



RESTRICTIVE COVENANT INSURANCE PROPOSAL FORM

All questions should be completed to the best of your knowledge. Under the Insurance Act 2015 it is your responsibility to disclose all material information in order to make a 'fair presentation of the risk' to insurers.

This must involve a 'reasonable search' including consultation with senior management or any colleagues that may have knowledge of your business so that all matters can be identified which may affect the decisions of the insurers.

Failure to answer any questions in the proposal form accurately or to make a 'fair presentation' could affect your policy cover and may lead to claims not being paid, not paid in full, additional terms applied or even the policy being avoided from inception or may result in us being unable to provide a quotation.

All forms should be signed by the appropriate person applying for this Insurance. If you have any queries in the completing of this form, please contact us.

If required, there is a supplementary page at the end of this form for any additional information you need to provide us.

Person requesting cover:

Property Address:

Property Postcode:

Current use:

Will the land/buildings be on a continued use basis? Yes No

If Yes, Please provide the Property Market/Sale value - £ - £

Please move to Business Disclosures.

If No and development is intended, please provide/confirm.

Provide Office title(s) and filed plan(s) and/or Conveyance/Transfer detailing the covenant(s) you are concerned to insure against - Please specify in reply where the covenant(s) are shown.

What the development/change will be:

Provide a Site Plan for Development

Has Planning Permission been granted? *Yes* *No* If Yes, please provide a copy of the decision consent.

Type of cover required *Pre-planning* *Post Planning*

Confirm the Gross Development Value (GDV) of the whole site £

Has there been any objections at any stage? *Yes* *No* If Yes, please provide details in 'additional information'.

Have you entered into any conversation with a third party concerning the risk you require cover against?

Yes *No* If Yes, please provide details in 'additional information'.

Risk details - Please explain the reason(s) why cover is required:

Business Disclosures

Please review the under-noted questions and advise us immediately if you cannot answer YES to any of them.

1. I have never had an insurance policy declined, cancelled or avoided any policy for non-disclosure or misrepresentation of any material fact. *Yes* *No*
2. Our current or previous insurers have never refused to pay a claim or restricted cover as a result of a breach of any policy condition, or risk improvement requirement. *Yes* *No*
3. I or any partner, director or any other person responsible for managing the business, either personally or in a business capacity have never
 - been convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences? *Yes* *No*
 - received an official caution for a criminal offence within the last 3 years other than a road traffic offence? *Yes* *No*
 - been a partner, director, or owner of a business declared bankrupt or entered into an individual voluntary administration, gone into liquidation, receivership, administration or entered into an arrangement with creditors or was dissolved? *Yes* *No*
 - been prosecuted for a breach of any statute or served a Prohibition Notice relating to health and safety, environmental protection or others? *Yes* *No*

- been the subject of a recovery action by HM Revenue and Customs? Yes No
- been a director of or recipient of a business that has received a County Court or High Court judgement against it? Yes No
- been disqualified from being a Company Director? Yes No

Failure to disclose information could result in your policy being avoided and claims declined.

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 Indemnity but understand should the quotation be accepted by insurers that this proposal 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 Underwriter.

Contact details:

Your Name:

Email:

Telephone Number:

Date:

Signature:

Please return the form to One Indemnity at james.skilleter@oneindemnity.co.uk

Additional Information

Please use this box to provide any extra information to support your application.