

J.C.T. CONTRACT CLAUSE 6.5.1 (or equivalent)



DETAILS OF RISK

A FULL POLICY WORDING IS AVAILABLE ON REQUEST

Please complete this form and send it together with any relevant plans and method statements.

Section 1 should be completed in every case; other Sections as applicable.

For many contracts, it will be possible to provide a quotation on receipt of the completed form. However if a survey is necessary, we shall advise you immediately.

SECTION ONE - YOUR REQUIREMENTS

1) Name and address of Main Contractor (if appointed)

2) Name and address of Employer

3) Address of contract site

4) Total Contract Value

4a) Rebuild cost of existing structure(s)

4b) Breakdown of Contract Value

i) Demolition

ii) Groundworks including excavation, piling, ground stabilisation and underpinning

iii) Superstructure

iv) other

5) Limit of Indemnity required

Any one occurrence/in the aggregate for contract period (delete as appropriate)

6) Period of Contract

i) Construction commencing

Months

ii) Defects liability

Months

7) Edition of Contract if not JCT 1980 Edition incorporating 1986 amendments.

8) Name, position and telephone no. of person whom surveyor should contact, if necessary.

9) General description of work to be carried out

10) Description of all surrounding property not forming part of the Contract Works - continue on a separate sheet, if necessary.
Please attach copy of location plan, if available.

i) Address(es) and Description(s)

a)

b)

c)

d)

ii) Approximate distance from site

a)

b)

iii) Approximate age

a)

b)

iv) Nature of occupation

a)

b)

c)

d)

11) Have any Schedules of Condition been drawn up for surrounding property?

If 'Yes' give details or attach copy

SECTION TWO - DEMOLITION

1) What is being demolished? (State if internal demolition only and if so, whether load-bearing)

Details	No. of storeys

2) Method of demolition - Please attach copy of demolition method statement, if available.

3) Distance from nearest property (where demolition not internal only)

4) Is any demolition below ground level?

If 'Yes' state a) maximum depth and

a)

b) minimum distance from nearest property

b)

5) Will shoring/propping be necessary?

If 'Yes' give details or attach copy

SECTION THREE - CONSTRUCTION AND EXTENSIONS

1) Foundations

General description of ground conditions

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

a) Excavation

If 'Yes' state:

i) Depth

ii) Minimum distance from nearest property

iii) Means of supporting excavation

b) Piling

If 'Yes' state:

i) Type

ii) Number and maximum depth

iii) Minimum distance from nearest property

c) Underpinning

If 'Yes' state:

- i) Overall length involved
- ii) Maximum depth
- iii) Maximum length any bay

d) Ground stabilisation

If 'Yes' state:

- i) Method
- ii) Minimum distance from nearest property

e) Dewatering

If 'Yes' give details:

3) New building(s)

- a) Number of storeys including ground floor
- b) Will a basement be included?
- c) Nature of construction

4) Extensions

Please give details of method of 'tie-in' with existing building if applicable

SECTION FOUR - ALTERATION AND REPAIR

1) Description of property to be altered/repared

a) Approximate age

b) General condition

c) Current occupation

d) Is it subject to a preservation order?

e) Nature of alteration/repair

2) Please give details of

a) Any underpinning that is necessary

i) Overall length involved

ii) Maximum depth

iii) Maximum length any bay

b) Any work on columns, beams, slabs, or loadbearing walls requiring temporary propping or support.

ADDITIONAL INFORMATION

Use this space to provide further information in support of answers given to questions in this Proposal. Please state question number clearly.

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.

DECLARATION

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.
- I/We declare that this Proposal Form is for 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 Proposer(s):

Title of signatory:

Date:

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

PLEASE RETURN THIS FORM TO YOUR INSURANCE REPRESENTATIVE

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