

Registration Category										
Developer		As a Q Registered Developer, you will be ab	le to offe	er your custo	mers The Q Policy o	on New Homes &	other structures w	hich are constructed b	y a Q Registered Build	er.
Builder		As a Q Registered Builder, you will be able t	to offer T	he Q Policy	on New Homes & ot	ther structures wh	hich you construct	for Q Registered Devel	opers.	
Developer & Builder		As a Q Registered Developer & Builder, you will be able to offer your customers The Q Policy on New Homes & other structures which you construct and sell o						struct and sell or rent.		
Applicant Contact Details										
Person making this Application						Position				
E-mail Address						Tel				
Contact Address										
(including Postcode)										
Company Details										
Trading Name of Company										
Website										
Registered Company Name (if different from Trading Name)					Registered	d Company	Number			
Date Company Incorporated						tart of Tradi				
Company Type		Public Limited Company			_ Private Limit	ed Compan	y 🗆	Partnership		
		Limited Liability Partnership			Sole Trader			Other (please s	tate below)	
		Other								
Dermant Companies must	ha car	mulated by Darmant Comm	anios							
Dormant Companies – must							W		No. I	
Is the company a Dormant Comp		This means that the compo	-	ot curren	tly trading		Yes		No 🗆	
A Cross Company Guarantee will Please provide details of the com				ny Guara	intee:					
Full Company Name					mpanies Hou	se Registrat	tion No:			
Single Purpose Vehicle (SPV)	– mus	st be completed by SPV's								
Is the company a Single Purpose	Vehicl	e? Yes 🗆 No 🗆]	If the con	npany has been s	setup for one sp	pecific project, p	lease complete the	following sections.	
What was the purposed for the f	formati	ion of an SPV?								
Is the SPV made up of specific companies?							Yes		No 🗆	
If YES, please provide details of all of the companies included within the SPV (please include full company names and co. registration numbers)										
Please provide details of the primary occupation & background information of the companies within the SPV										
A Cross Company Guarantee will be required for SPV's. Please provide details of the company which will provide the Cross Company Guarantee:										
Full Company Name	·puily \	will provide the cross co				so Pogistrat				

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Key Personnel										
Please provide details of the following Key Personnel:										
1. Managing Director / CEO	Name									
E-mail Address					Te					
Years of Industry Experience			Q	ualifications						
2. Person in overall charge of project	s Name									
Job Title				Tel						
E-mail Address										
Years of Industry Experience			Q	ualifications						
Is this person directly employed?		If No, please provide Employer Name								
3. Person in charge of Design	Name									
Job Title		Tel								
E-mail Address										
Years of Design Experience			Q	ualifications						
Is this person directly employed?		If No, plea	ase provide Emp	loyer Name						
4. Person in charge of Construction	Name	Name								
Job Title		Tel								
E-mail Address										
Years of Construction Experience			Q	ualifications						
Is this person directly employed?		If No, plea	ase provide Emp	loyer Name						
Please list the names, titles and qu	alifications of an	y other Compa	any Directors a	nd any releva	nt Managers ,	Technical Staff in your organisation				
Name	Job Tit	le	Quali	fications		E-mail Address				

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Technical & Business Information										
How many years of experience does the business have in the type of construction you are registering for?										
If you have fewer than five years, please provide details of any relevant experience from directly employed personnel										
in you have level than tive years, piease provide actains of any relevant experience from affectly employed personner										
How many units have you built in the last five years? How many units do you plan to build							he next vea	ar?		
Please complete the following table for your company over the last three years							, , , ,			
	Year 1:		· · ·	Year	2:		Year 3:			
Number of Residential Units constructed	nber of Residential Units constructed									
Number of Insurance Claims										
Please provide your <u>full annual accounts</u> for the la	Please provide your <u>full annual accounts</u> for the last three years (required) – please note these should show Turnover & Net Profit/Loss Enclosed									
· · · · · · · · · · · · · · · · · · ·										
Warranty Details										
Are you a member of any other warranty schemes	?	Yes l	□ No [f YES, please pro	ovide your	registration	n certificate		
Please confirm the name of the provider					Registration No					
How long have you been with the provider?					Rating					
How many claims have you had in the last 5 years? What is the average value of the claims? £										
Have you ever been refused cover by a warranty provider?								No		
Please provide details of any Claims and if you have ever been refused cover by a warranty provider										
Company Policies										
Are you a member of CHAS, Constructionline or an	y other SSI	P accredi	ted H&S schei	mes?		Yes		No		
If YES, please include copies of your registration ce	rtificates							Enclosed		
Do you operate the CSCS scheme?						Yes		No		
Are you a member of any Trade Associations?	Yes 🗆	No		Details	;					
Please provide details of any company accreditation	ns:									
Please provide copies of:										
Health & Safety Policy (required)					Included:	Yes		No		
Quality Control Policy					Included:	Yes		No		
Customer Care Policy / Customer Charter					Included:	Yes		No		
Complaints Procedure					Included:	Yes		No		
If you have any other policies, please provide details in the box below and include with your submission										

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Insurance Details										
Please provide copies of your relevant insurance certificates with your submission (required) Enclosed										
☐ Employer's Lia	iability Insurance						s All Risk Insurance			
☐ Professional Ir	Indemnity Insurance									
				L						
Claims Details & (Other History									
Please answer all o	f the following questions:									
Have you or any dire	ector, partner, individual or org	anisat	tion referenced with	in this form, to the best of	your	knowledge:				
- Sustained any los	ses or had any claims in the last	t five y	years which would be	e covered by this insurance	e?		Yes		No	
- Ever been refused property insurance or had any special terms imposed by an insurer?									No	
- Ever been convicted or is there any prosecution pending for any offence involving dishonesty of any kind?									No	
- Ever been prosecuted or received notification of intended prosecution under the Health & Safety at Work Act 1974 or Consumer Protection Act?									No	
- Ever been involved with a company which has been placed in liquidation or ever been declared bankrupt?							Yes		No	
If you answered 'Yes	If you answered 'Yes' to any of the questions above, please provide further details below:									
Conditions & Dec	laration									
Registration with Q and the provision of quotations for Structural Defects Warranties, products or services will be issued on the understanding that the information provided by you is correct. Should any information you provide to us subsequently change or prove to be inaccurate, Q reserves the right to amend quotations or cancel registrations.										
Please note that all quotations issued by Q are made based on the Developer and Builder for a development project being fully registered with Q, and signing up to and complying with the Q Terms of Business Agreement. If the Developer or Builder cancels or does not renew their Q Registration when it is due, before all plots on a quoted development are completed, Q reserves the right to withhold Insurance Certificates and Cover Notes, and may also withdraw or amend quotations.										
By signing this form, I hereby declare that I have read over all the statements and particulars provided in this form and I declare that to the best of my knowledge and belief they are correct and that no material fact has been omitted, misrepresented or mis-stated.										
I believe that I have made a fair presentation of the risk by disclosing all material matters which I know or ought to know or, failing that, by providing sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. (If you are unsure whether to disclose any information, please contact us at client@qassurebuild.co.uk).										
				1						
Name				Position in Company						
Signature				Date						

If you need any assistance completing this form, please call 0333 577 2800 and ask for Q Operations Team.

Please email your completed form and supporting information to client@qassurebuild.co.uk

Privacy Notice — The information provided by you is required by Q and its underwriters in order to provide pricing and information about the provision of structural defects warranties. Our Privacy Statement is available at www.qassurebuild.co.uk/privacy-statement which provides full details of how we use and share information as well as your rights and how to exercise them.

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