



**DETAILS OF PERSON AND PROPERTY TO BE INSURED**

Name of person(s) to be insured

Address of property to be insured

County  Postcode

Name of any Bank/Building Society whose interest should be noted on the policy

**CORRESPONDENT DETAILS**

Name of person(s) to act as correspondent

Correspondent address

County  Postcode

Telephone number  Mobile

Fax  Email

**CONTACT DETAILS FOR GAINING ACCESS TO THE PROPERTY**

Name

Telephone number  Mobile

**CONTACT DETAILS FOR BUILDING CONTROL**

Name of Local Authority

Contact name

Telephone number  Mobile

Fax  Email

Please include Local Authority Building Control Completion Certificate and reports from Local Authority Building Control Inspector with your application.

**DETAILS OF PROJECT**

Please note: We do not offer insurance on Grade 1 listed buildings, barn conversions or buildings constructed using Green Oak.

Type of construction:      New build       Conversion / refurbishment

   Extension       Mixed

If Mixed, please give details

Date of Completion (date of first habitation or issue of Local Authority Completion Certificate whichever is earlier)

CONVERSION / REFURBISHMENT DETAILS

Please complete the following section if the Housing Unit(s) contain any conversion or refurbishment elements. We require plans showing the original property and any alterations made with this application.

What is the age of the existing property

How was the existing structure used:

Residential	<input type="checkbox"/>	Storage	<input type="checkbox"/>
Communal	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
Livestock	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, please give details

Have you or the builder had experience in conversion / refurbishment contracts

Yes  No

If Yes, please give details

Was a condition survey carried out on the building before the conversion/refurbishment works commenced

Yes  No

If Yes please provide a copy.

Were any other surveys or tests carried out on the existing structure

Yes  No

If Yes, please supply details

Is the building Grade 1 listed

Yes  No

Is the site in a conservation area

Yes  No

Please give a brief description of the works that were carried out

**BUILDER DETAILS**

Name of builder

LABC Registration Number  
(If Known)

Address

County

Postcode

Contact name

Telephone number

Mobile

Fax

Email

Number of units the builder  
has built, managed or  
been responsible for the  
construction of:

In the last financial year

In the last 5 years

What warranty provisions have  
been made by the builder in  
the past

Currently registered with a new  
home warranty provider

Yes

No

If Yes, please give details  
including registration number

**STRUCTURAL WARRANTY PROVISION**

Please provide information detailing why a structural warranty has not already been arranged



**INSURANCE DETAILS**

Have you:

- built, managed or been responsible for the construction of any houses in the past? If yes, please include the number of houses, and over what period in the Additional Information Box

Yes  No
- 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 declared bankrupt or been the subject of bankruptcy proceedings or have been the subject of any voluntary or mandatory resolution

Yes  No
- ever been prosecuted or received notice of intended prosecution under Health & Safety at Work Act 1974 or the Consumer Protection Act 1987

Yes  No
- sustained loss in the last 5 years, or had a claim made against you whether insured or otherwise, in connection with the insurance for which cover is required

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**

Please note: We do not offer insurance on Grade 1 Listed buildings, barn conversions or buildings constructed using Green Oak. For any property that deviates from standard construction, please refer to insurer prior to quotation request.

**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 Completed Housing Warranty but agree that should a 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

Date

Please return this form to:

The Scheme Administrator  
MD Insurance Services Ltd.  
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)



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