

# Quote Request Form

## LATENT DEFECT INSURANCE

In order to obtain a quotation please complete all sections, providing additional information where necessary. Failure to complete all relevant sections of this form may result in delays, the form being returned or us being unable to provide you with a quotation.

### Contact Details

Please select from the following policy type required:

ICW Residential ☐ ICW Commercial ☐ ICW Housing Association ☐ ICW Mixed Use ☐

Are you an existing client of ICW? : Yes ☐ No ☐

If Yes - please state previous risk no. if known:

Please provide details for the **main point of contact** applying for the structural warranty:

Company name (legal entity): <input type="text"/>	Name: <input type="text"/>
Company no. (if applicable): <input type="text"/>	Email: <input type="text"/>
Address: <div><div>Street</div><div>Town</div><div>County</div><div>Post Code</div></div> <input type="text"/>	Tel: <input type="text"/>

What is your involvement with this project? **(please select from the options below)**

Builder ☐ Homeowner ☐ Broker ☐ Housing Association ☐  
Developer ☐ Architect ☐ Other:

Please indicate if you would like to request a quote for a Surety Bond or Insurance Backed Guarantee on this project Yes No

Developer Details: **(If different to main contact)**

Address:

Street

Town

County

Post Code

Name:

Email:

Tel:

For Accounting Purposes, please advise who is responsible for receiving invoices, making payments, etc:  
**(if different to the main contact)**

Address:

Street

Town

County

Post Code

Company Name

Email:

Tel:

## Builder Details

Address:

Street

Town

County

Post Code

Company Name:

Company Reg No.

Tel:

Email:

Website:

No. of Years Incorporated:

No. of Years Trading:

No. of Years Experience:

Builders Experience

If using a non-incorporated builder, or if the number of years incorporated is less than the number of years trading or years' experience, please provide further details of experience below, up to a maximum of 10 years.

Date Completed	Address	Contract Value	New Build/Conversion/Extension

If a Special Purpose Vehicle (SPV) company is being used, please provide the details of the Parent Holding Company, if the details are different to those provided for the builder above:

Address:

Street

Town

County

Post Code

Company Name

Company Number

Email:

Tel:

## Details Of Project:

Name of Development:

Address:

Street
Town
County
Post Code

Contact Details for site inspection:

(please complete if different to main contact)

Name:

Email:

Tel:

### Deposit Protection:

Does the developer require cover for deposit protection?:

Yes

☐

No

☐

*\* If cover is required, further details will be requested.*

### Defects Period:

The policy includes a two year defect period effective from the property completion date.  
Please confirm who will be accepting liability for this period:

Builder

☐

Developer

☐

### Development type:

New Build

☐

Conversion/Refurbishment

☐

Commercial

☐

### Property Type:

Detached

☐

Semi-Detached

☐

Flats/Apartments

☐

Terraced

☐

Bungalow

☐

Office

☐

Retail

☐

Industrial/Mixed

☐

Student Accommodation

☐

Please provide an overview of the project being completed:

**If this is a Conversion or Refurbishment:**

What year was the existing property built?

How was the structure previously used?

Office

☐

Retail

☐

Commercial

☐

Industrial

☐

Church

☐

Other  
(please provide details):

Is the property a listed building and/or a protected structure?

Yes

☐

No

☐

## Additional Information:

Does the property or development include any basements or floors below ground level?

Yes

☐

No

☐

Does any part of the property or development include a flat roof?

Yes

☐

No

☐

Is there more than one flat roof on the Development Property?

Yes

☐

No

☐

**If yes**, what is the size of each roof?

Size m<sup>2</sup>

Size m<sup>2</sup>

Size m<sup>2</sup>

Size m<sup>2</sup>

Size m<sup>2</sup>

Size m<sup>2</sup>

*N.B. If a flat roof has an individual area which is in excess of 10m<sup>2</sup> then that roof will not be covered by our Building Warranty.*

Do you require a quotation to cover any flat roof areas which are greater than 10m<sup>2</sup>?

Yes

☐

No

☐

Is the property/development/site located in a conservation area?

Yes

☐

No

☐

## Construction Methods:

### Foundation Type:

Engineered Solution

☐

Piled

☐

Strip/Trench Fill

☐

Raft

☐

Pre-existing foundation

☐

If existing  
(please specify):

Other  
(please specify):

### Type of frame:

Traditional  
Cavity Wall

☐

Timber

☐

Concrete

☐

Green Oak

☐

Steel

☐

Modern Methods of Construction

☐

Other  
(please specify):

Has any of the construction been undertaken off-site?

Yes

☐

No

☐

If yes, please provide details:

### Type of Cladding:

Is specialist cladding used?

Yes

☐

No

☐

If yes, please provide full specification and details of cladding used:

### Stage of Construction:

Not Started

☐

Foundations  
Complete

☐

Oversite Complete

☐

Ground to  
Upper Floor

☐

Roof Structure

☐

Pre-Plaster

☐

Completed

☐

Start Date:

End Date:

If construction has begun or is at completion stage, please confirm why a quotation was not sought from ICW previously:

In relation to property and/or development being proposed, is there any known circumstance or defect that may, or is likely to, give rise to a claim or have been the subject of a previous claim or remediation works?

Yes

☐

No

☐

*If yes*, please provide details:

#### Development Phases:

For phased developments, please complete the below:

	Start Date	Expected Completion Date	Units included in this phase
Phase 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phase 3	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If more phases are anticipated please provide additional details to us separately.*

Date Building Regulation submission made:

Architect Name:

Tel:

Company Name:

Email:

Engineer Name:

Tel:

Company Name:

Email:

## Property Breakdown and Reinstatement Costs

Number of Separate Buildings to Insure:

Total number of Units to Insure:

Total Number of Storeys:

Number of Storeys below Ground level:

Please provide a full breakdown of each property and units in the table below, including the size in square metres. You should also ensure you note the property type e.g. detached or apartment and include any garages, you wish to insure. For multi-unit properties, please also include any internal common areas such as stairways and hallways, which can be noted as one common area per building, with the total size in square meters.

Property Type	No of Units	Floor Area/m <sup>2</sup>

\* Where available an accommodation schedule can be provided in lieu of the above.

Total size in m<sup>2</sup>:

Total cost of works to be carried out:

Existing Structure Value:  
(Applicable to conversions/refurbishments)

£

Total cost to rebuild the structure/Sum Insured:

£

## Insurance history and claims experience

Have you or any director or partner or an individual or company included within this form:

Sustained any losses or had any claims in the last three years that would be covered by this insurance? Y/N

Ever been convicted or have a prosecution pending for any offence involving dishonesty of any kind? Y/N

Ever been refused property insurance or had any special terms imposed by an insurer? Y/N

Ever been prosecuted or received notification of intended prosecution under the Health and Safety work Act 1974 or Consumer Protection Act 1987? Y/N

Ever been involved with a property builder or construction company that has gone into liquidation/ administration or been declared bankrupt in the past? If yes, please provide further details below. Based on the details provided, we may request additional information.

## Our Requirements

We will require a copy of the following in conjunction with your application form:

Site Plan ☐ Existing and proposed elevations ☐ Floor Plans ☐ Specification/ scope of works ☐ Structural Report (if applicable) ☐

On completion the following will be required:

- **Consultants Certificates**
- Local Authority / Private Building Control Certificate
- Energy Performance Certificates
- Electrical Certificates
- Gas Safety Certificates
- Approved/As Built Drawings
- Engineers drawings and calculations
- Underpinning - Signed Report from Engineer or an IBG will be required. A copy of the Engineer's Professional Indemnity Certificate is also required

- Insurance Backed Guarantees (IBG), if applicable:
  - Timber and Damp Treatments
  - Basement waterproofing or tanking
  - Below groundwater proofing or tanking
  - Walls Below Ground Level
- **Additional documents may be required dependent upon the project type**

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## Data Protection Regulations:

We may use the personal and business details you give us, or which are supplied by third parties, to provide you with a quotation, to administer your policy, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the risk and assist in making a decision regarding our acceptance of the risk, to support the development of our business including your details in customer surveys, and for market research and compliance business reviews.

We may also share these details with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud.

Some of the details you have been asked to provide us, such as information regarding previous offences, are defined as personal data. By ticking the below box, you signify your consent to it being processed by us in arranging and administering your insurances.

I agree to regulations stated above

☐

We will store your details on-line with the appropriate level of security, for no longer than is necessary. Under the terms of General Data Protection Regulations (GDPR), you are entitled to a copy of all the personal data or sensitive personal data we hold about you. If at any time you wish us, or any company associated with us, to cease processing any of the personal data or sensitive personal data we hold, or to cease contacting you about products and services please contact us immediately at our registered offices:

ICW Europe GmbH - Irish Branch  
Fitzwilliam Hall,  
Fitzwilliam Place,  
Dublin D02 T292

For more information on Data Protection, you may also write to the Office of the Information Commissioner at:

21 Fitzwilliam Square South, Dublin D02 RD28  
T: 00353 (0) 1 765 0100  
W: [www.dataprotection.ie](http://www.dataprotection.ie)

## Declaration:

I/We undersigned certify that all details in this form are complete and to the best of my/our knowledge no material information has been voluntarily withheld or omitted. I/We understand that the signing of this proposal form does not bind us to affecting any policy of insurance but agree that if any quotation is accepted this proposal form and the statement made within shall form the basis between myself/us and the insurer.

If it is found that you have deliberately or carelessly misinformed ICW, this could mean that a quotation may be withdrawn, cover revoked where a final certificate has not yet been issued, terms being applied to the policy or part of or all of a claim may not be paid. I/We understand that Insurers, Credit Reference Agencies and other Information Agencies share information with each others. I/We consent to this with regard to credit agreements, policies and claims, primarily to help assess risks, handle and prevent claims.

Signature:

Position:

Print:

Date: