

Property Owners Insurance Quotation Request Form



HOLGATE
INSURANCE

Insured			
Policyholders Name		T/as Name	
Correspondence Address		ERN (PAYE)	
Risk Address 1		Risk Address 2	
Risk Address 3		Current Insurer	
Expiry/Renewal &/or Target Premium		Renewal/Inception Date	
Deadline Date			

<p>Additional Details including any increased excesses or exclusions</p>
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Financial

Have you, or any director of the business(es) to be insured, either personally or in any business capacity ever: -

Been declared bankrupt or insolvent, or the subject of bankruptcy or insolvency proceedings?	Yes/No	Been served with a County Court Judgement or Scottish Decree?	Yes/No
Been the owner, partner or director in any business company or partnership which went into administration, administrative receivership or liquidation and/or has entered into either a company or individual voluntary arrangement with creditors?	Yes/No	Been convicted or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence?	Yes/No
Been disqualified from being a Company Director?	Yes/No	Had an insurance proposal declined, renewal refused, insurance cover cancelled/declared void or special terms imposed by an insurer?	Yes/No
Had an insurance proposal declined, renewal refused or insurance cover cancelled/declared void due to non-disclosure or misrepresentation of information?	Yes/No	Had insurance cover restricted or cancelled due to non-compliance with risk improvement requirements?	Yes/No
Been threatened?	Yes/No		

If Answers above are 'Yes' please provide additional information below

Premises			
Risk Address	1	2	3
Type of Property			
Number of Flats			
Residential/Commercial/Mixed			
Let to (Residential only)			
Tenancy Agreements are direct between Insured and Tenant	Yes/No	Yes/No	Yes/No
Location			
Year of Build			
Year Purchased			
Wall Construction			
Roof Construction			
% Flat Roof Flat Roof Construction			
No. of Floors Construction of Floors			
Cooking Facilities in Rooms other than Bedrooms	Yes/No	Yes/No	Yes/No
Composite Panels (refer if Yes)	Yes/No	Yes/No	Yes/No
Listed If so what Grade	Yes/No	Yes/No	Yes/No
Good State of Repair	Yes/No	Yes/No	Yes/No
Unoccupied (including partly) If so please answer below If partly what % Date became unoccupied Date expected to be occupied Reason for becoming unoccupied Planning permission being sought Undergoing or will be undergoing structural works How often is the property inspected internally and externally Are any parts of the property boarded up	Yes/No Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No
Fixed Gas or Electric Heating If not then please advise	Yes/No	Yes/No	Yes/No
Open Fires	Yes/No	Yes/No	Yes/No
Portable Heaters	Yes/No	Yes/No	Yes/No
Self-Contained	Yes/No	Yes/No	Yes/No
Sole Occupants of Building (other than private dwelling)	Yes/No	Yes/No	Yes/No
Premises ever Flooded or shown signs of Flooding or in a flood risk area	Yes/No	Yes/No	Yes/No
Within 400m of the Sea or open body of water	Yes/No	Yes/No	Yes/No
IEE Certificate in last 5 years	Yes/No	Yes/No	Yes/No

Mixed/Commercial Tenancy			
Risk Address	1	2	3
Tenant Trade(s)			
Business Description (Processes undertaken)			
DFF or Frying Range at premises	Yes/No	Yes/No	Yes/No
Adequate fire separation	Yes/No	Yes/No	Yes/No
Are flammables or hazardous goods stored at the premises	Yes/No	Yes/No	Yes/No
Machinery in operation when the premises is left unattended	Yes/No	Yes/No	Yes/No
Multi Tenure	Yes/No	Yes/No	Yes/No

Additional Details

Security			
Risk Address	1	2	3
Minimum Security (5LMDL and/or conforms to BS3261)	Yes/No		
Insured or Employee live on site	Yes/No		
Fire Alarm	Yes/No		
Additional Security Features (Shutters, Grilles, Bars, CCTV, Sprinklers etc)	Yes/No – If Yes please list below		

Subsidence (only applicable if cover is provided)			
Risk Address	1	2	3
Suffered from Subsidence, Ground Heave or Landslip	Yes/No	Yes/No	Yes/No
Underpinned	Yes/No	Yes/No	Yes/No
Damage to Underground Drainage System	Yes/No	Yes/No	Yes/No
Built on made up ground or former landfill site	Yes/No	Yes/No	Yes/No
Trees or Shrubs taller than 5 metres and within 10 metres of the building Species – Height – Distance – Who's legally responsible – Is it maintained -	Yes/No – If Yes please answer below	Yes/No – If Yes please answer below	Yes/No – If Yes please answer below
Within 400m of any cliffs, quarries, river banks or underground railways	Yes/No	Yes/No	Yes/No
Has the premises ever been extended	Yes/No – If Yes please answer below	Yes/No – If Yes please answer below	Yes/No – If Yes please answer below
Year premises extended			

Buildings			
Risk Address	1	2	3
Accidental Damage	Yes/No	Yes/No	Yes/No
Subsidence Cover	Yes/No	Yes/No	Yes/No
Buildings Sum Insured (including Fixtures & Fittings)			
Index Linked OR Day One Uplift If so please provide % required	Yes/No Yes/No	Yes/No Yes/No	Yes/No Yes/No

Contents			
Risk Address	1	2	3
Accidental Damage	Yes/No	Yes/No	Yes/No
Subsidence Cover	Yes/No	Yes/No	Yes/No
Landlord Contents			
Communal Contents			

Loss of Rent			
Risk Address	1	2	3
Loss of Rent			
Indemnity Period			

Liability			
Risk Address	1	2	3
Property Owners Liability			
Employers Liability			
Wage roll No. of employees Details of work undertaken			
Work away from Premises	Yes/No – If Yes please explain	Yes/No – If Yes please explain	Yes/No – If Yes please explain

Additional Covers			
Risk Address	1	2	3
Terrorism	Yes/No	Yes/No	Yes/No

Claims in last 5 years

Risk Address	Date of Loss	Peril	Description	Cost	Settled
					Yes/No

Details of Risk Improvements following Claims

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Additional Details

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