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| **Multi-occupancy buildings insurance: CBC18**  **information for residential leaseholders – full disclosure** |

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|  | **History of changes to this document** | | |
| **Version No** | **Location of change** | **Description of change** | **When** |
| V1.0 | Whole Document | New document | 12 2023 |
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| **Guidance notes for using this document** This is a template for disclosure document in relation to multi-occupancy buildings insurance, to meet the disclosure requirements set out at ICOBS 6A.7.3 R, and as further described at ICOBS 6A.7.4 G to 6A.7.22 R. It is designed for a firm which seeks to make all of the required disclosures in one single document.  This is a sample template which will require personalisation and adaptation to meet individual firm requirements. It should, therefore, be personalised to reflect the requirements of your firm.  Once issued, your document should be periodically reviewed and updated to reflect any changes in the legal and regulatory environment, as well as any changes made to the template upon which your document has been based and the context in which its use will be continued.  Any text shown as XXXXX and/or highlighted, or in coloured font, needs to be deleted and replaced with your relevant text, or reviewed as instructions or guidance and then removed.  Before finalising this document for use, please save it on your firm’s own systems and remove this page. Once a completed document is created, please remove any *completion instructions*. |

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| **Multi-occupancy buildings insurance: information for residential leaseholders** | **[Insert Firm Name/Logo]** |

**Address of insured building**

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| 1. **Address** | 1st line of address.  2nd line of address.  Town/City.  Postcode. |
| 1. **Individual leasehold flat/dwelling number/name** | Enter text. |

**Summary of Cover**

***NOTE:*** *Information in this section may already be provided in a Policy Summary or IPID. Firms are free to choose how information in this section is provided, as long as all the details in (03) to (12) are given to the customer to pass onto the leaseholders.*

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| --- | --- | --- | --- |
| 1. **Name of the Insurer, and its regulatory status** | Name of insurer.  Regulatory Status. | | |
| 1. **Type of Insurance** | Enter text. | | |
| 1. **Duration of the Policy** | **Start Date:**  **End Date:** | Enter Start Date  Enter Expiry Date | |
| 1. **Does the Policy also cover properties in addition to that specified in (01) above?** | Choose an item. | | |
| 1. **Sum Insured (SI)** | *If building contains flat(s)*: Total SI for the Building specified in (01) above | | Not Applicable  £ Enter Amount. |
| SI for individual leasehold flat/dwelling specified in (02) above | | Not Applicable  Not Specified  £ Enter Amount. |
| ***Dwellings other than flats:***  SI for the dwelling | | £ Enter Amount. |
| 1. **Excesses**   *Delete/amend excesses as applicable. Include additional excesses as required.* | * Standard Excess £9999 * Subsidence Excess £9999 * Storm/Flood/Escape of Water Excess £9999 | | |
| 1. **Main Risks Insured** | * Enter text. * Enter text. * Enter text. * Enter text. * Enter text. | | |
| 1. **Summary of Excluded Risks** | * Enter text. * Enter text. * Enter text. * Enter text. * Enter text. | | |
| 1. **Exclusions** | * Enter text. * Enter text. * Enter text. * Enter text. * Enter text. | | |
| 1. **Significant features and benefits** | * Enter text. * Enter text. * Enter text. * Enter text. * Enter text. | | |

**Pricing Information**

***NOTE:*** *For (17) and (18), if the amounts entered are only estimates, please indicate by checking the box. For (18), premium at flat level, only needs to be stated, if specified in the policy*

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| --- | --- |
| 1. **Total Premium for the Policy (excl. tax) described in (03) to (12) above** | £ Enter Amount. |
| 1. **Amount of IPT (Insurance Premium Tax) payable in addition to premium** | £ Enter Amount. |
| 1. **Amount of VAT payable in addition to premium** | £ Enter Amount. |
| 1. **Total of Premium and tax payable for the Policy ((13)+(14)+(15))** | £ Enter Amount. |
| 1. **Premium applicable to the building specified in (01) above (excluding tax)** | £ Enter Amount.  Estimated |
| 1. **Premium for leasehold flat/dwelling specified in (02) above (excluding tax)** | £ Enter Amount.  Estimated  Not Applicable |

**Remuneration Information**

***IMPORTANT NOTE:***

*Commission - includes remuneration or benefit of any kind, in connection with the insurance. So may also include broker fees and finance overriders.*

*This section should include all forms of remuneration or financial incentive that would or could be received whether before or after conclusion of the policy. This includes arrangements for sharing profits or where the remuneration is contingent on future events such as payments that rely on certain targets being met.*

*For (19) and (20) if the amounts entered are only estimates, please indicate by checking the box and in some cases explanations may be required to assist with how figures are calculated.*

*In 1. to 5. enter the name of any other intermediaries between the customer-facing intermediary and the Insurer. (If not applicable indicate using the check box).*

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| --- | --- |
| 1. **Total commission, that [Enter Firm Name**] **receives** | £ Enter Amount.  Estimated |
| **1. Total commission that [Other Firm Name] receives**  Not Applicable | £ Enter Amount.  Estimated |
| **2. Total commission that [Other Firm Name] receives**  Not Applicable | £ Enter Amount.  Estimated |
| **3. Total commission that [Other Firm Name] receives**  Not Applicable | £ Enter Amount.  Estimated |
| **4. Total commission that [Other Firm Name] receives**  Not Applicable | £ Enter Amount.  Estimated |
| **5. Total commission that [Other Firm Name] receives**  Not Applicable | £ Enter Amount.  Estimated |
| 1. **Total amount of any remuneration or financial incentive offered or provided to:**   *In 1. to 5. enter name of Property Managing Agent (if applicable) or Freeholder, or anyone acting on the Freeholder's behalf, who receives commission or any other form of financial benefit. (If not applicable indicate using the check box).* |  |
| **1. Third Party Name**.**)** | £ Enter Amount.  Estimated |
| **2. Other Third Party Name**. Not Applicable | £ Enter Amount.  Estimated |
| **3. Other Third Party Name**. Not Applicable | £ Enter Amount.  Estimated |
| **4. Other Third Party Name**. Not Applicable | £ Enter Amount.  Estimated |
| **5. Other Third Party Name**. Not Applicable | £ Enter Amount.  Estimated |

**Placement and Conflicts of Interest Information**

***NOTE:*** *Ignore the 'Placement and Conflicts of Interest Information' section in its entirety if there is no insurance intermediary involved, e.g., where the policy is arranged directly with the Insurer by the Freeholder.*

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| **As the insurance intermediary arranging the Policy described in (3) to (12) above with the Insurer, Enter Firm Name can confirm the following:** | |
| 1. **Number of quotations we obtained for alternative policies with the Insurer specified in (03) above** | Enter Amount. |
| 1. **Number of quotations we obtained for alternative policies with other insurers** | Enter Amount. |
| 1. **We believe that the Policy is consistent with the interests of the customer and leaseholder for the reasons specified opposite** | * Enter Reason. * Enter Reason. * Enter Reason. * Enter Reason. * Enter Reason. |
| 1. **We have a direct or indirect holding representing 10% or more of the voting rights or capital in the insurance company specified opposite** | Enter name of Insurer(s) or state Not Applicable. |
| 1. **The insurance company or its parent company specified opposite has a direct or indirect holding representing 10% or more of the voting rights or capital in our firm** | Enter name of Insurer(S), or their parent companies, or state Not applicable. |
| 1. **For the purposes of the Policy described in (03) to (12) above, we are acting on behalf of** | The customer/policyholder  The Insurer |

The information contained in this document is intended for onward transmission to residential leaseholders. If you have any queries regarding the content, or you require further detail relating to any of the information provided above, please contact Enter Firm Name by one of the following methods:

**Address:** 1st line of address.

2nd line of address

Enter Town / City.

Enter Postcode.

**Telephone:** Enter number.

**Website:** Enter Web Address.

**Email:** Enter Email Address.