

**Protek New Home Warranty Proposal Form**  
**Please scan and return the completed Proposal Form**  
**and any supporting documents to:**



**Email: [info@protekwarranty.co.uk](mailto:info@protekwarranty.co.uk)**

**SECTION ONE: NEW DEVELOPMENT NOTIFICATION**

| SITE ADDRESS   |          |
|--|----------|
| Site Address:  |          |
| Is travel from the UK mainland required by boat, tidal causeway or aircraft? | Yes / No |
| Is the project located in an area prone to flood, subsidence or landslide?   | Yes / No |
| Is the site located in an area known or suspected of underground mining?     | Yes / No |

| SITE ACCESS                     |  |
|---------------------------------|--|
| Site access company name:       |  |
| Site access contact name:       |  |
| Site access email address:      |  |
| Site access telephone number 1  |  |
| Site access telephone number 2: |  |
| Site access telephone number 3: |  |
| Site access telephone number 4: |  |

| TYPE OF DEVELOPMENT  |  |
|--|--|
| Type of project:   | New Build / Renovation / Conversion / Home Improvement / Extension / Refurbishment / Remodel   |
| Maximum number of storeys above ground:                      |  |
| Maximum number of storeys below ground:                      |  |
| What best describes the construction of the Housing Unit(s)? | Traditional Brick / Timber Frame / SIP / ICF / Straw Bale / Rammed Earth / Other<br><br>If other, please state below the type of construction: |

|  |   |
|--|---|
| What material will the roof covering be made from?       | Tiled / Slate / shingles / Thatch / Metal Sheet / Felt / Other<br>If other, please state below the type of covering:                            |
| Do any of the Housing Units have any areas of flat roof? | Yes / No  |
| Total number of Housing Units:                           |   |
| How many separate structures are there?                  | (A separate structure is defined as a block containing more than one unit on its own foundations completely separate from any other structures) |

| <b>EXISTING STRUCTURES</b>  |  |
|---|--|
| <b>(This section is to be completed if the project contains any conversion or refurbishment elements)</b> |  |
| Number of separately identifiable existing structures   |  |
| Type of structure   | Chapel or Church / Commercial Office / Barn / Residential Dwelling / Stable / Store / Other<br>If Other, please describe below |
| Approximate year of construction  |  |
| Is the Building Listed?   | No / Grade I / Grade II  |
| Has a condition survey been carried out?  | Yes / No   |
| Description of Works  |  |

| <b>STAGE OF WORK</b>         |     |
|------------------------------|-----|
| Construction start date:     | / / |
| Anticipated completion date: | / / |
| Current stage of work        |     |

**HOUSING UNIT/ BLOCK SCHEDULE**

| Block No/ Ref | Unit No/ Ref | Type of Unit (i.e detached) | Floor Area (m <sup>2</sup> ) | Professional Reinstatement Cost | Anticipated Market Value |
|---------------|--------------|-----------------------------|------------------------------|---------------------------------|--------------------------|
|               |              |                             |                              |                                 |                          |
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|               |              |                             |                              |                                 |                          |

|   |   |
|---|---|
| Total Professional Reinstatement cost of all Housing Units: | £ |
| Total anticipated market value for all Housing Units:       | £ |

| <b>BUILDING CONTROL</b>                          |   |
|--|---|
| Would you like a quotation for Building Control? | Yes / No<br>If no, please answer the following questions. |
| Who is the Building Control provider:            | Local Authority / Approved Inspector / Not Yet Decided    |
| Company name:                                    |   |
| Contact name:                                    |   |
| Contact telephone number:                        |   |
| Contact mobile number:                           |   |
| Contact email address:                           |   |
| Building Control Reference:                      |   |
| Date Building Regulation submission made:        |   |

| <b>TECHNICAL INFORMATION</b>  |          |
|---|----------|
| Does the development involve a Party Wall Agreement?  | Yes / No |
| If the project located in an area prone to subsidence, floor or landslide?  | Yes / No |
| <p>Will any Housing Unit incorporate any of the following (tick if applicable):</p> <ul style="list-style-type: none"> <li><input type="radio"/> Off site manufactured volumetric factory produced three dimensional units transported to site and stacked to form dwellings</li> <li><input type="radio"/> Off site manufactured panellised factory fabricated panels transported to site for site assembly</li> <li><input type="radio"/> Off site manufactured hybrid volumetric units integrated with panellised systems</li> <li><input type="radio"/> Off site manufactured sub-assemblies and components large sections of a unit incorporated into traditional or MC dwellings</li> <li><input type="radio"/> Non-off site manufactured modern method of construction innovative or unusual use of MMC in the construction</li> </ul> |          |

| PROFESSIONAL TEAM  |  |
|--|--|
| Main Contractor:<br>(Name & Address)                                       |  |
| Structural Engineer:<br>(Name & Address)                                   |  |
| Project Manager:<br>(Name & Address)                                       |  |
| Has an Architect or Architectural technician been involved in the project? | <p>Yes / No</p> <p>If yes, please confirm what level of involvement they will have?</p> <p>Drawing Plans Only / Overseeing Work /<br/>Overseeing and Issuing Certificates</p> <p>Company Name:</p> <p>Address:</p> <p>Telephone Number:</p> <p>Email address:</p> <p>Company Number:</p> |

**ADDITIONAL COVER OPTIONS**

|   |   |
|---|---|
| <p>Do you require cover for the Loss of Rent?</p>   | <p>Yes / No<br/>If yes, please provide the annual rental income<br/>£</p>   |
| <p>Do you require a quotation for a waiver of the Underwriter's rights of recourse against the Contractor?</p>          | <p>Yes / No<br/>If yes, please provide the Contractor's details below<br/>Company Name:<br/><br/>Address:<br/><br/>Company Registration Number:</p>           |
| <p>Do you require a quotation for a waiver of the Underwriter's rights of recourse against the Structural Engineer?</p> | <p>Yes / No<br/>If yes, please provide the Structural Engineer's details below;<br/>Company Name:<br/><br/>Address:<br/><br/>Company Registration Number:</p> |

**Please continue to SECTION THREE**

## SECTION THREE: NEW DEVELOPMENT NOTIFICATION

To be completed for every application

### DECLARATION

Have you or any director, partner, any individual or organisation declared as part of the proposal:

|   |          |
|---|----------|
| Sustained any losses or had any claims in the last three years that would be covered by the insurance being applied for?                            | Yes / No |
| Ever been refused property insurance or had any special terms posed by an insured?  | 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 company that has gone into liquidation or been declared bankrupt in the past?               | Yes / No |

I have read all of the statements and details given in this proposal (including any answer written for me by any other person) and I declare that to the best of my knowledge and belief they are correct and that no material fact has been omitted, misrepresented or mis-stated.

Signed:

Print Name:

Company Name:

Position

Date:

**Please scan and return the completed Protek New Home Warranty Proposal Form and any supporting documents to:**

**Email: [info@protekwarranty.co.uk](mailto:info@protekwarranty.co.uk)**

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