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## Housing

### Contract Notification Form

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A separate Contract Notification Form should be used for each new Development.

Please ensure that the form is completed fully.

OFFICE USE ONLY	<b>SOURCE:</b>	<b>OFFICE</b>
Registration Ref:	<input type="text"/>	Contract Ref <input type="text"/>
Checked by	<input type="text"/>	

**1. Developer Details** - If you are not yet registered with Build-Zone, please complete a Registration form and return it with this Contract Notification form completed. If you are registered, please provide your Build-Zone registration Number.

Company Name

Build Zone Registration/contract number

## 2. Quotation Contact Point

Address

Email

Telephone

Fax

## 3. Development Location

Development Reference/Name

Location Address

Location Postcode

## 4. Technical Audit

 - Please confirm who our Surveyors should contact to arrange the Technical Audit & site Inspections

Contact Name

Contact Telephone Numbers  Fax

E mail

**5. Building Control** – By using our Partnered Surveyor Network for your Building Control, you will benefit from having one of our Surveyors on site to carry out the Warranty and Building Control Inspections at the same time.

Would you like a quotation for Building control services from our  
partnered Surveyor Network (Approved Inspector) Yes ☐ No ☐

PLEASE NOTE THAT IF YOU ARE MAKING SEPARATE ARRANGEMENTS FOR BUILDING CONTROL, ONE OF OUR PARTNERED SURVEYORS WILL CARRY OUT A SERIES OF SEPARATE TECHNICAL AUDITS OF THE DEVELOPMENT FOR THE PURPOSES OF THE WARRANTY.

If you have your own Building Control Arrangement, please confirm who will be carrying out Building Control:

Local Authority (please provide Authority name)

Approved Inspector (company Name)

Contact Details of Authority  
/Approved Inspector

## 6. Project Finance

 – Please advise how you are funding the Project

Lender Name  Mortgage Amount

Other Finance (please provide d

## 7. Project Details

Start Date	<input type="text"/>	Anticipated Completion Date	<input type="text"/>
Total Number of Units:	<input type="text"/>	If completed, practical completion date	<input type="text"/>
Nature of Project:	New Build <input type="checkbox"/>	Conversion/refurb <input type="checkbox"/>	Extension <input type="checkbox"/> Mixed <input type="checkbox"/>
Has works Started	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what sage has been reached ? <input type="text"/>	

Please provide an overview of the development in the box below:

Number of Storeys: Above Ground	<input type="text"/>	Below Ground	<input type="text"/>
Does the project involve a basement or part basement or tanking work	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give details below:			

Has detailed Planning Permission been granted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you building with full plan approval?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you building under a Building Notice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Project Phased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide details and if possible, a plan showing units and phasing.

Phase 1	Start Date	<input type="text"/>	Anticipated Completion	<input type="text"/>	No/type of Units	<input type="text"/>
Phase 2	Start Date	<input type="text"/>	Anticipated Completion	<input type="text"/>	No/type of Units	<input type="text"/>
Phase 3	Start Date	<input type="text"/>	Anticipated Completion	<input type="text"/>	No/type of Units	<input type="text"/>
Phase 4	Start Date	<input type="text"/>	Anticipated Completion	<input type="text"/>	No/type of Units	<input type="text"/>
Phase 5	Start Date	<input type="text"/>	Anticipated Completion	<input type="text"/>	No/Type of Units	<input type="text"/>

Are you accepting Deposits prior to starting on a housing unit ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what is the maximum Deposit Amount per Unit. ?	<input type="text"/>
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Has a ground investigation report inclusive of soils strength tests and contamination tests been undertaken ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide brief details:

In the site subject to any hazards or ground conditions listed below (mark as appropriate)\*

High Water table	<input type="checkbox"/>	Soft Ground	<input type="checkbox"/>
Sulphates	<input type="checkbox"/>	Old Foundations	<input type="checkbox"/>
Peat	<input type="checkbox"/>	Mining	<input type="checkbox"/>
Made Ground	<input type="checkbox"/>	Steep slopes	<input type="checkbox"/>
Existing or felled trees/hedges on clay	<input type="checkbox"/>	Contaminated land (other than land gas)	<input type="checkbox"/>
Landfill gas	<input type="checkbox"/>	Existing drains	<input type="checkbox"/>

\*Further information may be requested in due course

## 8. Construction Method

Foundation type (strip/piled etc)			
If piled, max pile length and pile method/type			
Frame/wall information (stone, timber, steel etc)			
Cladding method			
Roof type: (Pitched/flat)		Roof covering– tiled/felt)	
Additional Information			

## 9. Apartments – Only complete this section if the development consists of (or includes) apartments. Otherwise progress to Section 11 (Contractor/Builder) below

Does the development contain or have integrated within its design any:

Modular Construction ☐ Prefab sections ☐ Pre cast heavy panels ☐ Curtain walling ☐

Other innovative material or construction design element ☐

If you have answered yes to any of the above, please provide full specification details with this application

## 10. Existing Structure – Please complete the following section if the development is a conversion or refurbishment.

What was the previous structures use? Please provide details of the existing construction, together with details of the new works. Any works that have already been carried out prior to application must also be highlighted.

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## 11. Contractor/Builder

Who is to be contracted to execute the works ?

What form of Contract has been/will be used ?

What is the Contractual Maintenance Period ?

Is the contractor registered with any other Warranty Provider ?

Yes

☐

(Please provide details)

No

☐

The Warranty provider's name

Contractor's Registration Number

Contractor's Rating

Contractor's Address

Company Registration No

Contact Point

Email

Telephone Number

Web Site

Please provide details of any warranty claims or losses in the last 5 years that either yourself or your proposed contractor(s) have had.

## 12. Professional Team – Please supply the name and address and contact details for the following professionals:

Architect - Name

Address

Company Reg No

Contact Point

Email

Telephone Number

Web site address

**Structural Engineer - Name**

Address

Company Reg No:

Contact Point

Email:

Telephone Number

Web site address

**Project Manager - Name**

Address

Company Reg No:

Contact Point

Email:

Telephone Number

Web site address

**Other Professional (please state)**

Address

Company Reg No:

Contact Point

Email:

Telephone Number

Web site address

**Other Professional (please state)**

Address

Company Reg No:

Contact Point

Email:

Telephone Number

Web site address

### 13. Housing Schedule – Please complete the following as applicable.

Where there are multiple plots on a single development, please provide plans detailing plot/structure type

**Please ensure the table below is completed in full as we are unable to give an indication of costs without this**

Unit No	Property Address/plot reference	Estimated Selling price	Unit total floor area	Type of Unit (detached, flat etc)	Reinstatement cost of existing Structure (if applicable)	Cost of conversion work (if applicable)	Build cost if new build

**If more units are proposed or the Development is phased, please complete, please complete separate sheet on page 8 of this document.**

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 Build-Zone Warranty for Housing scheme but agree that should the quotation for a new development or housing unit be accepted, this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter.

Signed

Name

Date

For and on behalf of

The following 4 pages are provided for additional information.

Table to be used for additional units or separate phases only.

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