



DEVELOPER DETAILS

Name of business	<input type="text"/>		
Address	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Contact name	<input type="text"/>	Email	<input type="text"/>
Telephone number	<input type="text"/>	Mobile	<input type="text"/>
Fax	<input type="text"/>	Website	<input type="text"/>

TYPE OF BUSINESS

(Please tick one box only)

A business which is selling both the land and the housing unit(s) as well as carrying out construction

A business which is selling both the land and the housing unit(s) but is not carrying out construction

COMPANY DETAILS

Legal status of the company:

Limited Company	<input type="checkbox"/>	PLC	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Special Purpose Vehicle Company	<input type="checkbox"/>
Sole Trader	<input type="checkbox"/>		

How long has the company been trading under the current name:

< 1 year	<input type="checkbox"/>	1 - 2 years	<input type="checkbox"/>
2 - 5 years	<input type="checkbox"/>	5 - 10 years	<input type="checkbox"/>
10 years +	<input type="checkbox"/>		

Company Registration Number

COMPANY BACKGROUND

Number of units constructed in the last financial year

Estimated number of units to be notified in the next 12 months

Estimated value of land bank held

Is house building your full time occupation

Yes  No

If No, please provide details of other occupations

If No, please provide a percentage time spent on house building  %

Is the business currently registered with a new home warranty provider

Yes  No

If Yes, what is the name of home warranty provider

Current rating with home warranty provider

Length of time registered with home warranty provider:

< 1 year	<input type="checkbox"/>	1 - 2 years	<input type="checkbox"/>
2 - 5 years	<input type="checkbox"/>	5 - 10 years	<input type="checkbox"/>
10 years +	<input type="checkbox"/>		

If No, has the business ever been refused membership, been removed from a home warranty provider's register or is currently in dispute with a new home warranty provider

Yes  No

Are you connected with a developer who is already registered with LABC New Home Warranty

Yes  No

If Yes, please advise of the companies and relationships to this company

**PREVIOUS DEVELOPMENTS**

please provide details of your previous developments (ideally 3)

**Development 1:**

Address	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Warranty provider	<input type="text"/>		
Reconstruction cost	<input type="text"/>	Number of units	<input type="text"/>
Type of construction:	New build <input type="checkbox"/>	Extension	<input type="checkbox"/>
	Mixed <input type="checkbox"/>	Conversion / refurbishment	<input type="checkbox"/>

**Development 2:**

Address	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Warranty provider	<input type="text"/>		
Reconstruction cost	<input type="text"/>	Number of units	<input type="text"/>
Type of construction:	New build <input type="checkbox"/>	Extension	<input type="checkbox"/>
	Mixed <input type="checkbox"/>	Conversion / refurbishment	<input type="checkbox"/>

**Development 3:**

Address

County

Postcode

Warranty provider

Reconstruction cost

Number of units

Type of construction:

New build

Extension

Mixed

Conversion / refurbishment

**INDUSTRY EXPERIENCE**

Please give the full name of all proprietors, partners and directors and home addresses  
(Continue on a separate sheet if necessary)

Name

Address

County  Postcode

Qualifications

Industry experience

Name

Address

County  Postcode

Qualifications

Industry experience

## FINANCIAL INFORMATION

Please provide two year's audited accounts demonstrating three years trading.

Should you not be able to meet our financial requirements, a deposit, bank guarantee or cross – company guarantee (see below) may be required.

If the business is a Limited Company or a Special Purpose Vehicle Company, please provide details of any holding company:

Name of holding company

Address

County  Postcode

Contact name

Telephone number  Mobile

Fax  Email

Company Registration Number

Name for cross – company guarantee

Address

County  Postcode

Contact name

Telephone number  Mobile

Fax  Email

Company Registration Number

**INSURANCE DETAILS**

Have any director or partner/ principal:

- ever been refused property insurance or had any special terms imposed by any insurer Yes  No
- ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind Yes  No
- ever been prosecuted or received notification of intended prosecution under the Health and Safety at Work Act 1974 or Consumer Protection Act 1987 Yes  No
- ever been involved with a house builder or construction that has gone into liquidation in the past Yes  No

If Yes please include the Statement of Affairs and details of why the company went in to liquidation in the additional information box below.

- Is any director of the applicant or an associated company also a director of any house builder or construction company not referred to on this proposal form Yes  No
- During the last three years have you sustained any losses or had any claims that would be covered by this Insurance Yes  No

If you have answered Yes to any of the above questions, or you are aware of any facts that might be relevant, please provide details in the Additional Information box and/or a separate sheet if required.

**ADDITIONAL INFORMATION**

**DECLARATION BY THE INSURED**

I/We declare that to the best of my/our knowledge and belief, the information I/we have given is correct and complete in every detail and I/we have not withheld any material fact.

I/We understand that the signing of this form does not bind us to effecting insurance under the LABC New Home Warranty scheme but agree that should the quotation for a new development or housing unit be accepted, that this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter.

Signed	<input type="text"/>	Name	<input type="text"/>
For and on behalf of	<input type="text"/>	Date	<input type="text"/>

Please return this form to:

The Scheme Administrator  
MD Insurance Services Limited  
Haymarket Court  
Hinson Street  
Birkenhead  
Wirral  
CH41 5BX

Telephone: 0845 054 0505

Fax: 0845 054 0501

Email: [enquiries@labcnhw.co.uk](mailto:enquiries@labcnhw.co.uk)

Website: [www.labcnhw.co.uk](http://www.labcnhw.co.uk)

The form has been completed by LABC New Home Warranty on my behalf, I confirm I have checked the information and it is correct.

Signed	<input type="text"/>	Name	<input type="text"/>
For and on behalf of	<input type="text"/>	Date	<input type="text"/>



Haymarket Court Hinson Street Birkenhead Wirral CH41 5BX

T 0845 054 0505 F 0845 054 0501 E [enquiries@labcnhw.co.uk](mailto:enquiries@labcnhw.co.uk) W [www.labcnhw.co.uk](http://www.labcnhw.co.uk)

MD Insurance Services Ltd. is the Scheme Administrator for the LABC New Home Warranty. MD Insurance Services Ltd. is authorised and regulated by the Financial Services Authority. MD Insurance Services Ltd. is registered in England No: 3642459.