

JUDICIAL REVIEW 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:

What is the current use of the Property?

What is the proposed use of the Property?

Confirm there are no listed buildings, or buildings of a historical interest or significance on the property *Yes* No

Confirm there has been no adverse publicity and you are unaware of any other adverse reaction to the proposed use and development of the land (in addition to any planning objections) Yes No

Policy Limit required £

Confirm Policy Limit represents the full developed value of the property Yes No

Please supply copies of:

- 1. The application for planning permission / reserved matters approval and development plans and any amendments made to those applications (What additional notification steps were taken in relation to any amendments to the application? We are aware that Local Planning Authorities sometimes handle amendments to applications in terms of non statutory procedures that do not comply with the notification requirements in the TCPA 1990).
- 2. Report to the LPA's Planning Committee as well as the minutes of the Planning Committee.
- 3. The objection letters lodged with the Local Planning Authority, if any. If none, please confirm none. Please note that a specific check should be made direct with the local authority on this point before providing us with this confirmation
- 4. Local press reports regarding the proposals.
- 5. Minutes of the Planning Committee meeting or any public consultation.
- 6. Any s106 agreement or any drafts.
- 7. Planning Permission and if granted on appeal, any associated reports/decisions.

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Other Information required:

- A. Please select to confirm whether or not the Local Planning Authority had any proprietary interest in the site.
- B. Is the site situated in a conservation area? Yes No
- C. Please supply details of the previous planning history for the site for the last 5 years.

- D. Please select to confirm that the proposer and their advisers are not aware of any matters / objections which would give rise to an application for judicial review.
- E. Has an Environmental Impact Assessment report been prepared? *Yes No* If so, please supply. If not, I will need a screening opinion from the Council. Please note that from our experience most Judicial Review cases stem from concerns about the impact on the environment.
- F. Please select to confirm that the Site that is the subject of the application / grant of planning permission is in the ownership (i.e. registered title title absolute) of the applicant for insurance. Yes No

If this is not the case please set out the position below.

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 nondisclosure 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

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Additional Information

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