

KL UNDERWRITING AGENCY PROPERTY OWNERS PROPOSAL

Underwriters: SOVAG (UK) LTD.7th Floor, 37/39/,Lime St, London EC3M 7AY

HEAD OFFICE: Schwanenwik 37, Hamburg, Germany

Please use BLOCK CAPITALS and tick boxes where applicable. Where requested, enter further details in the space provided. If there is insufficient space please continue on a separate sheet of paper.

YOUR DETAILS

Full name of Proposer:

Postal address of Proposer:

Business description:

E-mail address/web-site:

Period of Insurance:

SECTION A- Buildings and landlord's contents

Details of premises to be insured.

No	Address including post code (unit number)	Tenants name	Tenants occupation
1			
2			
3			
4			
5			

Please continue on a separate sheet in necessary

MATERIAL FACTS

ALL MATERIAL FACTS MUST BE DISCLOSED. FAILURE TO DO SO COULD INVALIDATE THE POLICY. A MATERIAL FACT IS ONE WHICH IS LIKELY TO INFLUENCE AN INSURER IN THE ACCEPTANCE AND ASSESSMENT OF THIS APPLICATION. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT IS MATERIAL THEN IT SHOULD BE DISCLOSED TO THE INSURER. IF ANY CHANGES IN CIRCUMSTANCES ARISES DURING THE PERIOD OF THE INSURANCE PLEASE PROVIDE THE INSURER WITH FULL DETAILS

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters and forms) of all information provided to the insurer for your future reference.

RISK INFORMATION:

1 Are the buildings of each of the premises to be insured:

(a) built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos cement sheeting YES/NO

(b) in a good state of repair and are safe YES/NO

NB It will be a condition of this insurance that the Insured will keep the buildings in a good state of repair and take all reasonable precautions to ensure the safety of the property insured throughout the currency of the policy.

(c) in a remote and/or inaccessible location (s)? YES/NO

(d) ever left unoccupied for a period exceeding 30 consecutive days
YES/NO

(e) undergoing renovation or refurbishment YES/NO

(f) subject to any preservation order or listing YES/NO

(g) subject to all lifts, escalators and steam boilers being regularly inspected by qualified engineers?
YES/NO

(h) in an area specially exposed to the risk of damage by storm or flood?

YES/NO

(i) suffering from or are showing any visible signs of damage by subsidence, ground heave or landslip or is there any evidence of such damage in the area or to neighbouring buildings or property? YES/NO

(j) sited or in the vicinity of or over made-up ground or infill site or underground workings or water courses of any kind YES/NO

(k) subject to any underpinning YES/NO

2 Are the premises of any part thereof let out or occupied by:

(a) as a hostel or as a home for DSS or council referred persons, students or asylum seekers? YES/NO

(b) to tenants or sub-tenants for 6 months or less YES/NO

if “no” to 1 (a) or (b) provide full details below

if “yes” to 1 (c)(d)(e)(f)(h)(i)(j) and 2 (a) or (b) provide full details below

Reference question	Information

GENERAL QUESTIONS

1 please answer the following questions in relation to this business in which you or any partner, director or other principals are involved in or have traded (in this or any other name).

- (a) Has any insurer declined to insure you or them, cancelled or refused to renew your or their Insurance or imposed special terms? YES/NO
- (b) Have there been any incidents in the last five years that have or could have given rise to any claim? YES/NO

If "yes" to 1 (a) or 1 (b) provide full details below

2 Have you or any partner, director or any other principal ever:

- (a) been declared bankrupt or insolvent in connection with any business? YES/NO
- (b) been the subject of any County Court Judgements of Sheriff Court Decrees YES/NO
- (c) been convicted of or charged (but not yet tried) with any criminal offence YES/NO
- (d) committed an offence to which you or they have admitted and for which you or they have received an Official Police Caution? YES/NO
- (e) been prosecuted or received notice of intended prosecution under any Health and Safety at Work or consumer protection safety legislation?

YES/NO

If "yes" provide full details below:

Reference question	Information

3 Have you or any partner, director or other principal been insured with this or any previous business (in this or any other name) against any of the risks proposed? YES/NO

4 Are you, any of your partners, directors or any other principal currently insured in connection with any other business (in this or any other name) against any of the risks proposed? YES/NO

5 Have you or has any partner, director or other principal ever traded in another name? YES/NO

If "yes" please provide full details below of the Insurer(s) and policy number(s) and name(s) of business(es)

Reference question	Information

DECLARATION

I/We understand the contents of this completed application and I/We declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/We undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to the General Insurance Standards Council or the FSA.

Signature

Date

THIS INSURANCE WILL NOT COMMENCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE INSURER/UNDERWRITERS.

UNDERWRITERS: SOVAG (UK) Ltd

UK Office

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37/39, Lime St,
London
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Head Office

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