

Non-Negligence (6.5.1/21.2.1) Liability Insurance

Please complete in CAPITAL LETTERS using black ink and tick boxes as appropriate. Please complete all questions where applicable and provide full details where applicable, particularly for questions with GREY boxes.

1	Employer Details			
	Name or Company Name	Email Address	Telephone Number	
	Correspondence Address			
	Address of Property/Site undergoing Works			
	What is the Name, Position and Telephone Number of the person whom our Surveyor should contact if necessary?			
	What is the total value of the Works? This should include any non-reclaimable VAT and Professional Fees	£		
	How much of the total Works value relates to:			
	Demolition	£		
	Groundworks e.g. excavation, piling, underpinning etc.	£		
	Substructure Construction e.g. basement installation	£		
	Superstructure Construction e.g. extensions	£		
	Other e.g. finishes, fittings, furnishing, landscaping etc.	£		
	Limit of Indemnity Required	£		
	Defects Liability Period Required			
	Under which Contract Conditions is the work to be carried out? E.g. JCT Intermediate 2016, Insurance Option C			
	What are the estimated dates for:	Start	Completion	
	Please provide an overview of the Works being carried out at the premises			

Proposal Form for Non-Negligence

Please return completed form to:-

Expert Insurance Group Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479

w: www.jctinsurance.com t: 01825 745 410 e: enquiries@jctinsurance.com

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	If planning permission was necessary, please advise the name of the council which has granted the permission and the planning application number			
2	Existing and Surrounding Buildings			
	Please provide details of the Property including but not limited to; construction, year of build, height, floor area and condition			
	Is any of the Property remaining occupied while the Works are carried out? If "Yes" please provide details below, if "No" please advise when the building was last occupied and the type of occupation	Yes		No
	Do the Works involve extensions which tie-in with any existing buildings? If "Yes" please give details and method to be used			
	Please provide details of any work on columns, beams, slabs or load bearing walls requiring temporary propping or support			
	Description of all immediate surrounding property not forming part of the Works including but not limited to; construction, year of build, current occupation and condition (if more than 4 addresses please provide details on a separate sheet)			
	Address 1			
	Address 2			
	Address 3			
	Address 4			

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	Has a Party Wall Award been completed with any of the above addresses? If "Yes" please note insurers may request a copy	Yes		No	
	Have any Schedules of Condition been drawn up for the surrounding properties? If "Yes" please note insurers may request a copy, if "No" please provide details why	Yes		No	
3	Demolition				
	Please provide details of what is being demolished (if there is Demolition of internal walls state whether they are loadbearing and if there is Demolition of external walls state how many storeys).				
	Minimum distance from nearest property (where Demolition is not internal only)				
	Method of Demolition e.g. hand/hand held breakers –please also provide a copy of a method statement				
	Is there any Demolition below ground level? If "Yes" please advise:				
	Yes		No		
	Maximum depth below ground level				
	Minimum distance from nearest property				
	Will any shoring/propping be necessary? If "Yes" please provide details below				
	Yes		No		
4	Groundworks				
	Please give a general description of the ground conditions				
	Is any Excavation to be undertaken? If "Yes" please give details below				
	Yes		No		
	Maximum depth of Excavation				
	Minimum distance from nearest property				
	Means of supporting Excavation				

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Is any Piling to be undertaken? If "Yes" please give details and provide a copy of a method statement			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Number of Piles						
Maximum depth of Piles						
Minimum distance from nearest property						
Is any Underpinning to be undertaken? If "Yes" please give details and provide a copy of a method statement			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Overall length involved						
Maximum depth						
Maximum length any one bay						
Minimum distance from nearest property						
Is there any Ground Stabilisation to be undertaken? If "Yes" please give details below			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Minimum distance from nearest property						
Is there any Dewatering to be undertaken? If "Yes" please give details below			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5	Please provide details of the Main Contractor undertaking Excavation/Underpinning/Piling/Ground Stabilisation/Dewatering					
Name or Company Name			Established Date		Website	
In respect of any covers to which this proposal relates, and any business in which you or any of your Directors, Partners or Officers of the above companies are or have been engaged in:						
Has any Insurer ever declined a proposal, refused renewal, terminated insurance or imposed special terms in the last 5 years? If "Yes" please give details below			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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Have any accidents, losses or claims arisen, whether insured or not, in the last 5 years? If "Yes" please complete the following table		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date of Occurrence	Brief Details of Claim (whether made or not)	Amount Paid/Reserve			
Have any of your Directors, Partners or Officers ever been:					
Declared bankrupt or subject to bankruptcy proceedings, had a company declared insolvent or gone into liquidation?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Convicted or charged (but not yet tried) with any other criminal offence, other than a motoring offence?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prosecuted under any safety or environmental legislation during the last 5 years?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" please provide details					

IMPORTANT

Please read the following carefully before you sign and date the Declaration.

If you have answered "Yes" to any of the questions on this enquiry form with a GREY BOX, please supply any Additional Information unable to be included in the space provided on the next page.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. Failure to disclose all material facts whether or not the subject of a specific question may invalidate your insurance.

We recommend that you should keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this insurance.

DECLARATION

Before signing the Declaration please check your answers carefully, particularly if this Proposal Form is not completed in your own hand

I/We declare that to the best of my/our knowledge and belief the answers given are true and complete.

I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf.

I/We agree that the information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date of signing

Title of Signatory:

Please Note: A text based signature is not accepted by insurers

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Additional Information:

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