

Contractors Combined Liability & Contractors All Risks/ Contractors Plant & Equipment Proposal Form

Full Name of the Insured (including the name of all subsidiary companies):

1.

2. Full Business Description:

3. Business Address & Postcodes (if more than one location please state all premises – on an additional schedule if necessary):

Postcode:

4. **Employer Reference Number (Employer PAYE Reference):**

This information is compulsory for all companies with employees (paying total gross salaries of more than £503 per month) and you must include the ERN for all subsidiary companies if applicable – please provide a separate schedule if necessary).

5. Do you belong to any Trade Associations? If “Yes” please list the associations you belong to:

6. How long has the business been established ? _____

7. Date from which cover is required ? _____

8. We provide Limits of £10m for EL & £5m for PL/Pr – if you require different limits, please outline below :

Employers’ Liability _____

Public / Products Liability _____

9. Estimated Gross Annual Wage Roll for:

	<u>Own Premises</u>	<u>Work Away</u>
Clerical & Managerial (Non-Manual)	_____	_____
Supervisory	_____	_____
Yard/Warehouse	_____	_____
Drivers	_____	_____
Own Manual - Ground Level	_____	_____
Own Manual - All Other	_____	_____
LOSC	_____	_____
BFSC	_____	_____

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

If NO please provide details

Do you carry out any work outside the UK ?

If YES please provide details

10. Estimated Gross Turnover (Split) :

Cost of Materials : _____
 Sales : _____
 Hiring : _____
 Bona-Fide Sub Contractors : _____
 All Other UK Turnover : _____

 USA/Canada: _____
 Rest of World: _____

11. Do you undertake design work for :-

a) your own contract/s ?

b) other work ?

12. Do you have a standard contract between you and your client to which you comply ?

If YES, what percentage of work undertaken is based upon this contract ?

_____ %

13. During the last five years have you suffered any loss, or had any claims made against you or have any incidents occurred whether or not they have been claimed for?

If "YES" please provide details – authenticated claims experience may be required if the risk incepts:

Date & Circumstances (Specify if EL or PL)	Paid	Outstanding
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any Insurer:

- Refused to accept a proposal from you?
- Refused to continue a Policy of Insurance held by you?
- Imposed special terms on an Insurance Policy held by you?

<input type="text"/>
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14. Have you or any of your businesses ever been declared bankrupt, insolvent or gone into liquidation?
Have any actions of bankruptcy been made against you? **(if YES please provide details)**

15. Have you, or any of your business partners or directors ever been convicted of or charged with a criminal offence, other than a motoring offence? **(if YES please provide details)**

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16. Please confirm you comply with the Health & Safety at Work Act 1974.

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17. a) Do you have a designated Health & Safety Manager ?
b) Do you use an external Risk Management Consultant ?
c) Have you ever been prosecuted under the Health & Safety at Work Act or other statute or regulations ? **(if YES please provide details)**

18. Do you have a written Health & Safety Policy in place?
Does it cover?:

- Risk Assessments:
- COSHH Assessments:
- Personal Protective Equipment:
- Manual Handling:
- Staff/Induction Training:
- Workplace Inspections:

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

- Wood Working Machinery
- Lifts, cranes, hoists or other lifting apparatus
- Scaffolding
- Processes involving noise levels in excess of 85 dB(A)
If YES are noise assessments carried out ?
- Radioactive substances or other sources of ionizing radiations
- Asbestos – **(if YES please provide details)**
- Silica, PCB's (polychlorinated biphenyls) or lead **(if YES please provide details)**
- Explosives **(if YES please provide details)**

20. Please advise the maximum Height & Depth Limits you may require :-

<u>Height</u>	_____ %	<u>Depth</u>	_____ %
Ground Level	_____ %	Ground Level	_____ %
Up to 5m	_____ %	Up to 1m	_____ %
5m to 10m	_____ %	1m to 3m	_____ %
10m to 15m	_____ %	3m to 5m	_____ %
15m +	_____ %	5m +	_____ %

Please provide FULL details of all activities of work undertaken above 15m in height & below 5m in depth

21. Do you undertake work in, at or within 10m of :-

- Airports, aerodromes, runways, helipads or landing strips
- Aircraft or other aerial devices
- Jetties or piers
- Ships, vessels or watercraft
- Hovercraft or air cushioned vehicles
- Railway lines
- Railway installations, or premises connected to and forming part of any railway infrastructure
- Dams or aqueducts
- Mines or quarries
- Nuclear power stations, or any other designated nuclear sites
- Oil refineries, petrochemical installations, or related storage sites
- Chemical plant
- Fuel tanks or storage vessels
- Offshore installations including rigs

Please provide FULL details of all activities answered YES

Contractors All Risks & Contractors Plant / Equipment

22. Please confirm that the CAR/CPE part of the Business has been insured claim free for the past 3 years?

If NO - Please provide details below :-

23. Contractors All Risks

Please confirm the following

The total estimated annual contracting turnover of The Business (including the total estimated value of any free issue materials) _____

The maximum estimated value in respect of any contract _____

The average estimated value in respect of any one contract _____

The maximum estimated contract period in respect of any one contract _____ months

The average estimated contract period in respect of any one contract _____ months

The total value of all employees tools to be insured _____

The maximum value of tools for any one employees _____

Details of the typical types of contract undertaken:

24. Contractors Plant / Equipment

Own Plant

Total Sum Insured _____

Single Article Limit _____

Hired in Plant

Total Sum Insured _____

Single Article Limit _____

Annual HIP Charges _____

Please answer the following

- a. Is the Contractors Plant & Equipment to be insured used solely in connection with the Business?
- b. Is the Contractors Plant & Equipment used only within Great Britain, Northern Ireland, The Isle of Man and The Channel Islands?
- c. Is the Contractors Plant & Equipment operated, maintained and serviced in accordance with the manufacturers recommendations?
- d. Is the Contractors Plant & Equipment returned to a lockfast building or secure compound when not in use?
- e. Is the Contractors Plant & Equipment inspected in accordance with any statutory regulations?

f. Is the Contractors Plant & Equipment used by operators licensed in accordance with statutory regulations?

g. Is the Contractors Plant & Equipment used in hazardous conditions?
e.g. demolition, mining, dynamiting, underground, on or near water, on bridges, etc.
If the answer is YES - please provide details.

h. Is all Contractors Plant & Equipment hired out under Contractors Plant-hire Association (CPA) or the Scottish Plant Owners Association (SPOA) Conditions?
If the answer is NO – please provide details of Hire Conditions?

i. Is Cover required during loading transit and unloading?

j. Is cover required whilst plant is let out on hire or loan to any third party?
If the answer is YES - is indemnity to the first hirer required?

k. Does any of the Contractors Plant & Equipment take in and process materials and/or feedstock?
If the answer is YES and cover is required - please provide details of such plant below.

l. The total new replacement value of Contractors Plant & Equipment owned by the Business _____

m. The total market value of Contractors Plant & Equipment owned by the Business _____

n. Maximum any one accident limit for owned plant per (l) and (m) above _____

o. The maximum value of Contractors Plant & Equipment hired in by the Business at any one time _____

p. The annual hiring charges incurred by the Business _____

q. The annual hiring charges received by the Business _____

Please attach a full schedule of Own Plant including item description, age, market value and new replacement value – or provide in the box below

Declaration

I declare that I am authorised to complete this proposal on behalf of the Business and that, to the best of my knowledge and belief, the statements and particulars in this proposal are true and correct and no material facts have been suppressed or mis-stated. I undertake to inform Insurers of any change to any material fact which occurs before any insurance based on this proposal is effected and acknowledge that this proposal, together with any other information supplied to Insurers, shall be the basis of such contract.

Signed:

Position:

Name:

Date: