

Proposal FormProposal for Build Assure Domestic and Commercial

FEDERATION OF MASTER BUILDERS
INSURANCE

This form should be completed and returned to:

FMB Insurance, 1st Floor Gemini House,

Cambridgeshire Business Park, Angel Drove, Ely, CB7 4EA

We send all policy documentation to the client and builder via email addresses provided. If you don't have access to email and require a paper copy, please tick this box

Name of Insured (Customer)						
Address of Insured Works						
Insured's address if different						
Insured's contact number			Insured's email			
Name of Builder						
Address of Builder						
FMB Registration Number (if applicable)			Builder's email			
Start Date of the Works			Estimated Com	pletion Date		
Brief Description of Works						
Do you have a Project Manager?						
	Yes/ No If yes, p	lease give the name of t	he Project Manager			
Please tick one box only:						
Build Assure NI Bui	ldAssure Vali	ie 📕 🖪 Build 🗸	lssure 2 🔠 🖽	Build Assure 6	⊞ B	uild Assure 10
Note: Please telephone FMB Insu *Limits of liability may be restricted (please see po		3 652760 to obtain	n your premium լ	orice.		
Contract Price Including VAT	if applicable) £		Premium (Including IP	n Payable T @ the prevailing rate)	£	
Registration Fee	£	25.00	Technica	l Fee	£	
(Not applicable to Build Assure NI)			(£25 fee app	licable on Contract Val	ues over £	80k)
Total Premium Amount (Premium Payable plus Registration Fee @	£ £25)					
How do you want to pay? (Please tick one box only)	Enclosed C	to FMB Insurance)	BACS (Please contact	us for details)		ne telephone ovide telephone number)
*Payment by cheque will delay issuance of	certificates by one	e week				

We Confirm That:

- ✓ We will disclose any information that might influence the Insurer in accepting the Insured Works to be covered by the Build Assure Insurance Policy.
- ✓ We will enclose full contract details including a comprehensive schedule of works.
- ✓ We will provide a copy of our contracts
- ✓ We will ensure that the full premium amount has been declared and is either enclosed or paid over the telephone.
- We will abide and be bound by the policy terms and conditions.
- ✓ Within 30 days of the works being completed we will submit a Completion Document to FMB Insurance and understand that if we do not, the final insurance cover will commence from the Estimated Completion Date as declared above.

We Understand That:

- ✓ FMB Insurance and/or the insurer are entitled to refuse a proposal for Build Assure Domestic and Commercial Insurance Cover.
- ✓ The Insurance Cover is provided by the Insurers, but the administration of the Insurance and the Registered Builders Scheme is dealt with by FMB Insurance.
- ✓ The works to be Insured will only be covered by Build Assure Domestic and Commercial Insurance cover when FMB Insurance.
 - 1. Has received from either party the full premium stated on this Proposal form.
 - 2. Has accepted this proposal by issuing a Certificate of Insurance.
- ✓ If the works are now complete, a higher premium and inspection will be required and we have contacted FMB Insurance to obtain the correct premium price.

If you do not receive the Certificate of Insurance from FMB Insurance within 28 days, please contact 01353 652760

You MUST return these forms along with the following items:						
1. Schedule of works/list	2. Applicable plans/calculations	3. Copy of contract with builder				
FAILURE TO DO SO WILI	L RESULT IN FMB INSURANCE RE	EJECTING THIS APPLICATION				
nsured's signature		Date				



Registered Builder's signature

www.fmbinsurance.co.uk