

Client Details



INTRODUCTORY STATEMENT:

Please answer the questions set out below accurately and completely.

For your convenience, we have included certain answers in the form however you must change these answers if they are inaccurate. This may result in us requiring further underwriting information, but may not preclude us from providing cover. You must notify us on behalf of your client of any changes to the information provided. You must answer all questions accurately and completely. You must provide us with all further information we request and any other information of which we should be made aware.

What is the renewal or expected start date of this policy	<input type="text"/>
Proposer/Company Name	<input type="text"/>
Trading Name(s)	<input type="text"/>
Contact Name	<input type="text"/>
Company Type	<input type="text"/>
How many full years have you been trading	<input type="text"/>
Please details of membership of any industry trade association or accreditation body	<input type="text"/>

Correspondence Address

Is the Correspondence Address also a trading address?  
If no:

Additional Trading Addresses

Please enter your trade

Does your actual trade differ from the ones selected above?  
If Yes:

Yes/No

Please provide a full business description

**Please select the cover required**

Employers', Public and Products Liability

Contract Works

Employee Tools and Personal Effects

Plant and Equipment

Legal Expenses

Do you carry out any work outside the UK?

Yes/No

**Estimated Annual Turnover for the next 12 months, split as follows:**

UK Contracting Turnover

If work outside the UK is Yes:

USA/Canada Contracting Turnover

Rest of the World Contracting Turnover

If ROW Turnover > £0

Please list the countries and split in turnover

Cost of Materials / Land Costs

Payments to Bona-fide Subcontractors

If Payments to BFSC > £0 and Liability Cover required:

**Bona-fide Subcontractors Questionnaire**

Do all Bona-fide subcontractors carry their own public liability insurance with the same or higher limit of indemnity as held by you?

Please provide details below:

Within an overall contract timescale, are all Bona-fide subcontractors able to decide what work to do, how and when to do the work and where to provide the services?

Please provide details below:

Do all Bona-fide subcontractors provide their own tools and materials?

Please provide details below:

Do all Bona-fide subcontractors regularly work for other clients (not only you)?

Please provide details below:

Do all Bona-fide subcontractors work under a contract of service as opposed to a contract of employment?

Please provide details below:

If Employers', Public and Products Liability Cover is required:

**Liability Financials**

Cover Required:  
Public Liability limit required

Employers Liability limit required

If Employers Liability Cover required:

ELTO Requirements

Is your business registered in the UK, employing 1 or more People and operating a PAYE scheme?

Yes / No (Exempt) / Yes, but ERN details are not

What is the company's Employers Reference Number (ERN)?  
This may be referred to as the Employer's PAYE Reference.

Does this policy cover more than one company?

Yes/No

If Yes:  
Please provide details below of additional companies insured under this policy:

Are all of your Employees UK domiciled & on UK Contracts of Employment ?

Yes/No

If No:  
Please provide details below:

**Estimated Annual Wagerolls**

Clerical/Non Manual Principals

£

Clerical, Managerial and Supervisory Employees (Non Manual)

£

Manual Principals	£
Drivers	£
Yard / Warehouse	£
Woodworking machinists	£
All other employees/LOSC's working at your premises	£
All other employees/LOSC's working away from your premises	£
Other Wagerolls	£

**Number of Persons working within the company at any one time**

If the Insured is a sole trader with no employees please enter 1 in the Manual Principals / D  
 ONLY COMPLETE THIS SECTION IF YOU REQUIRE A PER CAPITA QUOTATION

Clerical Principals/Directors	
Manual Principals/Directors	
Clerical Staff	
Manual Staff/LOSC's	

If Employers', Public and Products Liability Cover is required:

**The Business**

**Do you undertake design work for:**

a) your own contract/s ?
 

Yes/No

b) other work ?
 

Yes/No

If Yes:

Please provide details of work:

Please confirm you comply with the Health & Safety at Work Act
 

Yes/No

Do you have a designated Health & Safety Manager ?
 

Yes/No

Do you use an external Risk Management Consultant ?
 

Yes/No

Do you have a written Health & Safety Policy in place?	Yes/No
If No:	
Please provide details of the above:	
If Yes:	
Does your written Health & Safety policy cover:	
Risk Assessments	Yes/No
COSHH Assessments	Yes/No
Personal Protective Equipment	Yes/No
Manual Handling	Yes/No
Staff Induction Training	Yes/No
Workplace Inspections	Yes/No

**Are any of the following used in connection with your business?**

Wood Working Machinery	Yes/No
Lifts, cranes, hoists or other lifting apparatus	Yes/No
Scaffolding	Yes/No
Processes involving noise levels in excess of 85 dB(A)	Yes/No
If Yes:	
Are noise assessments carried out ?	Yes/No
Radioactive substances or other sources of ionizing radiations	Yes/No
Asbestos	Yes/No
Silica, PCB's or lead	Yes/No

Explosives

if Yes:

Please provide details:

Yes/No

If Scaffolding is Yes:

Do you or any of your employees carry out the erection, movement, alteration or dismantling of scaffolding?

Please provide the maximum height limits you work to:

m

Provide the maximum depth limits you work to:

m

If Contract Works cover required:

Contract Works

The maximum estimated value in respect of any one contract

£

The average estimated value in respect of any one contract

£

The maximum estimated contract period in respect of any one contract (number of months)

The average estimated contract period in respect of any one contract (number of months)

Details of the typical types of contract undertaken

If Employees Tools and Personal Effects cover required:

The total value of all employees tools and personal effects to be insured

£

Do you require cover for theft of Tools from unattended vehicles?

Yes/No

If Plant and Equipment Cover Required:

**Plant and Equipment - Financials**

What is the total replacement value of temporary buildings and/or site huts owned by the Business?

£

What is the total replacement value of Contractors Plant, Tools & Equipment owned by the Business?

£

What is the maximum replacement value of any one item of owned plant?

£

What is the maximum value of Contractors Plant & Equipment hired in by the Business at any one time?

£

What are the annual hiring charges incurred by the Business?

£

What are the annual hiring charges received by the Business?

£

If available, please provide a full schedule of plant including item description, age, market value  
Any Item of plant with a value of £25,000 or over MUST be declared:

Item of Plant



Description i.e Type; Manufacture; Capacity; Serial No

Year of Manufacture

New Replacement Value

Current Market Value

£
£

**Plant and Equipment - Please answer the following:**

The Contractors Plant & Equipment to be insured is used solely in connection with the Business

Yes/No
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If No:

Please provide details:

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The Contractors Plant & Equipment is used only within Great Britain, Northern Ireland, The Isle of Man and The Channel Islands

Yes/No
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If No:

Please provide details:

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The Contractors Plant & Equipment is operated, maintained and serviced in accordance with the manufacturers recommendations

Yes/No
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If No:

Please provide details:

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The Contractors Plant & Equipment is returned to a lockfast building or secure compound when not in use

Yes/No
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If No:

Please provide details:

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The Contractors Plant & Equipment is inspected in accordance with any statutory regulations

Yes/No
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If No:

Please provide details:

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The Contractors Plant & Equipment is used by operators licensed in accordance with statutory regulations	Yes/No
If No:	
Please provide details:	

If "What are the annual hiring charges received by the Business?" > £0	
The Contractors Plant & Equipment is hired out under the model conditions of hire approved by the Contractors Plant-hire Association (CPA) or the Scottish Plant Owners Association (SPOA)	Yes/No
If No:	
Please provide details:	

Is cover required during loading transit and unloading?	Yes/No
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Is cover required whilst plant is let out on hire or loan to any third party?	Yes/No
If Yes:	
Is indemnity to the first hirer required?	Yes/No

Does any of the Contractors Plant & Equipment take in and process materials and/or feedstock?	Yes/No
If Yes:	
Please provide details:	

<b>Will the Contractors Plant &amp; Equipment be used</b> On Demolition sites	Yes/No
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In Mines or other Underground locations	Yes/No
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In areas where dynamiting is taking place	Yes/No
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On or near to water	Yes/No
If any of the above are Yes:	
Please provide details if you have answered Yes to any of the above questions:	

**Contract Information:**

Are all contracts carried out under standard JCT conditions?	Yes/No
If No:	
Please provide additional information regarding the contracts used	Yes/No

**Do you undertake work in, at, or immediately adjacent to :**

Airports, aerodromes, runways, helipads or landing strips	Yes/No
If Yes:	
Please provide details:	

Aircraft or other aerial devices	Yes/No
If Yes:	
Please provide details:	

Jetties or piers	Yes/No
If Yes:	
Please provide details:	

Ships, vessels or watercraft	Yes/No
If Yes:	
Please provide details:	

Hovercraft or air cushioned vehicles	Yes/No
If Yes:	

Please provide details:

Railway lines

Yes/No

If Yes:

Please provide details:

Railway installations, or premises connected to and forming part of and railway infrastructure

Yes/No

If Yes:

Please provide details:

Dams or aqueducts

Yes/No

If Yes:

Please provide details:

Mines or quarries

Yes/No

If Yes:

Please provide details:

Nuclear power stations, or any other designated nuclear sites

Yes/No

If Yes:

Please provide details:

Oil refineries, petrochemical installations, or related storage sites

Yes/No

If Yes:

Please provide details:

Chemical plant

Yes/No

If Yes:

Please provide details:

Fuel tanks or storage vessels

Yes/No

If Yes:

Please provide details:

Offshore installations including rigs

Yes/No

If Yes:

Please provide details:

Bridges

Yes/No

If Yes:

Please provide details:

Demolition Sites

Yes/No

If Yes:

Please provide details:

Recycling Sites

Yes/No

If Yes:

Please provide details:

Do you carry out any contracts involving basement conversions?

Yes/No

Do you carry out any work on timber framed buildings?

Yes/No

Do you or any of your employees engage in the application of heat away, including grinding, from your business premises?

Yes/No

If Yes:

Please provide details of the type and amount of heat work carried out away from the business premises

If Legal Expenses required:

Our Essential Business Legal Expenses package includes:

- Employment
- Employment Compensation Awards
- Employment Restrictive Covenants
- Tax Disputes
- Property
- Legal Defence
- Compliance & Regulation
- Statutory Licence Appeals
- Loss Of Earnings
- Personal Injury
- Executive Suite
- Contract & Debt
- Crisis Communication

- Business legal advice helpline
- Counselling helpline
- Crisis communication helpline
- Redundancy approval helpline

**Claims**

Within the last 5 years, have you or any of your Partners or Directors in connection with any business which you/ they have been involved had any losses whether insured or not or had any claims made against you?

Yes/No
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If Yes:  
Please provide details of all claims below

- Type of Loss
- Date of Loss
- Amount of Loss
- Claim Status

£

Claim Details

Statement of Fact

Have you or any of your Partners or Directors either personally or in connection with any business which you/they have been involved ever :-

Yes/No

been declared bankrupt or are the subject of any current bankruptcy proceeding or any voluntary or mandatory insolvency or winding up procedures?

Yes/No

been disqualified from being a Company Director?

Yes/No

had a County Court Judgement or Sheriff Court Decree?

Yes/No

been convicted of or charged with (but not yet tried) a criminal offence other than Motoring offence(s) or spent conviction(s) in accordance with the "Rehabilitation of Offenders Act 1974"?

Yes/No

If Yes:

Convictions:

Conviction Type

Date of Conviction:

Details:

Please Select

been prosecuted or have prosecutions pending under the Health and Safety or Welfare or Environmental Protection legislation or been prosecuted or served with a prohibition or improvement order under health and safety legislation?

Yes/No

had any insurance proposal declined, renewal refused, had any special or increased terms applied, had insurance cancelled mid-term by Underwriters, had a policy declared void or claim repudiated?

Yes/No

If you have answered yes to any question above, please provide additional information

Please provide any additional information or further details here

I confirm on behalf of myself and my client that I have fully read and

**Additional Notes**

Additional Notes





