

IMPORTANT NOTE

The Insurance Act 2015 & Your Responsibilities

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy.

This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information.

This information needs to be provided in a clear and accessible manner.

Material facts are those which are likely to influence us in the acceptance of the terms or pricing of your policy.

If you have any doubts as to whether any information is material you should provide it to us.

Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

The Business

Business Name

Business Address

Business Description
Including % splits in trades

Date Business Established

Current Insurers

Renewal Date

If the business has been established less than 2 years, please provide full details of the experience of the current Directors/ Partners within the construction industry including companies they have worked for any details of managerial experience

Have any of the Directors or Partners of the business ever been prosecuted for any health and safety issue or received a health and safety prohibition notice?

Yes

No

Have any of the Directors or Partners of the business ever been convicted or charged with any criminal offence other than a motoring offence?

Yes

No

Have any of the Directors or Partners of the business ever been declared bankrupt and/ or been a Director/Partner of a company which has gone into liquidation, administration, receivership or been subject of a County Court judgement (or the Scottish equivalent)?

Yes

No

If the answer is "Yes" to any of the above questions then please provide full details

Business Activities

Please supply % of turnover in respect of the following:

Premises worked upon

% of turnover

Domestic – PDH & flats

%

Light Commercial – Shops, offices & hotels

%

Commercial – Schools & hospitals

%

Industrial – Factories & Warehouses

%

Other – Please describe

%

What % of turnover relates the application of heat away from your own premises?

%

If heat used, please state what method(s) i.e. blow torch, heat gun

Height limits worked to

% of turnover

Ground level work

%

Height work up to 15 metres

%

Height work over 15 metres up to a maximum of 20 metres

%

Height work over 20 metres up to a maximum of 30 metres

%

Height work over 30 metres (state maximum height worked to)

%

For works exceeding 30 metres in height, please provide full details of works being undertaken and means of access

Depth limits worked to

% of turnover

Ground level work

%

Depth work down to 1 metre

%

Depth work below 1 metre down to a maximum of 3 metres

%

Depth work below 3 metres down to a maximum of 5 metres

%

Depth work below 5 metres (state maximum depth worked to)

%

For works exceeding 5 metres in depth, please provide full details of works being undertaken

Do you undertake any of the following types of work?

Demolition undertaken by employees or labour only sub contractors of buildings or part of a building when such work does not form part of a contract for reconstruction, alteration or repair and exceeds 5 metres in height	Yes	No
Construction, alteration or repair of bridges, viaducts, towers, steeples, spires pylons, chimney shafts, blast furnaces, docks, harbours, tunnels, mines, dams coastal defence or flood protection	Yes	No
Pile driving, quarrying or use of explosives	Yes	No
Contracts solely for the laying of main sewers	Yes	No
Handling, removal, storage or transportation of asbestos or asbestos containing materials or silica	Yes	No

If the answer is “Yes” to any of the above questions then please provide full details

Do you undertake work at any of the following locations?

Airside (but not including work in shops and offices at airports)	Yes	No
On or in any ship, vessel, water craft, air cushioned vehicle or jetties	Yes	No
At railways or railside (excluding work within shops or offices)	Yes	No
At nuclear sites, gas, chemical or petrochemical works (including storage) refineries, power station or petrol tanks	Yes	No
Overseas, outside of the UK or offshore	Yes	No

If the answer is “Yes” to any of the above questions then please provide full details

Do you carry out any construction of timber framed buildings (other than normal roofing trusses supports or beams)?

Yes

No

If Yes, please provide full details:

Do you carry out any work involving the excavation or creation of basements and or cellars?

Yes

No

If Yes, please provide full details:

Do you carry out any work involving industrial pipework, installation or maintenance of sprinklers, dry risers or wet risers?

Yes

No

If Yes, please provide full details:

Do you carry out any work involving plumbing/heating/ventilation work on properties in excess of 20m (6 stories)?

Yes

No

If Yes, please provide full details:

If Yes to the above question, please provide a % breakdown of the locations for such work

Domestic

%

Small commercial (shops/offices/pubs/restaurants)

%

Large commercial (hotels/schools/hospitals/railways/airports)

%

Industrial

%

Health & Safety

Do you have a written and signed health & safety policy?

Yes

No

What is the date of the last review of the policy?

When was it last communicated to all employees?

Do you engage the services of an external company to oversee the health & safety of the business?

Yes

No

If "Yes", please provide full details

Do you have a trained competent person responsible for health & safety issues?

Yes

No

If yes, please provide the following details:

Name

Position in the business

Training details

Do you keep records of training provided?

Yes

No

Do you supply and enforce the use of personal protective equipment?

Yes

No

Do you keep records of personal protective equipment supplied?

Yes

No

Please provide details of any memberships to trade associations or pre-qualification schemes

Risk Management

Do you carry out risk assessments for each contract you work on? Yes No

If "No", please provide full details

Do you produce written work method statements for each contract your work on? Yes No

If "No", please provide full details

Do you engage the services of Bona Fide Sub Contractors? Yes No

Please provide details of the activities undertaken by the Bona Fide Sub Contractors you engage

Where you are held responsible, do your site safety and security arrangements include:

Materials storage Yes No

Control of access/egress to site of visitors Yes No

Full site perimeter fencing and boarding Yes No

Arrangements for securing valuable and portable equipment outside of working hours Yes No

Larger items of plant and machinery being fitted with tracking devices Yes No

Larger items of plant and machinery being fitted with immobilisers Yes No

Plant being registered with a scheme Yes No

Covering or fencing holes and openings Yes No

How do you secure and protect tools and plant (including hired in plant)

Estimates & Cover Required

Liabilities

Note: Employers Liability limit is provided at £10,000,000 as standard

Please confirm what limit of liability is required for Public & Products Liability

Please provide estimates for the forthcoming insurance year:

Description	Direct Employees Wageroll	Payment to Labour Only Sub Contractors	Payments to Bona Fide Sub Contractors
Clerical and non-manual staff	<input type="text" value="£"/>		
Manual Directors wages	<input type="text" value="£"/>		
Drivers & yardsmen	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Wood/Metal working machinists	<input type="text" value="£"/>		
All other manual work away from own premises	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>

Please confirm the estimated annual turnover for the forthcoming insurance year

Contractors All Risks

State maximum contract value required for any one contract site

State maximum contract period required for any one contract site

State average contract value

State average contract period

State total replacement value of owned plant, tools, site huts and temporary buildings

State maximum value of any one item of owned plant

State the estimated annual hiring charges for the forthcoming insurance year

State maximum value of any one item of hired in plant

State maximum total value of any one accident at any one site

State total replacement value of employees tools and other personal effects

Note: Maximum limit of £1,000 employees tools and personal effects per employee

Claims & Loss History

Have any of the Directors or Partners in connection with your business ever suffered Any loss, damage, injury or disability or incurred liability (whether insured or not) During the last 5 years in connection with any of the risks proposed?

Yes

No

If the answer is "Yes" then please complete the details below

Employers Liability

Date of loss	Details of claim	Amount paid	Amount outstanding
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Public Products Liability

Date of loss	Details of claim	Amount paid	Amount outstanding
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Contractors All Risks

Date of loss	Details of claim	Amount paid	Amount outstanding
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Declaration

Please provide any further details that could be considered material to this insurance proposal

I hereby declare that the answers contained within this Proposal are true and complete and that I have supplied a fair presentation of the risk. I agree that this Proposal and declaration and truth and completion of the answers herein shall be the basis of contract between me and the Underwriters/Insurers.

Signature of Proposer

Printed Name of Proposer

Date

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Helping you do more