



RIGHTS TO LIGHT INSURANCE QUOTATION FORM

All questions should be completed to the best of your knowledge. Under the Insurance Act 2015 it is your responsibility to disclose all material information in order to make a 'fair presentation of the risk' to insurers.

This must involve a 'reasonable search' including consultation with senior management or any colleagues that may have knowledge of your business so that all matters can be identified which may affect the decisions of the insurers.

Failure to answer any questions in the quotation form accurately or to make a 'fair presentation' could affect your policy cover and may lead to claims not being paid, not paid in full, additional terms applied or even the policy being avoided from inception or may result in us being unable to provide a quotation.

All forms should be signed by the appropriate person applying for this Insurance. If you have any queries in the completing of this form, please contact us.

If required, there is a supplementary page at the end of this form for any additional information you need to provide us.

Insured Information

Insured Party Name(s) to be noted on Policy Document

Proprietor / Purchaser / Funder / Other *please specify:*

Full Address of Property including Postcode to be insured:

Gross Development Value Policy Limit £

Please provide us with copies of the following documents:

1. Right of Light Surveyors Report detailing Equivalent First Zone analysis with compensation budgets with each potential affected third party property. This is crucial information in insurers offering precise terms and often a lower premium.

If not shown, please request the surveyors to provide drawing plot(s) showing the boundaries, dates and audits of height, as some insurers want to ensure this specifically corresponds with policy and right to light report;

2. Official title register(s), filed plan(s) (and Conveyance/Transfer, if available) in respect of both the insured property and any potentially injured properties as revealed in the Rights to Light report.
3. Provide a copy of the Planning Officers Report and Planning Permission
4. Were there Objections at Planning? If so please provides copies of correspondence for each objection.

Other Information Required

A. Are there any Party Wall, Scaffolding, Crane Oversail or similar Agreements which will be required from adjoining properties, including any discussions which have already taken place. Yes No
If Yes, please use 'Additional Information'.

B. Confirmation there has been no contact with any person(s) or organisation that may benefit from a right to light over the property. Yes No *If No, and there have been discussions or negotiations that have already taken place, please provide full details in 'Additional Information'.*

C. Confirmation cover is only required for rights to light acquired by prescription and the title does not contain any express or implied right to light burdening the property? Yes No

D. Clarification as to whether or not any restrictive covenants will be breached by the proposed development. If any breach will take place, we will require full details, including the age and nature of the covenants, who can enforce them, and copies of the registered title, which benefit, if known. Yes No
Please use 'Additional Information' if you need to provide us with information.

E. Confirmation that there are no current or proposed developments nearby which will also have a material impact on light enjoyed by other properties affected by your client's development?
Yes No *If No, please provide details in 'Additional Information'.*

F. If this insurance requirement is Lender driven, would you consider policy cover that protects the Lender Only? The premium is significantly less but means you would have to manage any claims made against you. Yes No

Business Disclosures

Please review the under-noted questions and advise us immediately if you cannot answer YES to any of them.

1. I have never had an insurance policy declined, cancelled or avoided any policy for non-disclosure or misrepresentation of any material fact. Yes No
2. Our current or previous insurers have never refused to pay a claim or restricted cover as a result of a breach of any policy condition, or risk improvement requirement. Yes No
3. I or any partner, director or any other person responsible for managing the business, either personally or in a business capacity have never
 - been convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences?
Yes No
 - received an official caution for a criminal offence within the last 3 years other than a road traffic offence?
Yes No

- been a partner, director, or owner of a business declared bankrupt or entered into an individual voluntary administration, gone into liquidation, receivership, administration or entered into an arrangement with creditors or was dissolved? Yes No
- been prosecuted for a breach of any statute or served a Prohibition Notice relating to health and safety, environmental protection or others? Yes No
- been the subject of a recovery action by HM Revenue and Customs? Yes No
- been a director of or recipient of a business that has received a County Court or High Court judgement against it? Yes No
- been disqualified from being a Company Director? Yes No

Failure to disclose information could result in your policy being avoided and claims declined.

Declaration

I/we declare that to the best of my/our knowledge and belief, the information I/we have given to obtain this quotation is correct and complete in every detail and I understand the consequences of non-disclosure as outlined at the beginning of this form

I/we understand that the signing of this form does not bind us to effecting products under One Indemnity but understand should the quotation be accepted by insurers that this quotation form and the statements made therein and any other supplementary information we have been asked to provide shall form the basis of the contract between me/us and the Underwriter.

Contact details:

Your Name: _____ Email: _____
Telephone Number: _____ Date: _____
Signature: _____

Please return the form to One Indemnity at james.skilleter@oneindemnity.co.uk

Additional Information

Please use this box to provide any extra information to support your application.