



## CONSTRUCTION INSURANCE PROPOSAL FORM

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This proposal form is a contractual document that must be completed and signed by the Proposer. All questions must be answered, including those requiring a simple "yes » or « no » response.

**Cover Required :**       Dommages Ouvrage       Dommages Ouvrage + « CNR »       TRC (Developer only)  
 TRC (Construction All Risks)       PJ (Legal Protection)

Including existing buildings: YES/NO, Including equipment: YES/NO

### Proposer

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Name:

Address:

Town and postcode:  Tel:  Email :

Activity:

Sale after construction  
 Leasing company  
 Deputy Principal

Sale off-plan  
 Agent of the Principal  
 Property Developer

For own use  
 Rental

### Principal (if not the Proposer).

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Name:

Address:

Town and postcode:  Tel:  Email:

### The Project.

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Type of works:

New Construction       Rehabilitation. Renovation.  
 Repair following an insured peril       Extension of existing structures(s).  
 Other (please specify):

Type of building :

Detached house.       Semi-Detached houses       Flats       Group of houses.  
 Terraced Houses       Other (please specify)

Number of: Buildings  dwellings  Trade/professional units.

Floors: Ground +  garages  cellars/basements  pools\*

\*if pool, complete the annex on page 9



**Details of the construction project:**

Address of the project:

Post Code:  Town:

Construction Permit Number:

Delivery date:  By:

The construction is destined for:

- Sale       Rent       Own use       First or second home  
 Other – please specify:

**The participants in the project**

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Has the Proposer agreed works specifications with any of the following?:

- For each separate trade?       With a general management company?       With a C.M.I?  
 With a general contractor?       With a group of companies?

**Are the following involved?**

	Yes	No		Yes	No
Architect	<input type="checkbox"/>	<input type="checkbox"/>	Consulting Engineer	<input type="checkbox"/>	<input type="checkbox"/>
Soil Study	<input type="checkbox"/>	<input type="checkbox"/>	Survey bureau	<input type="checkbox"/>	<input type="checkbox"/>
Building Controller	<input type="checkbox"/>	<input type="checkbox"/>	Construction Economist	<input type="checkbox"/>	<input type="checkbox"/>

**The figures involved in the project (TTC = including taxes)**

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Total Value of Works undertaken by all contractors and participants(TTC) €   
Value of materials supplied by the proposer (TTC): €   
Amount of fees (TTC): \* €   
Provisional total cost (TTC): €

\* Architect and others working for the proposer under contract or the project manager and others linked to the proposer by a hiring contract for work, as well as the approved Building Controller.

**The dates of the project**

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Date d'ouverture du chantier:  Provision end of works date:   
Date works commence  Provisional hand-over date:

**Information about the Project:**

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- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Are there existing buildings? (If yes please complete the attached form) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any party walls?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Unusual construction techniques to be used?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Deep foundations or support (including piles etc)?                       | <input type="checkbox"/> | <input type="checkbox"/> |



Is there an indoor or terrace swimming pool?

Construction of canopies and the like (including glazed overhead units)?

Facades with hard coatings? (Stone cladding fixed/glued?)

Construction of retaining walls?

Construction of curtain walls?

Is there any affixed or glued glass? (V.E.C. V.E.A)

Underfloor heating?

Collective/community heating?



## The Buildings

Buildings' identity	Ground floor surface area	SHON	SHOB	Number of dwellings	Number of shop or other units	Number of floors*	Number of underground floors
Building 1							
Building 2							
Building 3							

\*Above ground floor. \*\*If there are supplementary buildings, please complete the supplementary information on pages 10 & 11

## Soil studies

Insert the names and addresses of the firms who have undertaken soil studies

### Listing of terms of reference definitions for soil studies

*G0 - Exécution de sondages, essais et mesures géotechniques*

*G11 - Etude préliminaire de faisabilité géotechnique*

**G2 – Geotechnical evaluation of the project**

**G4 – Geotechnical follow-up of the execution of works**

*G51 - Avant, pendant ou après construction d'un ouvrage sans sinistre*

*G1 - Etude de faisabilité géotechnique*

**G12 – Geotechnical feasibility study for the works**

**G3 – Geotechnical evaluation of the execution of the works**

*G5 - Diagnostic de pollution*

*G52 - Sur un ouvrage avec sinistre*

<b>Name and Address</b>	<b>Insurance Information</b>	<b>Terms of Reference</b>
	Insurer Policy number Amount of fees :	
	Insurer Policy number Amount of fees :	
	Insurer Policy number Amount of fees :	



**Project Managers**

Insert details of all architect, surveyors, consulting engineers, construction economists who are involved, according to their activity:

List of terms of reference types

- |   |   |
|---|---|
| <i>M1 – Construction Permit</i>                 | <i>M6 – Partial direction of the works</i>          |
| <i>M2 - Plans</i>                               | <i>M7 – Overseeing all of the works</i>             |
| <i>M3 – Complete Conception</i>                 | <i>M8 – Partial overseeing of the works</i>         |
| <i>M4 – Partial Conception</i>                  | <i>M9 – Full design and construct contract</i>      |
| <i>M5 – Full management of all of the works</i> | <i>M10 – Scheduling, piloting and co-ordination</i> |

List of standard activities

- |   |  |
|---|--|
| <i>ESQ: Outline (new construction);</i>           | <i>PRO: Project study;</i>                           |
| <i>EP : Preliminary studies (infrastructure);</i> | <i>ACT: Assistance with contracts for the works;</i> |
| <i>DIA: Diagnostic (rehabilitation) ;</i>         | <i>EXE: Studies of the execution of work;</i>        |
| <i>APS : Preliminary Summary draft;</i>           | <i>DET: Management of completion of the work;</i>    |
| <i>APD: Final preliminary draft</i>               | <i>AOR: Assistance with hand-over process.</i>       |

<b>Name and Address</b>	<b>Insurance Information</b>	<b>Terms of Reference</b>
	Insurer Policy number Amount of fees :	
	Insurer Policy number Amount of fees :	
	Insurer Policy number Amount of fees :	
	Insurer Policy number Amount of fees :	



## Building Controllers

Insert the details of Building Controllers, surveyors and/or engineers with whom contracts for work are in place  
List of Terms of Reference types for controls and studies

- L Mission relating to the solidity of the works and indissociable equipment.*
- LP Mission relating to the solidity of the works and both the indissociable & dissociable equipment.*
- S\* Mission relating to the health and safety of persons involved in the works.*
- TH Mission relating to the thermal insulation involved in the works.*
- PH\* Mission relating to the acoustic insulation of the works.*
- H\* Mission relating to accessibility for disabled persons.*
- PS Mission relating to earthquake protection.*
- P1 Mission relating à la solidité des éléments d'équipement non indissociablement liés.*
- F Mission relating to the workings of equipment that has been installed.*
- BRD Mission relating to the movement of stretchers within the building.*
- LE Mission relating to the solidity of existing buildings.*
- AV Mission relating to the stability of neighbouring structures.*
- GTB Mission relating to electronic and other systems within the building*
- ENV Mission relating to the environment.*
- HYS\* Mission relating to health, safety and environmental protection*
- CO Mission relating to the co-ordination of the various project controllers.*
- PV Co- ordination and retention of all equipment test results and hand-over acceptances.*
- DEM Mission relating to the solidity of neighbouring buildings in the event of the demolition of existing buildings involved in the project.*
- ETB Concrete Study.*

<b>Name and Address</b>	<b>Insurance Information</b>	<b>Terms of Reference</b>
	Insurer Policy number Amount of fees :	
	Insurer Policy number Amount of fees :	
	Insurer Policy number Amount of fees :	





<b>Nom et Adresse</b>	<b>Informations Assurances</b>	<b>Travaux Réalisés</b>
	Insurer Policy number Value of works :	
	Insurer Policy number Value of works :	
	Insurer Policy number Value of works :	

**List of documents to supply:**

- ✓ Construction Permit or statement of works.
- ✓ Déclaration d'Ouverture de Chantier. (Declaration of commencement of works)
- ✓ Plans and drawings of the works, including site location, roads, paths and networks
- ✓ Photos from various angles of the existings (if applicable).
- ✓ Soil Study report(s)
- ✓ Specified particular administrative clauses (C.C.A.P.)
- ✓ Specified particular technical clauses (C.C.T.P.)
- ✓ Copies of the contracts signed by all of the firms involved in the project.
- ✓ The Project Superintendant Convention (Architect and/or surveyor).
- ✓ Copies of the contracts between the Proposer and the Building Controller(s) including their initial report(s).
- ✓ Invoices for materials supplied by the Proposer.
- ✓ Descriptions and estimates of the work to be undertaken, from each firm involved.
- ✓ Decennial Liability certificates including reference to the Law of 4 January 1978, for all firms involved in the Project, covering the risks as defined in Article 1792-1 of the Civil Code, noting the precise nature of the work involved and the amount of the cover provided, which must be at least equal to the total cost of the project.





**Supplementary information concerning swimming pools**

Insert the names and addresses of the contractors with whom the proposer has signed a contract to undertake work on swimming pools.

<i>Name and Address</i>	<i>Insurance Informations</i>	<i>Terms of Reference</i>
	Insurer Policy number Value of works :	
	Insurer Policy number Value of works :	

External dimensions :

Materials used :

Value of the works involved:

Other Information:

Soil Study?                      Oui                       non                       Type:

Building Controller?            oui                       non                       Type :

Project superintendant?        oui                       non                       Type :

For swimming pool works a G12 soil study type is required as a minimum. Moreover, supplementary soil studies of type G2, G3 and G4 may be required as well, in the event that there is no project superintendant or architect involved in the swimming pool works, or where underwriters consider that the size and depth of the pool warrants this supplementary intervention.

Insurance cover will be limited to carcass works only.



**Supplementary information concerning existing buildings (TTC = including tax)**

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Year or period of construction:

Rebuilding as new costs of the existings (TTC):

€

Amount of cover required for existings:

€

Provide a detailed description of the existings:

Tick the appropriate box

**Oui**

**Non**

Are any of the existings listed buildings? :	<input type="checkbox"/>	<input type="checkbox"/>
Any modification of vertical or horizontal supporting structures? :	<input type="checkbox"/>	<input type="checkbox"/>
Preventative timber treatments:	<input type="checkbox"/>	<input type="checkbox"/>
Dismantling operations :	<input type="checkbox"/>	<input type="checkbox"/>
Creation of additional underground spaces :	<input type="checkbox"/>	<input type="checkbox"/>
Reinforcement of existing foundations :	<input type="checkbox"/>	<input type="checkbox"/>
Changes to the levels of foundations:	<input type="checkbox"/>	<input type="checkbox"/>
Underpinning of foundations :	<input type="checkbox"/>	<input type="checkbox"/>
Creation of new foundation points for load-bearing structures :	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the height of existing building:	<input type="checkbox"/>	<input type="checkbox"/>
Removal or modification to existing load-bearing walls etc :	<input type="checkbox"/>	<input type="checkbox"/>
Carcass works only :	<input type="checkbox"/>	<input type="checkbox"/>
Sealing of flat roofs or linings :	<input type="checkbox"/>	<input type="checkbox"/>
Exterior thermal insulation :	<input type="checkbox"/>	<input type="checkbox"/>
Waterproofing :	<input type="checkbox"/>	<input type="checkbox"/>
Waterproofing of facades :	<input type="checkbox"/>	<input type="checkbox"/>
Repairs following damage **:	<input type="checkbox"/>	<input type="checkbox"/>
Works involving materials not approved by AFNOR or DTU :	<input type="checkbox"/>	<input type="checkbox"/>
Works of an exceptional nature :	<input type="checkbox"/>	<input type="checkbox"/>
Dommage Ouvrage insurance previously studied :	<input type="checkbox"/>	<input type="checkbox"/>

\*\*Provide full details of the damage and nature of the event:



**INFORMATION CONCERNING ADDITIONAL BUILDINGS**

Buildings' identity	Ground floor surface area	SHON	SHOB	Number of dwellings	Number of shop or other units	Number of floors*	Number of underground floors
Building No.							
Building No							
Building No							
Building No							
Building No							
Building No							
Building No							
Building No							

**ANNEXE CONCERNING INSURANCE OF CAPITAL EQUIPMENT**

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Describe the nature of the equipment to be insured (heating pumps, air conditioning etc...)

Amount of cover required:

Deductible:

Is this equipment new?

Please supply the detailed invoice and data sheet

Are these items being installed by a professional? :

Please supply the invoices/estimates for the installation work, together with the installers' decennial liability insurance certificates



I hereby certify that the statements made in this proposal form are, to my best knowledge and belief, true and that the insurance that I wish to effect will be based upon them.

**IN THE EVENT OF A FALSE STATEMENT, THE SANCTIONS INCLUDED IN ARTICLES L113-8 OR L113-9 OF THE INSURANCE CODE WILL BE APPLIED**

Done at:

Date :

**Signature of Proposer**

(Please insert the words « read and approved »  
by hand, before the signature)

**PLEASE RETURN THIS PROPOSAL FORM BY FAX, POST OR EMAIL, FULLY COMPLETED AND SIGNED, TOGETHER WITH SUPPORTING DOCUMENTATION TO:**

**United Brokers International LTD, Prospect House, 11-13 Lonsdale Gardens, TN1 1NU, Tunbridge Wells, UK**

This Proposal Form is a statement of the technical and administrative information relating to the proposed risk, making it possible for the Company to assess the risk and consider the acceptability and terms to apply.

Completion of this questionnaire does not constitute acceptance of the risk or the granting of any cover by the Company and cover is in force only when the Company has issued the policy or cover note.

We thank you for time that you devoted to completing this questionnaire and gathering the various supporting documents necessary for the establishment of your Dommages Ouvrage insurance cover . If your submission is complete, it will be examined within 8 days of receipt.

The information contained in this document is intended for the internal use of the Company and its appointed experts or consultants. I have the right to request the information relating to me that is contained in the Company's information system and if this information is incorrect for it to be rectified according to the conditions contained in the Law 78-12 of 6<sup>th</sup> January 1978 concerning I.T systems records and freedom of information.

Name of broker :

SIGNATURE :

DATE :

**PRIVACY NOTICE STATEMENT FOR POLICY DOCUMENTATION**

Where we collect any personal information, you agree that any data provided by you in connection with your proposal or resulting insurance may be used exclusively by UBI Ltd, its group companies and/or its brokers or third-party service providers (collectively referred to as 'data recipients') in performing their obligations to you and providing you with ancillary services, (the purposes). Our full privacy notice and obligations can be viewed online at <http://ubi-ltd.com/mentions-legales/>. It is suggested that a copy of the full privacy notice should be issued with the policy documentation.