

PropertyWorks Proposal Form (ROI)

IMPORTANT INFORMATION

Plum Underwriting is an underwriting agency, given authority from Insurers to act on their behalf in providing insurance under this scheme. As such, we do not deal directly with policyholders/homeowners or anyone acting on their behalf other than via a broker or insurance intermediary. If you are interested in applying for insurance with us, you should please contact your broker or insurance intermediary and ask them to contact us on your behalf. If you do not wish to appoint your own broker or insurance intermediary then we can arrange for your enquiry to be dealt with by an associate intermediary company experienced in handling this type of insurance. If you wish to do this, please let us know.

Please complete all questions where applicable and sign the declaration.

Broker or Insurance Intermediary

Please use the information provided by the client to submit an online application to us at www.plum-underwriting.ie

SECTION 1: Proposer Information

a) Company Name

If company, please provide name of Firm, Company or Family Trust, confirm the reason why it is in a Company Name and who the Individuals are behind the Company.

Name	
Reason	
Directors/Individuals Name(s) and D.O.B.	

b) Private Individual

If private individual, please provide details of all proposers.

Proposer 1		Proposer 2	
Title		Title	
Forename(s)		Forename(s)	
Surname		Surname	
Date of Birth		Date of Birth	
Occupation		Occupation	
Business Type		Business Type	

Proposer 3		Proposer 4	
Title		Title	
Forename(s)		Forename(s)	
Surname		Surname	
Date of Birth		Date of Birth	
Occupation		Occupation	
Business Type		Business Type	

1.1	Have you, or any other persons living with you, ever been convicted of or charged with any offence other than motoring offences or spent convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details.
1.2	Have you, or any other persons living with you, ever been made bankrupt or entered into a bad debt arrangement with creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details.
1.3	Have you, or any other persons living with you, ever had insurance cancelled, refused, declined or voided or had any special terms applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details.

1.4	Have you, or any other persons living with you, sustained any loss or damage during the last 5 years, which would have been covered under this insurance or similar, whether claimed or not?			
If yes, please provide the following details for each loss or claim:				
Date of Loss	Description of loss	Location	Status (Ongoing/Settled)	Amount (€)

1.5	Do you hold a Irish bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 2: Existing Structure Details			
2.1	Existing Structure Address		Correspondence Address
	Property undergoing works:		(If different from the address to be insured)
	Eircode:		Eircode:
2.2	Property Ownership:	e.g. Private Individual, Company, Family Trust, etc:	
2.3	What is your intention for the property upon completion of the works?	<input type="checkbox"/> To be occupied by you or your family as a permanent place of residence <input type="checkbox"/> To be used by you as a second home/holiday home <input type="checkbox"/> To be let <input type="checkbox"/> To be sold <input type="checkbox"/> To be a commercial holiday home <input type="checkbox"/> Commercial use <input type="checkbox"/> Other	
2.3a	If 'Commercial Use' or 'Other':	Please provide details:	
2.3b	If the property is to be let or sold after completion of works:	Please confirm if you have renovated properties to be let or sold on before:	

2.4	Building Sum Insured:	€	2.5	Type of property: (i.e. detached house, terraced house, maisonette, flat etc.)	
2.6	Year of Build: (Approximate of when property was built)		2.7	Is the property listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade?
2.8	Wall Construction (i.e. brick, stone etc.)		2.9	Roof Construction: (i.e. tiled, slate, felt on timber flat roof etc.)	
2.10	Is the property in a good state of repair and regularly maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:		
2.11	Is the property built in an area historically free from flooding and coastal or river erosions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:		
2.12	Is the property over 200 metres of any river, stream, tidal waters or flood plains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give details of distance and elevation from the watercourse:		
2.13	Has the property ever suffered from flooding whether insured or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:		
2.14	Is the property free from signs of internal or external stepped or diagonal cracking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:		
2.15	Has the property ever suffered from subsidence, heave or landslip?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:		
2.16	Has the property ever been monitored for subsidence, heave or landslip?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:		
2.17	Are you aware of any survey carried out on the property which mentions subsidence, settlement or movement of the buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:		

2.18	Are you aware of any neighbouring buildings that have been the subject of an occurrence of subsidence heave or landslip?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
2.19	Is the property used for any business, trade or profession involving visitors to the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
2.20	Is the property adjoining a thatched property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:

SECTION 3: Contractor Details

3.1	Contractor Name:		Contractor Address:	
			Eircode:	
3.2	Is the contractor a limited company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Registration Number: (If limited company, please provide)	
<p>If not a limited company, please confirm the following:</p> <p>How long have they been in business for?</p> <p>Have they done similar projects before?</p> <p>Have they carried out similar size contracts before?</p>				
3.3	Other than a contract for services, is there any other relationship between the Employer (homeowner) and the Contractor? (i.e. is it a member of the family, is client involved financially with the contractors in any way.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:	
3.4	Is there more than one contractor involved with contract works?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please confirm the names, address and trade of the individual contractors and date they will be on site:	

SECTION 4: The Contract Works Details

4.1	Period of contract: (Please note this is a pro rata policy so we only insure for the contract period this is not an annual policy)		From :	To:
4.2	Total Contract Value: (including irrecoverable VAT, but excluding any reused materials or materials or items purchased directly by you)		€	
4.3	What, if any, contract terms are being used?	<input type="checkbox"/> RIAI Blue Edition <input type="checkbox"/> RIAI Pink Edition <input type="checkbox"/> RIAI Yellow Edition <input type="checkbox"/> RIAI Building Contract <input type="checkbox"/> RIAI Domestic Work Edition <input type="checkbox"/> Verbal Agreement Only <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
	<i>If other, please give details</i>			
4.4	If known, what insurance clauses apply within the contract?			
4.5	Do contract conditions require insurance to be in joint names with the contractor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.6	Please provide full details of the contract works being carried out at the premises: (if you have a Schedule of Works please also send this to us but provide a summary of the works taking place)			
4.7	Will any work entail the creation of a new basement or extension or lowering of an existing basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide details:</i>	
4.8	Will any materials be re-used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide value (incl. irrecoverable VAT), description of reused materials and how stored e.g. tiles stored within locked outbuilding</i> €	

4.9	Will you purchase any new materials or items directly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide value (incl. irrecoverable VAT), description and how stored e.g. new kitchen to be stored within the main building</i> €
4.10	Do the contract works involve any element of new build property construction or extension to the existing structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide details: (i.e. new 2 storey extension)</i>
4.11	Is there any structural work involved in the contract works?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide details:</i>
4.12	Will you be using a qualified structural engineer to design and supervise any structural work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, who is checking that the structural work has been carried out satisfactorily?</i>
4.13	Will there be use of heat (other than for general plumbing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide details and confirm if a hot works permit is in place:</i>
4.14	Will there be any excavation works below 5 metres depth?	<i>If yes, please provide details:</i> What will be the maximum depth of the excavation(s)?	
4.15	Will there be any piling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide details:</i>
		Type:	
		Depth:	
		Minimum distance from nearest property:	

4.16	Will any aspect of the contract works take place in or adjacent to water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
4.17	Will there be any underpinning works?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please confirm:
		Method to be used:	I.e. Hit and Miss or Sequential
		Overall length involved:	
		Maximum depth:	
		Maximum width of the underpin bay	i.e. up to 1.2m wide
4.18	Will there be any new construction of structural timber frames?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details and confirm if the timbers have been fire treated:
4.19	If you are working on a Party Wall, please confirm that the Party Wall Agreements are in place and agreed by all parties.		
4.20	Have the works already begun?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide details below)	
	The date the works started?		
	How much has been spent so far?		
	Has the amount spent so far been added to the existing structure buildings sum insured and deducted from the contract value?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	A full description of works done to date		

Why is insurance required now if works have already started?	
Have you suffered any incidents or losses since the works commenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: Contents, Occupancy and Security Details

5.1	Do you require cover for the contents of your property? (please note there are cover limits – see the policy wording for full details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	General Contents Sum Insured:	€
5.2	Describe the location of the property/site: (i.e. residential area, village, urban, rural etc.)	
5.3	Where is the nearest occupied house in relation to the property/site and how far away is it approximately?	
5.4	Will the property be occupied by you throughout the period of the works?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If no, please confirm the following:</i>	
	Who will be securing the site on a daily basis?	
	Who will be inspecting the site?	
	How often will they be doing this? (Please note inspections must be at least weekly)	<i>i.e. we, the insured, will visit the property daily</i>
5.5	What security is in place at the home during works?	<i>i.e. alarm, type of door/window locks, alarmed scaffolding etc</i>

SECTION 6: Non-Negligent Damage Liability Cover

Do you require Non-Negligence Insurance?

We can include this as an additional cover, which is more commonly required for properties with adjoining neighbours where Party Wall Agreements are in place for the works.

☐ Yes ☐ No

If yes, please complete the following additional questions.
If no, please go to Section 7

6.1 Limit of Indemnity Required:

€

6.2 Defects Liability:

Months:

6.3 Existing Buildings

a) If the work involves alterations, repairs or extensions to existing buildings please answer questions i) – iv)

i) Please provide details of the building including construction, floor area, height, approximate age and condition:

ii) Is any part of the building to remain occupied whilst the work is carried out?

☐ Yes ☐ No

If yes, please provide details below.

If no, please advise the date the building was last occupied and the nature of the occupation at that time.

iii) Please provide details of any work on columns, beams, slabs or loadbearing walls requiring temporary propping or support:

iv) Does the work involve any extensions which "tie-in" with existing buildings?

☐ Yes ☐ No

If yes, please give details and method to be used:

b)	If the work involves demolition please answer questions i) – iv)		
i)	Please provide details of property to be demolished, including number of storeys and method of demolition. (If demolition of internal walls only, state whether they are loadbearing).		
ii)	If demolition is not internal only, what is the distance from the nearest other property?		
iii)	Is any demolition below ground level?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please state:	Maximum depth	
		Maximum distance from nearest property	
iv)	Will shoring or propping be necessary?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please give details:		
6.4 Surrounding Property			
Please give a description of all surrounding property not forming part of the Constructional Works.			
a)	Please state the address of each property and its approximate distance from the site, give a description, including age and occupation and attach a copy of location plan, if available.		
	i)		
	ii)		
	iii)		
	iv)		
b)	Have any Schedules of Condition been drawn up for surrounding property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details or attach a copy:			

6.5 Foundations

a) Give a general descriptions of ground conditions:

b) Please indicate if any of the following will be undertaken:

i)	Excavation		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide following details)</i>	
	Depth:			
	Minimum distance from nearest property:			
	Means of supporting excavation:			
ii)	Ground stabilisation		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details and method:</i>	
	Minimum distance from nearest property:			
iii)	Dewatering		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details and method:</i>	

6.6 Non-Negligence Insurance Contractors General Questions

PLEASE NOTE: Section 6.6 must be completed by the contractor carrying out the works.

6.6.1 How long has your Company been in business?

6.6.2 Other business and/or associated businesses

a) Have you or any of your directors, partners or officers been involved in any other business in the last 5 years?

☐ Yes ☐ No

If yes, please give details of each business (continue on a separate sheet if necessary)

Name and Address of Business	Trade	From:	To:

b)	Have any of the above business activities been declared bankrupt or insolvent or gone into liquidation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give full details and dates below: (continue on a separate sheet if necessary)</i>		
6.6.3 In respect of any covers to which this proposal relates and any business in which you or any of your directors, partners or officers are or have been engaged:		
a)	Has any Insurer ever declined a proposal, refused renewal, terminated an insurance policy or imposed special terms in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details (continue on a separate sheet if necessary)</i>		
b)	Have any accidents, losses or claims arisen, whether insured or not, in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes", please give details (continue on a separate sheet if necessary)</i>		
	Date of Occurrence	Brief Details of Each Incident (whether a claim was made or not)
		Cost / Estimate
6.6.4	Have you or any of your directors, partners or officers ever been convicted or charged (but not yet tried) with:	
a)	Arson, fraud or any other act of dishonesty of any kind including theft, handling stolen goods, criminal or wilful damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details and dates</i>		
b)	Any other criminal offence, other than a motoring offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details and dates</i>		
6.6.5	Have you been prosecuted during the last 5 years under any safety or environmental legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details, including date and outcome</i>		

SECTION 7: Additional Information

Is there any other information you feel we should know about this request for insurance? Please use this space to let us know and provide further information in support of answers given to the questions in this proposal form. Please state question number clearly.

7.1 Risk Survey Contact Details

If the total sum insured **exceeds 1 million** (Contract Works and Existing Structure) we may require a risk survey to be conducted by us upon inception of the policy. Please confirm the direct contact details for the site (i.e. principal contractor's site manager or project manager), so we can arrange the site visit at a convenient date and time.

Name:

Company Name:

Telephone:

Email:

7.2 Do you have a Schedule of Works, Drawings, GANTT Chart, Method Statement or any other documentation that you can send to us to help us to underwrite your risk?

Please give details here:

7.3 What is the name of your existing insurer?

7.4 When is cover required to start from?

SECTION 8: Declaration

IMPORTANT

Please read the following carefully before you sign and date the Declaration.

- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.
- Failure to disclose all material facts whether or not the subject of a specific question may invalidate your insurance.
- We recommend that you should keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this insurance.

Please tick the box if you would like a copy of this Proposal sent to you.

☐ Yes ☐ No

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand

- I/We declare that to the best of my/our knowledge and belief the answers given are true and complete.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of HSB Engineering Insurance Limited
- I/We declare that this Proposal Form is for the insurance in the normal terms and conditions of the Insurer's policy.
- I/We agree that the information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.

Signature of Proposers(s)

Date of Signing

Title of Signatory

Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.

Please return this proposal form to you Broker, Insurance Intermediary or Insurance Representative.