

DEVELOPMENT QUOTATION FORM (SELF-BUILD)

Please only complete this Quotation Form if the insurance required is for a Self-Build warranty. This means you are the individual who is managing the project, the warranty will be issued in your name and you will be building the property and/or employing a building contractor to carry out the works.

Please complete this form using the latest version of Acrobat Reader and not in your browser or Apple Preview. Once you have completed the form, save it using the 'SAVE AS' or 'EXPORT' function to ensure that the data you have entered is saved correctly.

You must take reasonable care to answer all questions honestly and to the best of your knowledge, and if you volunteer any other information, you must ensure that the information is not misleading. If any information that you have provided to us changes before you take out your insurance, during the life of the policy, you must inform us of the change. If you deliberately, recklessly or carelessly misrepresent any information in relation to this insurance then your policy may be cancelled without refund, or treated as if it never existed, or claims rejected or not fully paid.

Please ensure you fully complete this quotation form. Failure to do so may delay in One Guarantee providing terms.

Should you be completing this form on behalf of the Policyholder, we will require an authorised signatory from the Policyholder providing their express agreement to confirm you have the authority to act on their behalf, and are able to provide all the relevant and accurate information in order to obtain a structural warranty from One Guarantee. Please refer to the declaration section of this Development Quotation Form.

As part of the application process Insurers will undertake a credit check. Further financial information maybe required to support your application. If you have any queries completing this form, please contact us.

If needed there is an 'Other Information' box at the end of the form to add any additional information you would like to tell us about this project. Please complete this form in **BLOCK CAPITALS**.

Client Information

Name:

Date of birth:

Address you will be living at during construction:

Principal company name (if applicable):

Principal company registration number (if applicable):

Contact phone number:

Is there a Specialist Purpose Vehicle (SPV)? Yes No

Contact address:

Your role:

Are you responsible for surveyor site access? Yes No

Building Contractor Information

Company Name:

Company Registration No:

Contact Name:

Address:

Tel Number:

Email Address:

Website:

Years Trading:

Trading Status:

Please ask your building contractor to provide details of past projects covering the last 10 years or the whole time they have traded, if this is less than 10 years.

Project start date	Project Finish date	Development address	Brief description of the works carried out	Project value
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Project
start date

Project
Finish date

Development address

Brief description of the
works carried out

Project value

Project Information

Project Name:

Project Address:

Is the project within 500m
of the sea?

Yes

No

Development type:

Description of works:

Type of works:

Intended end-use of the property:

Stage Foundations:

Details of how the project is being funded:

Planning Application
reference number:

Will the project be
designed by an architect?

Yes

No

Is this a Permitted Development Project (PDR)?

Yes

No

Is the project phased?

Yes

No

Number of single-unit
private dwelling houses:

Combined area (sq meters)
of all storeys of all buildings:

Gross Development Value (include demolition and professional fees): £

Who is already providing Building Control on this project?

Is the project being built
under a Building Notice?

Yes

No

Is any part of the development
on a sloping site?

Yes

No

Is the project in an area associated with flooding, radon,
mining, Cheshire Brine or other mineral extraction?

Yes

No

Start date of building works:

Completion date for project:

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Structural Information

Number of storeys above ground (inc. ground floor):

Number of storeys below ground:

Foundations:

Further information:

Type of structural frame:

Further information:

Type of structural of load-bearing wall:

Further information:

Type of facade or cladding:

Further information:

Are there any areas of flat roof?

Yes

No

Roof covering for new works:

Further information:

Will there be any balconies?

Yes

No

Will there be any terraces?

Yes

No

If work has started, please state at what stage construction has reached, and why no warranty is currently in place:

Any further information (e.g. foundations are existing):

Additional Information

Please provide the following information:

Plans & Elevations Ground Site Investigation report

Existing Structure report (Conversion risks only)

Cover Requirement Information

Total reinstatement cost of new works inc. materials, labour, professional fees, debris removal and VAT: £

Total reinstatement cost of retained existing structures inc materials, labour, professional fees, debris removal and VAT (Conversion risks only)

Period of cover required (indemnity period) - 10 years

Professional Team Information

Developer Name:

Registration Number:

Contractor Name:

Registration Number:

Architect Name:

Registration Number:

Structural
Engineer Name:

Registration Number:

All Sub-Contractors Information

All Company Name(s) & Registration Number(s) (if applicable), their intended work & experience:

Other Services*

If you require any of the following services, please tick the relevant boxes:

Mines and Minerals*

Restrictive Covenant*

Rights of Light*

Absence of Easement*

Home Insurance

Motor Insurance

Contractors All Risk (Liability, Building, Tools & Equipment)

*These products are arranged by One Indemnity, an associate company of One Guarantee. By ticking any of the above boxes you are indicating that you are happy for your details to be passed to One Indemnity so that they can contact you to discuss your requirements for the/se product/s. All other products are arranged by One Broker (Norwich) Ltd.

One Indemnity is a trading style of One Broker (Norwich) Ltd. Authorised and regulated by the Financial Conduct Authority. Registered in England and Wales No. 07131737. Discovery House, 4 Norwich Business Park, Whiting Road, Norwich, NR4 6DJ.

Claims Details and Convictions

Please obtain verification from your building contractor to ensure accuracy of the following questions relating to them.

Has this proposed project / development been declined or had special terms and conditions imposed by another warranty provider? Yes No

Any Claims in the last three years?

Yes No

(If so, please provide details below)

Have either you or the Builder ever been refused

structural warranty insurance? Yes No

(If so, please provide details below)

Have either you or the builder ever been convicted or have an prosecutions pending for any offence? Yes No

(If so, please provide details below)

Have you or the Builder ever been prosecuted or received notification of intended prosecution under the Health and Safety at Work Act 1974 or Consumer Protection Act 1987? Yes No

(If so, please provide details below)

In relation to the property and/or development being proposed, are there any known circumstances or defects that may, or are likely to, give rise to a claim or have been the subject of a previous claim or remediation works? Yes No

(If so, please provide details below)

Have either you or the builder ever been involved with a construction project that has gone into liquidation? Yes No

(If so, please provide details below)

Additional Information

Please add any other information that you would like to tell us about the self-build project below. If you are in doubt whether to disclose any information, please do not hesitate to contact us.

Have you approached any other providers for quotations, as some insurers only offer terms to the first submission they receive? Yes No *(If Yes, please advise below)*

Declaration

I/we declare that to the best of my/our knowledge and belief, the information I/we have given to obtain this quotation is correct and complete in every detail and I understand the consequences of non-disclosure as outlined at the beginning of this form

I/we understand that the signing of this form does not bind us to effecting products under One Guarantee but understand should the quotation be accepted by insurers that this form and the statements made therein and any other supplementary information we have been asked to provide shall form the basis of the contract between me/us and the Insurer

Name:

Please state the capacity
in which you are acting/signing

Signature:

Date:

Please Return this Form to One Guarantee at quote@oneguarantee.co.uk