

Insurance Backed Guarantee - Enquiry Form

Thank you for requesting this proposal form. Please carefully complete this form and return it to us at the address at the foot of this document. Should you require any assistance then please contact us and we will be happy to help you and discuss any queries you may have.

1 - Contractor Details (details of the company that carried out the works/ or is to carry out the work)

Company name.....

Address.....

Contact name..... Telephone..... Email.....

Registered number..... Date of incorporation.....

Trade body membership..... Membership no. & expiry date.....

Have there been any changes to the management of the contractor in the last 2 years or are any envisaged? Yes / no

if yes please give details

Do the installers have a minimum of 5 years experience in installing these or similar products? Yes / no

If no please give details.....

PLEASE SEND A COPY OF THE GUARANTEE, PROVIDED BY THE CONTRACTOR, BACK WITH THIS PROPOSAL FORM. IF YOU DO NOT HAVE ONE, WE CAN PRODUCE A STANDARD GUARANTEE FOR YOU.

PLEASE TICK THIS BOX IF YOU WISH US TO PRODUCE A STANDARD GUARANTEE FOR YOU: ()

Please tick if cover is required for defective - Workmanship () Materials () * Design ()

* If materials cover is required please enclose a copy of the manufacturers product guarantee

2 - Insured Details (details of who own(s) the Premises where the works are being carried out)

Company / individual name.....

Address.....

3 - Premises Details (details of the Premises where the Contract is taking place)

Address.....

Type of premises.....

4 - Contract Details

Total contract value (including access) £..... Access cost £.....

Start date..... Completion date.....

Who designed the works (name/address).....

Type of contract (please tick):

- Roofing (flat)
- Roofing (pitched)
- Cladding / rendering
- Concrete repairs
- Underpinning
- Other (please describe below)

Please describe if other.....

System..... BBA certificate no. or equivalent.....

Full description of works.....

If roofing please confirm the number of separate roofs involved in this contract.....

5 - Period of Insurance

Period of cover required under this policy (please tick):

- 6 years
- 10 years
- 15 years
- 20 years

6 - General Questions

During the last three years have you carried out repair work due to defective workmanship or materials that you have installed previously? Yes / No

If Yes please give details.....

Have you or has any director/partner/principal of the proposer ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind? Yes / No

If Yes please give details.....

Have you or has any director/partner/principal of the proposer ever been convicted or is there any prosecution outstanding under the Health and Safety at Work Act 1974 or Consumer Protection Act 1987? Yes / No

If Yes please give details.....

7 - Declaration

I have read over all of the statements and particulars given in this proposal form (including any answer written for me by any other person) and I declare that to the best of my knowledge and belief they are correct and that no material fact has been omitted, misrepresented or mis-stated. I am not aware of any other circumstance likely to affect the risk. In consideration of the insurer's acceptance we agree to be bound by the terms and conditions of the Policy that includes the Contractor being contractually obliged to the Insurer to make good all defects reported if they are trading. I have provided a copy of this proposal form to the Insured company / individual and have noted that, where a technical inspection may be required, full access will be provided for the technical inspector.

Signed _____ **Date** _____

Position _____

Please return the completed Proposal Form to:

Address: Prudent House, 50 Yardley Road, Acocks Green, Birmingham, B27 6LG
 Telephone: 0121 764 5500
 Fax: 0121 706 7685
 Email: info@adlerinsurance.co.uk

Thank you for requesting a quotation with Adler Insurance Brokers. We can also arrange Liability and Contractor Works insurance cover.

To receive a quote, please provide your renewal date: _____

Name of your current insurer: _____