Telephone number Mobile

Fax Email

CONTACT DETAILS FOR GAINING ACCESS TO THE PROPERTY

Name

Telephone number Mobile

CONTACT DETAILS FOR BUILDING CONTROL

Name of Local Authority

Contact name

Telephone number Mobile

Fax Email

Please include Local Authority Building Control Completion Certificate and reports from Local Authority Building Control Inspector with your application.

DETAILS OF PROJECT

Please note: We do not offer insurance on Grade 1 listed buildings, barn conversions or buildings constructed using Green Oak.

Type of construction: New build Conversion / refurbishment

 Extension Mixed

If Mixed, please give details

Date of Completion (date of first habitation or issue of Local Authority Completion Certificate whichever is earlier)

CONVERSION / REFURBISHMENT DETAILS

Please complete the following section if the Housing Unit(s) contain any conversion or refurbishment elements. We require plans showing the original property and any alterations made with this application.

What is the age of the existing property

How was the existing structure used:

Residential	<input type="checkbox"/>	Storage	<input type="checkbox"/>
Communal	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
Livestock	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, please give details

Have you or the builder had experience in conversion / refurbishment contracts

Yes No

If Yes, please give details

Was a condition survey carried out on the building before the conversion/refurbishment works commenced

Yes No

If Yes please provide a copy.

Were any other surveys or tests carried out on the existing structure

Yes No

If Yes, please supply details

Is the building Grade 1 listed

Yes No

Is the site in a conservation area

Yes No

Please give a brief description of the works that were carried out

BUILDER DETAILS

Name of builder

LABC Registration Number
(If Known)

Address

County Postcode

Contact name

Telephone number Mobile

Fax Email

Number of units the builder has built, managed or been responsible for the construction of:

In the last financial year In the last 5 years

What warranty provisions have been made by the builder in the past

Currently registered with a new home warranty provider Yes No

If Yes, please give details including registration number

STRUCTURAL WARRANTY PROVISION

Please provide information detailing why a structural warranty has not already been arranged

INSURANCE DETAILS

Have you:

- built, managed or been responsible for the construction of any houses in the past? If yes, please include the number of houses, and over what period in the Additional Information Box

Yes No
- ever been refused property insurance or had any special terms imposed by any insurer

Yes No
- ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind

Yes No
- ever been declared bankrupt or been the subject of bankruptcy proceedings or have been the subject of any voluntary or mandatory resolution

Yes No
- ever been prosecuted or received notice of intended prosecution under Health & Safety at Work Act 1974 or the Consumer Protection Act 1987

Yes No
- sustained loss in the last 5 years, or had a claim made against you whether insured or otherwise, in connection with the insurance for which cover is required

Yes No

If you have answered Yes to any of the above questions, or you are aware of any facts that might be relevant please provide details in the Additional Information box and/or a separate sheet if required.

ADDITIONAL INFORMATION

Please note: We do not offer insurance on Grade 1 Listed buildings, barn conversions or buildings constructed using Green Oak. For any property that deviates from standard construction, please refer to insurer prior to quotation request.

DECLARATION BY THE INSURED

I/we declare that to the best of my/our knowledge and belief, the information I/we have given is correct and complete in every detail and I/we have not withheld any material fact.

I/we understand that the signing of this form does not bind us to effecting insurance under the LABC Completed Housing Warranty but agree that should a quotation for a new development or Housing Unit be accepted that this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter.

Signed

Date

Please return this form to:

The Scheme Administrator
MD Insurance Services Ltd.
Haymarket Court
Hinson Street
Birkenhead
Wirral
CH41 5BX

Telephone: 0845 054 0505

Fax: 0845 054 0501

Email: enquiries@labcnhw.co.uk

Website: www.labcnhw.co.uk



Haymarket Court Hinson Street Birkenhead Wirral CH41 5BX

T 0845 054 0505 F 0845 054 0501 E enquiries@labcnhw.co.uk W www.labcnhw.co.uk

MD Insurance Services Ltd. is the Scheme Administrator for the LABC New Home Warranty. MD Insurance Services Ltd. is authorised and regulated by the Financial Services Authority. MD Insurance Services Ltd. is registered in England No: 3642459.

