

Agents Ref:

## Magenta R Proposal Form Homes in the Course of Being Renovated

UGM Quote Ref:

It is essential that you give full and true answers to all questions. If you do not do so your Insurance may not protect you in the event of a claim. A specimen wording is available on request that sets out full details of the insurance.

**PLEASE COMPLETE IN BLOCK CAPITALS. COVER WILL NOT BE CONSIDERED UNLESS ALL QUESTIONS ARE ANSWERED**

A. Date Cover is to Commence

B. Name

Mr / Mrs / Miss / Ms	Forenames
Surnames	

C. Date of Birth

Proposer / /	Spouse / Partner / /
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D. Postal Address (must be a UK address)

Town	County	Full Postcode

E. Risk Address

Town	County	Full Postcode

F. Occupations **Please give full details including any part-time employment avoiding the use of such terms as Director, Manager or Shop Proprietor. If unemployed please give usual occupation.**

Proposer's Occupation(s) (List all including part-time ones)
<i>Nature of Business</i>
Spouse / Partner's Occupation(s) (List all including part-time ones)
<i>Nature of Business</i>

G. Type of Property

House	<input type="checkbox"/>	Detached	<input type="checkbox"/>	No of Bedrooms	<input style="width: 80%;" type="text"/>
Bungalow	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>		
Flat within a block/property	<input type="checkbox"/>	Terraced	<input type="checkbox"/>		
Purpose built block of Flats	<input type="checkbox"/>				
Property split into Flats	<input type="checkbox"/>	⇒	Number of Flats		<input style="width: 80%;" type="text"/>
Property split into Bedsits	<input type="checkbox"/>	⇒	Number of Bedsits		<input style="width: 80%;" type="text"/>

H. Additional Interest on Buildings e.g. Building Society

Date Built (approx. if not known)

If the Property is Listed please state the Grade

*(If listed a recent valuation, up to two years old, by a member of RICS and an electrical certificate from a member of NICEIC are required.)*

I. Please indicate the name(s) and policy number(s) of the present Insurers for:

a) Buildings:	Insurer's Name	Policy No
b) Contents:	Insurer's Name	Policy No

**UGM Magenta Ltd reserves the right to contact your present/previous Insurers for further details of your insurance history**

J. In respect of any property you own, or have previously owned, have you or any person occupying or having an interest in the property

YES NO

(i) Suffered any losses or made any claims during the last 5 years, whether insured or not?

<i>If you have answered YES please provide full details (continue on a separate page if necessary)</i>		
<u>Date</u>	<u>Cause</u>	<u>Amount</u>

YES NO

(ii) Been refused insurance or had special terms or conditions applied by any insurer?

(iii) Ever been declared bankrupt or been the subject of bankruptcy proceedings?

(iv) Ever been convicted of or cautioned for (or charged but not yet tried with) any criminal offence (other than a motoring offence)? *The proposer is not required to include convictions regarded as "Spent" by virtue of the Rehabilitation of Offenders Act 1974*

If you have answered <b>YES</b> to any of the questions please provide full details here or on a separate page.
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K. Is the property

YES NO

a) self contained (ie no facilities shared with any other property) with its own separate lockable entrance

b) built (or to be built) of brick, stone or concrete and roofed with slate, tiles, concrete or asphalt?

c) free from damage, or history of damage, by flood **and** in an area with no history of flooding ?

d) free from any signs of damage, or history of damage, by subsidence, heave, landslip or coastal or river erosion, (such as internal or external stepped or diagonal cracking or bulging of walls) **and** in an area free from damage by subsidence, heave, landslip or coastal or river erosion?

e) free of any tree, the height of which is greater than its distance from The Buildings, or which is likely to have roots which will encroach on the foundations of The Buildings?

**If NO please provide type, height and distance from The Buildings of each Tree**

If you have answered <b>NO</b> to any of the questions please provide full details here or on a separate page.
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L. (i) List in full the renovation work to be carried out:


(ii) Has planning permission for all the work been granted?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
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(iii) Will all the work be carried out in compliance with planning permission, consents and regulations required by any regulatory authority?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
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If you have answered **NO** to any of the questions please provide full details here or on a separate page.

M. (i) Is any part of the roof flat?

**YES / NO**

If **YES**, what proportion?

%

If any part of the roof is flat please advise

i) What it is covered with

\_\_\_\_\_

ii) When was it last recovered

\_\_\_\_\_

iii) Full details of any guarantees in place

\_\_\_\_\_

(ii) Have the buildings been extended within the last 25 years?

**YES / NO**

If **YES** please provide full details here or on a separate page.

N. (i) When will the work start?

\_\_\_\_\_

(ii) How long will it take?

\_\_\_\_\_

(iii) Will the work be carried out by:

(a) You personally

**YES**

(b) Paid contractors

(iv) Is there a JCT contract in place?

(v) Will the work be vetted by an architect or surveyor prior to being signed over to you?

(vi) Once the work is complete will the property be :

(a) Occupied by you and your family

(b) Let to tenants

(c) Sold

O. Expected Rebuilding value **on completion of the work** (not the market value) £

**P. Security**

Please indicate the level of security you possess. It is particularly important that you answer the question correctly as an incorrect statement could invalidate your insurance. These protections must be in place and put into force whenever the private dwelling is left unattended.

Level 1 Main entrance/exit door protected by a lock carrying the Kitemark sign of approval or by a mortise deadlock having a minimum of five levers. Other external doors including sliding patio doors protected as above or fitted at the top and bottom with key operated security devices in addition to existing locks. All accessible windows/ skylights and fan lights protected by key operated security devices.  Yes

Level 2 Level 1 plus A burglar alarm installed and maintained by a member of the National Approval Council for Security Systems (NACOSS).  Yes

Level 3 As Level 2 but with an automatic dialling facility connected to an alarm company's central station.  Yes

Other – Please list


Please read the following carefully before signing and dating the declaration.

**Important Notes**

1. Failure to disclose all material information (i.e. information likely to influence the acceptance and assessment of this proposal) could invalidate the insurance. If you are in any doubt as to whether any information is material it should be disclosed.
2. You should keep a record (including copies of letters) of all information supplied to the Underwriter for the purpose of entering into the contract. If requested within three months of its completion a copy of the proposal will be supplied.
3. The law of England will apply to this insurance unless specifically agreed to the contrary.

**Data Protection Act**

Underwriters may use the information you supply, or which you give to third parties, to provide you with a quotation, to administer your policy, to search the files of credit reference agencies who may keep a record of the search, to assess and handle claims and to undertake compliance business reviews. Underwriters may also share these details with other insurance organisations to help offset risk, to help administer your policy and handle claims and prevent fraud. You must ensure that all information you provide regarding other people is accurate and you have obtained their consent to disclose the data. By providing your details you consent to such information being processed by Underwriters or their agents. If you have any queries please ask your insurance adviser.

**Declaration**

I/We have read the prospectus and proposal form and declare that to the best of my/our knowledge and belief the information answers and statements are true and that the sums to be insured represent the full value of the property. I/We also declare that if anything on this form was written by another person, he acted or she acted as my/our agent and not for the Underwriter for this specific purpose. I/We apply for a contract of insurance between the Underwriter and myself/ourselves and agree to accept the Underwriter's standard form of contract for this class of insurance.

**Warning**

Before signing this proposal form please read the Important Notes and the Declaration above and ensure all questions have been answered correctly and accurately.

**UGM RESERVES THE RIGHT TO DECLINE ANY PROPOSAL OR IMPOSE SPECIAL TERMS**

**Proposer(s)'s  
Signature(s)**

**Date**