|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Please read the following questions carefully and answer them all providing additional information where required. Please provide answers on a separate sheet of paper if you require more space. If you have any questions, please speak to your insurance agent.  Please use CAPITAL LETTERS and BLACK INK. | | | | | | | | | |
|  | 1. | | Name of insured: | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | | | | | | | | | |
|  | 2. | Policy/certificate number: | | | | | | | | |
|  |  |  | | | | | | | | |
|  |  | | | | | | | | | |
|  | 3. | Address of property undergoing works: | | | | | | | | |
|  |  |  | | | | | | | | |
|  |  | | | | | | | | | |
|  | 4. | Has an architect, project manager or main contractor been appointed to manage the project? | | | | | | | | Yes  No |
|  |  | | | | | | | | | |
|  | 5. | Name of main contractor, architect or structural engineer: | | | | | | | | |
|  |  |  | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | Will you be on site every day managing the project? | | | | | | | | Yes  No |
|  |  | | | | | | | | | |
|  | 6. | Start date of contract: | | |  | | Duration of contact: | |  | |
|  |  | | | | | | | | | |
|  |  | Contract value: | | | £ | |  | |  | |
|  |  | | | | | | | | | |
|  | 7. | Is cover required for hired in or owned plant? | | | | | | | | Yes  No |
|  |  | | | | | | | | | |
|  |  | Hired in plant value: | | | | | | | | £ |
|  |  | | | | | | | | | |
|  |  | Owned plant value: | | | | | | | | £ |
|  |  | | | | | | | | | |
|  | 8. | What type of contract has been signed? | | | |  | | | | |
|  |  | | | | | | | | | |
|  |  | Does the contract stipulate that insurance is required in joint names with the contractor? | | | | | | | | Yes  No |
|  |  | | | | | | | | | |
|  |  | If a Joint Contracts Tribunal (JCT) contract please tick the relevant contract/edition  and clause: | | | | | | | | |
|  |  | Contract | | Edition | | | | Clause | | |
|  |  | Minor works | | 2005  2009 rev. 2  2011 | | | | 5.4a  5.4b  5.4c | | |
|  |  | Intermediate | | 2005  2009 rev. 2  2011 | | | | 6.7 option a  6.7 option b  6.7 option c | | |
|  |  | Standard | | 2005  2009 rev. 2  2011 | | | | 6.7 option a  6.7 option b  6.7 option c | | |
|  |  | | | | | | | | | |
|  | 9. | Details of works to be undertaken including which building(s) will be affected i.e. main building, outbuilding: | | | | | | | | |
|  |  |  | | | | | | | | |
|  |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | Is a schedule of works available? | | Yes  No | |
|  |  | | | If Yes, please attach. | |  | |
|  |  | | | | | | |
|  | 10. | | Is there any structural work? | | | Yes  No | |
|  |  | | If Yes, please provide full details particularly for roof work and underpinning projects: | | | | |
|  |  | |  | | | | |
|  |  | | | | | | |
|  |  | Will the works include excavation, piling or driving in excess of five metres? | | | | | Yes  No |
|  |  | Has the architect or project manager recommended the purchase of non-negligent liability cover? | | | | | Yes  No |
|  |  | Are you making notifications to interested parties under the Party Wall etc. Act 1996? | | | | | Yes  No |
|  |  | Do you require cover for non-negligent liability? | | | | | Yes  No |
|  |  | If Yes, please complete the supplementary non-negligent liability questionnaire. | | | | | |
|  |  | What is the approximate distance to the nearest occupied property? | | | | |  |
|  |  | | | | | | |
|  | 11. | | | Is the property listed? | | | Yes  No |
|  |  | | | | | | |
|  |  | | | If Yes, what grade? | | |  |
|  |  | | | | | | |
|  | 12. | | | Will you be living in the home during the works? | | | Yes  No |
|  |  | | | If No: | | | |
|  |  | | | a. | How will the site be secured at the end of each day? | | |
|  |  | | | b. | Who is responsible for securing the site each day? | | |
|  |  | | | c. | How often is it intended that the policyholder or person acting on their behalf (not contractor) visit the site? | | |
|  |  | | | a.  b.  c. | | | |
|  |  | | | | | | |
|  | 13. | | | Are the contents to remain in the house? | | | Yes  No |
|  |  | | | If Yes, what security is in place? If No, where are they stored? | | | |
|  |  | | |  | | | |
|  |  | | | | | | |
|  | 14. | | | When the works are completed, what are your intentions for the property? | | | |
|  |  | | |  | | | |
|  |  | | | | | | |
| **Information** | In deciding whether to accept the insurance and in setting the terms and premium, we have relied on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.  You must tell us, as soon as possible, if there are any changes to the information you have given us.If youare in any doubt, please contact us or your insurance agent.  When weare notified of a change we will tell you if this affects your policy. For example we may cancel your policy in accordance with the cancellation condition, amend the terms of your policyor require you to pay more for your insurance. | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid. | | |
|  |  | | |
| **Misrepresentation** | If we establish that youdeliberately or recklessly provided us with false information we will treat the insurance as if it never existed and decline all claims**.**  Ifwe establish that you were careless in providing us with the information we have relied upon in accepting the insurance and setting its terms and premium we may: (i) treat the insurance as if it never existed, refuse all claims and return the premium.(We will only do this if we provided you with insurance cover which we would not otherwise have offered); (ii) amend the terms of the insurance (Wemay apply these amended terms as if they were already in place  if a claim has been adversely impacted by your carelessness); (iii) charge more for the insurance or reduce the amount we pay on a claim in the proportion that the premium you have paid bears to the premium we would have charged you; or (iv) cancel the insurance in accordance with the cancellation condition of the insurance.  We or yourinsurance agent will write to you if we: (i) intend to treat this insurance as if it  never existed; (ii) need to amend the terms of your policy;or (iii) require you to pay more for your insurance. | | |
|  |  | | |
| **Declaration** | You must read this before signing below.  I/We declare that (a) this questionnaire has been completed after proper enquiry; (b) its contents are true, accurate and complete and (c) reasonable care has been taken to answer all questions honestly and to the best of my/our knowledge.  I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract be concluded, this proposal, the statements made in it and the information provided in connection with it will be relied upon by Hiscox in deciding whether to accept this insurance. | | |
|  |  |  |  |
|  |  |  |  |
|  | /  / |
|  | Signature |  | Date |