

QA Roof Safe Plus Application Form

Contracts between
£20,000 and £250,000



Section One – General

1A – Member Details

Business Name:

Address:

Postcode:

Contact Name:

Tel No:

Fax No:

E-mail:

Registered Number:

No Years Trading:

Date of Incorporation:

1B – Insured Details

Insured's Name:

Address:

Postcode:

Contact Name:

Tel No:

Fax No:

E-mail:

1C – Premises Details

Address:

Postcode:

Number of Storeys:

Age of Premises:

Usage:

New Build Refurbishment Flats House Other Please tick appropriate box

Other (please define):

1D – Contract Details

Total Contract Value (incl. Access): £

Access Cost: £

Start Date:

Estimated Completion Date:

Built up Membrane Mastic Asphalt Slating/Tiling Other Please tick appropriate box

Other (please define):

System:

BBA Certificate No. or Equivalent (state which):

Description of Works:

1E – Notes

Contracts £50,000 and over will require a technical audit. Therefore, you must contact QANW prior to the work commencing in order to arrange this.

Unless you are advised to the contrary, this insurance will be underwritten by Guarantee Protection Insurance Ltd, who are authorised and regulated by the Financial Services Authority.

Section Two – Period of Insurance

Term of Cover: 10 years 15 years 20 years Please tick appropriate box

Is the premium being paid within the overall contract price? Yes – complete **Section Three** only
 No – complete **Sections Three and Four**

Section Three – Applicator Declaration

It is a legal requirement that any facts known to you, which are likely to affect the Insurer's acceptance of the risk proposed for insurance, must be disclosed. This is for your own protection as failure to disclose any information that might influence the Insurer in calculating a premium or determining whether to accept the risk proposed may mean the Policy will not provide the cover required or perhaps may invalidate the Policy altogether (including the Insurer seeking recovery of any Claim(s) already paid).

Before signing please check your answers carefully.

1. I / We wish to insure the above contract. In consideration of the Insurer's acceptance we agree to be bound by the terms and conditions of the Policy that include the Applicator being contractually obligated to the Insurer to make good all defects reported in the Initial Guarantee Period (i.e. the first 12 months of cover).
2. I / We accept that a Technical Auditor(s) may be appointed (contracts £50,000 and above) to satisfy the Insurer's reasonable requirements in connection with this insurance at my / our expense. The technical auditor shall be allowed access to the construction site at all times and will be provided with all requested data / information free of charge.
3. I / We declare that a copy of the Certificate of Practical Completion will be supplied to the Insurer within one month of its date of issue.
4. I / We declare that to the best of my / our knowledge the answers given are true and complete.
5. I / We enclose: all necessary paperwork as stated within the checklist below.

Signature:

Date:

Name:

Position:

Company:

Section Four – Signature of Client

TO BE COMPLETED BY THE INSURED (CLIENT) IF THE INSURED IS PAYING FOR THE PREMIUM AS A SEPARATE ITEM:

1. I / We declare that to the best of my / our knowledge the answers given are true and correct.
2. The Applicator has given me / us a copy of this application.
3. The Applicator has no authority to accept payment on behalf of the Insurer.
4. I / We declare that the building(s) will be maintained in a good state of repair.

The Latent Defects Policy will only be issued when QANW has received:

- a) The completed Satisfaction Declaration
- b) The additional premium (if any)
- c) The Certificate of Practical Completion from the relevant technical audit body (if applicable)

Signature:

Date:

Name:

Position:

Company:

Section Five – Completion

5A – Check List – Please tick appropriate boxes

Audit fee attached (Payable to Certass Ltd) Specification of works Plans (if applicable)

Additional information (please define):

5B – Return Address

QANW, 37 Carrick Street, Ayr, Ayrshire, KA7 1NS

5C – Contact Details

Quotes: Seth Jee, FCII Tel. 01273 831666
Barbara Wilson Tel. 01292 268020

Orders: Barbara Wilson
Seth Jee, FCII

For Office Use Only

Scheme: Reference No:

Premium Paid: Accounts Ref:

TA Fee Paid: Date Audit Instructed:

Endorsements: Policy No:

Date Policy Issued: