



Premier Guarantee
for New Homes

A large, light blue outline of a house, consisting of a triangular roof and a rectangular body with rounded corners. A circle is positioned on the right side of the house's body, and a vertical rectangle is at the bottom center, representing a door.

Registration Form

Developer Details

Name of Business

Address

County Postcode

Contact Name E-mail

Telephone contact number (day) (evening)

Web Site Address Fax

Type of Business (please tick one box only)

A business which is selling both the land and the Housing Unit(s) as well as carrying out construction.

A business which is selling both the land and the Housing Unit(s) but is not carrying out construction.

Company Details

Legal status of the Company:

Limited Company	<input type="checkbox"/>	PLC	<input type="checkbox"/>
Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Single Purpose Vehicle Company	<input type="checkbox"/>		

How long has the company been trading under the current name:

< 1 year	<input type="checkbox"/>	2 – 5 years	<input type="checkbox"/>
1 - 2 years	<input type="checkbox"/>	5 – 10 years	<input type="checkbox"/>
> 10 years	<input type="checkbox"/>		

Company Registration Number



Company Background

Number of Units constructed in the last financial year?

Estimated Number of Units to be notified in the next 12 months?

Estimated value of Land Bank held

Is House building your full time occupation? Yes No

If No, please provide details of other occupations

If No, please provide a percentage time spent on house building %

Is the Business currently registered with a New Home Warranty Provider? Yes No

If Yes, what is the name of New Home Warranty Provider?

Current Rating with New Home Warranty Provider

Length of time registered with New Home Warranty Provider:

< 1 year	<input type="checkbox"/>	2 – 5 years	<input type="checkbox"/>
1 - 2 years	<input type="checkbox"/>	5 – 10 years	<input type="checkbox"/>
> 10 years	<input type="checkbox"/>		

If No, has the business ever been refused membership, been removed from a New Home Warranty Provider's register or is currently in dispute with a New Home Warranty Provider? Yes No



Previous Developments please provide details of your previous developments (ideally 3)

Development 1 Address

County

Postcode Warranty Provider

Reconstruction Cost Number of Units

Type of Construction: New Build Extension
 Conversion / Refurbishment Mixed

Development 2 Address

County

Postcode Warranty Provider

Reconstruction Cost Number of Units

Type of Construction: New Build Extension
 Conversion / Refurbishment Mixed

Development 3 Address

County

Postcode Warranty Provider

Reconstruction Cost Number of Units

Type of Construction: New Build Extension
 Conversion / Refurbishment Mixed



Industry Experience Please give the full name of all proprietors, partners and directors and home addresses
(Continue on a separate sheet if necessary)

Name

Address

County Postcode

Qualifications

Industry Experience

Name

Address

County Postcode

Qualifications

Industry Experience



Financial Information

Please provide two year's audited accounts demonstrating three years trading.

Should you not be able to meet our financial requirements, a deposit, bank guarantee or cross – company guarantee (see below) may be required.

If the business is a Limited Company or a Special Purpose Vehicle Company, please provide details of any holding company:

Name of Holding Company

Address

County

Postcode

Contact Name

E-mail

Telephone contact number: (day)

(evening)

Fax

Company Registration Number

Name for Cross – Company Guarantee

Address

County

Postcode

Contact Name

E-mail

Telephone contact number: (day)

(evening)

Fax

Company Registration Number



Insurance Details

Have any director or partner/ principal:

- ever been refused property insurance or had any special terms imposed by any insurer? Yes No
- ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind? Yes No
- ever been prosecuted or received notification of intended prosecution under the Health and Safety at Work Act 1974 or Consumer Protection Act 1987? Yes No
- ever been involved with a house builder or construction that has gone into liquidation in the past? Yes No
- Is any director of the applicant or an associated company also a director of any house builder or construction company not referred to on this proposal form? Yes No
- During the last three years have you sustained any losses or had any claims that would be covered by this Insurance? Yes No

If you have answered "Yes" to any of the above questions, or you are aware of any facts that might be relevant please provide details in the Additional Information box and/or a separate sheet if required.

Additional Information



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 Premier Guarantee for New Homes scheme but agree that should the quotation for a New Development or Housing Unit be accepted, that 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

Please return this form to:

The Scheme Administrator, MD Insurance Services Limited, Haymarket Court, Hinson Street, Birkenhead, Wirral, CH41 5BX.

Tel: 0151 650 4343 Fax: 0151 650 4344

Email: enquiries@premierguarantee.co.uk Web Site: www.premierguarantee.co.uk





Haymarket Court Hinson Street Birkenhead Merseyside CH41 5BX

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MD Insurance Services Ltd is the Scheme Administrator for the Premier Guarantee range of new home warranties.
MD Insurance Services Ltd is authorised and regulated by the Financial Services Authority.