

CONSTRUCTION E-ENQUIRY RISK PRESENTATION FORM



Please note there is a comments page at the end of the form for any additional information

Date produced on	<input type="text"/>
Quote required by	<input type="text"/>

Intermediary details

Intermediary Name	<input type="text"/>	
Address	<input type="text"/>	
Postcode	<input type="text"/>	<input type="text"/>
Contact person	<input type="text"/>	
Direct Telephone no (inc code)	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	

Client details

Client Name	<input type="text"/>	
Postal address	<input type="text"/>	
Postcode	<input type="text"/>	<input type="text"/>
Business description	<input type="text"/>	
Year established	<input type="text"/>	<input type="text"/>

Period of insurance

From:	<input type="text"/>	To:	<input type="text"/>
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Additional information

Do you currently hold this business?	<input type="text"/>	(If No, please give name of current intermediary)
Name of holding intermediary	<input type="text"/>	
Name(s) of holding insurer(s)	<input type="text"/>	

Targets

Expiry premium £	<input type="text"/>	Target premium £	<input type="text"/>
LTU expiry date (if applicable):	<input type="text"/>		

Background information

Provide any other relevant information on the company

Claims Experience

5 Year History – details of any incidents which have or could have resulted in a claim, whether insured or not.

Date	Address where occurred	Cover Type	£ Paid	£ Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of incident

Date	Address where occurred	Cover Type	£ Paid	£ Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of incident

Date	Address where occurred	Cover Type	£ Paid	£ Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of incident

Date	Address where occurred	Cover Type	£ Paid	£ Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of incident

General details

How long have you been in business:

i) in these premises? ii) elsewhere?

Have you, your Directors, Partners or family members involved with the business or any other business ever:

had a proposal or insurance declined cancelled or refused?

Details of declinature, cancellation or refusal

had any renewal refused?

Details of renewal refusal

had any special terms or conditions imposed?

Details of special terms and conditions

been convicted or charged (but not yet tried) or been given an Official Police Caution, in respect of any criminal offence?

Details of criminal offence or police caution

been the subject of any County Court Judgements or Sheriff Court Decrees?

Details of Judgements or Decrees

been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation?

Details of bankruptcy, insolvency, disqualification, receivership, administration or liquidation

been involved in another company within 6 months before receivership/insolvency?

Details of receivership/insolvency

Any other material circumstances to disclose?

Material circumstance details

Please give details of previous insurers in the last five years

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COVER REQUIRED

Please specify covers required

- Asset Protection**
- Property Damage and Theft
 - Glass
 - Computer
 - Electronic Equipment
 - Business All Risks
 - Goods in Transit
 - Money and Assault
 - Contract Works
 - Engineering
 - Employee Dishonesty
-

- Revenue Protection**
- Business Interruption
 - Books Debts
-

- Legal Liabilities**
- Employers' Liability
 - Public and Products Liability
 - Commercial Legal Protection
 - Directors and Officers
-

- Employee Benefits**
- Personal Accident
-

ASSET PROTECTION

PROPERTY DAMAGE AND THEFT

(Note if there is more than one premise you will need to fill in additional property damage and theft sections)

Premises address

Postcode

Are the premises in sole occupation?

If No, please give full details of all other occupants

Construction Heating and Occupation

Are the buildings of standard construction (constructed of brick, stone or concrete and roofed with slates, tiles, concrete metal or asbestos). Heated by low pressure hot water or steam oil fired space heaters fed from a fuel tank in the open, overhead gas or electrical appliances. Occupied for the sole purpose of The Business and otherwise only as a private dwelling?

If No, please give full details

Sandwich panels used in construction? If Yes, details of sandwich panels

Number of storeys

Age of building

Electrical system inspected in the last 5 years and certified IEE (or equivalent) compliant?

Fire precautions

Fire alarm

Fire extinguishers to LPC scale

Nearest Full-Time Fire Brigade

Sprinkler

If Yes, give details:

Security precautions

Intruder Alarm

Alarm type

Maintenance

Police response

Other security, please tick:

CCTV

Grilles

Bars

Shutters

Other

Give details

General

Are the premises in a good state of repair? If No, give details

Are the premises in an area previously affected by flooding or at risk of flooding?
 If Yes, give details

Is the building located:
 Near a seafront or on a promenade Near a cliff or other exposed area
 Near a lake, reservoir or dam Near a watercourse, canal or dam
 If Yes to any of the above, give details

Any portion of the premises partly unused/unfurnished/unoccupied? If Yes, give details

What procedures are followed for recharging fork lift truck batteries?

		Sum Insured £
Buildings		
Tenants improvements and decorations		
Machinery, plant and other contents		
Audio and Visual Equipment		
Computers and ancillary equipment		
Stock and materials in trade		
High valued stock (1)	<input type="text"/>	
High valued stock (2)	<input type="text"/>	
All other property – state:	<input type="text"/>	
Day 1 (Non-Adjustable) Percentage	<input type="text"/> %	
Day 1 (Adjustable) Stock Declaration		<input type="text"/>

Contingencies (please specify): Specified Contingencies All Risks
 Additional Contingencies: subsidence Damage to underground services
 Other please specify

(If subsidence is selected from the list, please answer the following questions. Please also note that a subsidence questionnaire may need to be completed)

Has the property or any adjacent property previously suffered damage from subsidence, heave or landslip?
 Does the building have any visible signs of cracking?
 Is terrorism cover required?

Current Property Damage Excess	£	Property Damage Excess for Quote	£
Current Theft Excess	£	Theft Excess for Quote	£
Current Subsidence Excess	£	Subsidence Excess for Quote	£

GLASS

All fixed external glass - please state glass type other than plain plate, its relevant percentage to overall glass

Bandit	<input type="text"/>	<input type="text"/> %
Armoured	<input type="text"/>	<input type="text"/> %
Stained	<input type="text"/>	<input type="text"/> %
Bent glass	<input type="text"/>	<input type="text"/> %
Has any glass been engraved or has sign writing?	<input type="text"/>	If yes, please describe details

Internal glass

Breakage of sanitary items?	<input type="text"/>	No of fittings	<input type="text"/>
Counter cases?	<input type="text"/>	No of cases	<input type="text"/>

COMPUTER

Please ensure you have completed the Security Precautions questions under the Property Damage and Theft section.

Computer Equipment

	Sum Insured
Computer equipment including ancillary equipment	£ <input type="text"/>
Software and programs including cost of replacement licences or dongles	£ <input type="text"/>
Portable equipment (e.g. laptops)	£ <input type="text"/>

If your equipment is not subject to a maintenance agreement, do you require cover for breakdown?

Is your equipment of standard design and manufacture?

If NO, please supply details.

Increased Cost of Working

Do you require cover for Increased Cost of Working?

If YES, please confirm the sum insured you require £

Please confirm your required Indemnity Period if less than 12 months

Reinstatement of Data

Do you require cover for Reinstatement of Data?

If YES, please confirm the sum insured you require £

Please give specific details of additional security measures in place to protect your computer equipment such as entrapment devices or security cabling

ELECTRONIC EQUIPMENT

Electronic Equipment

Owned equipment

	Sum Insured
Recording, Production and Broadcasting Equipment	£ <input type="text"/>
Medical Equipment	£ <input type="text"/>
Office Equipment	£ <input type="text"/>
Manufacturing Control or Monitoring Equipment	£ <input type="text"/>
Software and programs including cost of replacement licences or dongles	£ <input type="text"/>
Data Storage Materials	£ <input type="text"/>
Any other equipment – please supply details:	£ <input type="text"/>

Equipment used away from the premises – please supply details: £

Territorial limit required for equipment used away from the premises:

UK Europe Worldwide

Is your equipment of standard design and manufacture?

If NO, please supply details.

Do you require cover for Breakdown?

If YES, is the equipment subject to a full maintenance agreement? (that is a contract providing on call remedial or corrective maintenance, which includes the cost of parts and labour)

Hired In equipment

Limit of Indemnity required £

	Estimated Annual Hiring Charges
Recording, Production and Broadcasting Equipment	£ <input type="text"/>
Medical Equipment	£ <input type="text"/>
Office Equipment	£ <input type="text"/>
Manufacturing Control or Monitoring Equipment	£ <input type="text"/>
Software and programs including cost of replacement licences or dongles	£ <input type="text"/>
Data Storage Materials	£ <input type="text"/>

Any other equipment – please supply details:

£

Equipment used away from the premises – please supply details:

£

Territorial limit required for equipment used away from the premises:

UK

Europe

Worldwide

Is your equipment of standard design and manufacture?

If NO, please supply details.

Do you require cover for equipment hired out?

If YES, please advise Estimated Hiring Out Charges and detail types of equipment

£

If YES, will hires be under written conditions which make the hirer responsible?

If NO, please provide details including a copy of any conditions used

Please give specific details of additional security measures in place to protect your electronic equipment

a) at the premises:

b) for any equipment used away from the premises:

Increased Cost of Working

Do you require cover for Increased Cost of Working?

If YES, please confirm the sum insured you require

£

Please confirm your required Indemnity Period if less than 12 months

Reinstatement of Data

Do you require cover for Reinstatement of Data?

If YES, please confirm the sum insured you require

£

BUSINESS ALL RISKS

Property to be insured

For each Item please specify the location that applies:

Premises only – The premises specified in the property damage section

UK – Anywhere in the UK including transit

European Union – Anywhere in the UK including transit and whilst temporarily removed anywhere within the European Union for up to 90 consecutive days

Worldwide – Anywhere in the UK including transit and whilst temporarily removed anywhere in the world for up to 90 consecutive days

	Limit any one item £	Sum Insured £
Fixed office equipment and installations		
Portable office equipment (excl computers and word processors)		
Computers and word processors		
Computer systems records		
Computer system records including the cost of reinstatement of information		
Cash registers, weighing machines, bacon slicers and similar shop equipment		
Portable Hand Tools		
Employees Personal Belongings		
Mobile telephone and communication equipment		
Photographic equipment		
Radio, television, audio and video equipment		
Other - give details		

GOODS IN TRANSIT

Type of Goods carried excluding target goods below

Target Goods – cigars, cigarettes and tobacco, wines, spirits, radio, tv's, record players or computers, video or tape recorders, video tapes or cassettes, non-ferrous metals, clocks or watches, jewellery, gold, silver or precious stones, fur.

Proportion of total goods that are target goods (mandatory question if target goods are carried)

Unspecified vehicles and other carriage basis of cover

Please select type of carryings using the tick box(es) plus indicate each carrying as a percentage of the total under split

Carryings type

- Own private vehicles
- Own commercial vehicles
- Road
- Rail
- Post
- Other (please state)

Split

	%
	%
	%
	%
	%
	%

Sum Insured £

Limit any one consignment	
Limit any one occurrence	
Estimated annual value	

Specified own vehicle basis of cover

'Specified Vehicles' - if specified vehicle selected complete for each vehicle

Vehicle make	Vehicle type	Reg No	Vehicle security features	Security device accreditation

Is overnight cover required? If Yes, please give details of where the vehicle is left overnight and if the proposer has permanent garage premises

Are any of the proposer's vehicles left loaded and unattended at night?
If Yes, please give details of security and precautions taken

Single vehicle limit	£
Sum insured for Tools per vehicle	£

MONEY AND ASSAULT

Money

Stamped national insurance cards, crossed cheques, crossed giro cheques, crossed money orders, crossed postal orders, crossed bankers drafts, crossed warrants, national savings certificates, premium savings bonds, franking machine impressions, credit company sales vouchers and VAT invoices:

£250,000

Estimated own annual carryings	£
How often is money banked?	
How many people accompany each transit?	

Carryings by a security company

Is cover required?	
If Yes, please supply a copy of the agreement	
Estimated annual carryings by a security company	£
Limit any one loss	£
Security company contractually liable for losses	

Money at Home

Money at home of authorised persons £500

Money in safe out of business hours

Type of safe	Limit of cash in safe

Money on the premises, during business hours	£
Money outside safe, out of business hours	£250

Any other loss of money £

Automated Telling Machines (ATM's)

Who is responsible for the cash within the machine?	
Who is responsible for damage to the ATM?	
Is the ATM wall mounted or freestanding?	
Maximum amount of cash held in the ATM	£
What are the procedures for refilling the ATM including frequency and times?	

Is cash kept in the ATM overnight?

How is cash delivered to the premises?

Assault

Cover required?

Standard amount cover £10,000 (for death, total and permanent loss of sight in one or both eyes, loss of one or more limbs, any other total and permanent disablement which, after 24 months of Bodily Injury, prevents the Insured Person from pursuing any occupation) /£100 per week (total disablement within 24 months) /£50 per week (partial disablement within 24 months)

If you require a different limit from above please select one of the following limits

75% 150% 200% 250% 300%

CONTRACT WORKS

Annual Basis

Estimated turnover for the next 12 months (include construction of roads, sewers and other services in connection with and forming part of such contract works)

Please breakdown your estimated turnover (stated above) by the activities below:

Erection of and/or alterations and extensions to private dwellings not exceeding four storeys in height

Erection of timber frame buildings

Erection of and/or alterations to all other buildings

Civil Engineering Works (excluding work in, on, over or adjacent to water; bridges, flyovers or viaducts other than for the surfacing or re-surfacing of roads thereon; dams; tunnels exceeding 10 metres in length)

All other work

Maximum value of any one contract:

a) Solely for private dwellings not exceeding four storeys in height

b) All other contracts

Do you require cover for your own constructional plant, tools, equipment and temporary buildings

Maximum value any one item

Total value

Do you require cover for hired in property

Estimated hiring charges for the next 12 months

Policy automatically provides liability for Continuing Hire Charges of £250,000. If this limit is not adequate please provide details of the amount required:

Do you require cover for Employee's tools and other personal belongings whilst on contract sites (excluding motor vehicles, gold or silver articles, watches, jewellery or money). Limit any one employee £500.

Is terrorism cover required?

Specific Contract Basis

Name of Employer (Principal)
Name of Contractor

Form and edition of contract applicable (if any)
Insurance clause applicable

If proposer is a sub-contractor, state:

Name and Address of principal contractor

Form of Contract
Situation of contract

Brief description of the works and materials used

Period of Contract

Maintenance Period (if required by contract)

Date Contract commences

Contract Price or estimated cost of work

The policy will automatically cover architects fees and removal of debris costs. If it is considered the Sum Insured is insufficient to cater for such costs please state the amount required below:

- Architects and Surveyors Fees

- Removal of Debris costs

Temporary works not included in Contract Price

Value of any materials supplied by the Employer and not included in the Contract Price

Sum insured for Employee's tools and other personal effects whilst on contract sites (limit any one employee £500)

Nature of subsoil

Approximate height above sea level (metres)

Is the site liable to flooding Y/N

Details of any rivers, streams, canals, lakes or other water in the area

Depth of excavations: Average Maximum

Are there any mines or disused workings in the vicinity

Describe any special features of work to be undertaken not detailed above

ENGINEERING

Location of Plant (if different from the Premises)

Postcode

Cover options (please specify):

Sudden and Unforeseen

Breakdown, Explosion or Collapse

Accidental Damage

Unspecified basis

New replacement value of all Plant and Machinery £

Indemnity limit £250,000

Please specify Plant and Machinery that require our inspection service

Specified basis

Description of Plant and Machinery	New replacement value £	*Size of capacity	Inspection service

* Please insert dimension, BTU, HP, KW, safe working load etc as appropriate

Indemnity limit £250,000

Optional Extensions

Damage to property

Damage to property arising from Explosion or Collapse of Steam Pressure Plant?

Damage to property arising from normal use of other insured Machinery and Plant?

Hired in Plant

Do you require Legal Liability cover for loss or damage to Hired in Plant?

If Yes, complete the following:

Annual hiring charge £

Small mechanical mobile plant and machinery
(i.e: compressor sets, generators, cement mixers, pumps)

Fork lift trucks and other handling plant
(i.e: pallet trucks, stackers order picking trucks)

Any other plant? Please specify:

Is Plant hired in under Model Conditions for the Hiring of Plant i.e. CPA or equivalent?

If No please attach a copy of the conditions.

EMPLOYEE DISHONESTY

Wage-roll and Turnover

Wage-roll Actual for past 12 Months £
Turnover / Income Estimated for next 12 Months £

Limit of Indemnity

What Limit of Indemnity do you require? (Maximum £5,000,000) £

Excess

What Excess do you require? £
(we suggest an excess in the region of 1% of Limit of Indemnity)

Employees

Employee includes Members of your staff, Trainees and Apprentices, Staff hired in from an agency, former Employees who have retired from you and now work exclusively for you as Consultants, former Employees for 30 days following their leaving

Are any of your Employees based overseas?

If Yes, are any of the overseas Employees to be included in this cover?

If Yes, please give details including the locations, wage-roll and turnover for each operation.

Are any of your Employees unpaid voluntary workers?

If Yes, please give details including numbers and the duties undertaken

Sole Signing of Cheques

The Controls impose a limit of £5,000 in respect of the sole signing of Cheques, or similar instruments by Employees (Principals, who are not also Employees, may sign to higher limits)

Do you need an increased limit in respect of sole signing of Cheques?

If Yes, please give details including the limit required.

Stock Checks

Do you have any "target" stocks?

If Yes, please give details including the proportion to overall stock levels.
(If you are in any doubt as to whether a line of stock is target please give details)

Cover Extension – Computer & Funds Transfer Frauds by Third Parties

Do you require cover for Computer & Funds Transfer Frauds by Third Parties?
(Minimum excess £5,000)

Cover Extension – Cheque Fraud by Third Parties

Do you require cover for Cheque Fraud by Third Parties? (Minimum excess £5,000)

Cover Extension – Interlocking Clause

We cover claims that **occur** (as opposed to claims discovered) during the entire period of cover.

We can extend cover under your new policy to include claims that occurred during the previous insurance once its discovery period has expired, provided that

- cover has remained in force without any break
- you have complied with the terms and conditions of the cover applicable including any reference requirements and any checks and controls.

If the discovery period under your previous cover is 24 months we do not normally charge for this extension.

Do you require the Interlocking Clause to apply?

If Yes, please complete details of previous insurers below

Insurer	Policy Number	Start Date	End Date	Discovery Period

REVENUE PROTECTION

BUSINESS INTERRUPTION

Premises address

Postcode

Contingencies – do these follow Property Damage? If no, please specify the relevant options:

Specified Contingencies All Risks Theft Other (Please specify)

Additional Contingencies – please specify those required:

Full Failure of Utilities: Electricity Gas Water Telecommunications

Notifiable Diseases: at the premises in the area:

Subsidence

Action by Police Authority

Indemnity Period Other months

Basis of Cover Other

(Note: Declaration Linked – liability is limited to 133.1/3% of the declared estimate amount. Sum Insured Gross Profit, Revenue or Net Revenue of your business for the indemnity period)

Estimated amount or Sum insured £

Additional Increased Costs of Working £

Extensions – please tick those required and indicate % or limit

Specified Suppliers (please provide details)	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	% limit	<input style="width: 95%;" type="text"/>
Specified Suppliers (please provide details)	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	% limit	<input style="width: 95%;" type="text"/>
Specified Customers (please provide details)	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	% limit	<input style="width: 95%;" type="text"/>
Specified Customers (please provide details)	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	% limit	<input style="width: 95%;" type="text"/>

% limit

% limit

Unspecified Suppliers <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Unspecified Customers <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
Motor Vehicle Manufac. <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Property Stored <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
Patterns <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Transit <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
Motor Vehicles <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Contract Sites <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
Exhibition Sites <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Electricity <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
Gas <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Water <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
Telecommunications <input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Prevention of Access <input type="checkbox"/>	<input style="width: 90%;" type="text"/>
Prev. of Access - Loss of Attract <input type="checkbox"/>	<input style="width: 90%;" type="text"/>		

Business Continuity Plan? If Yes, please provide a copy

Is terrorism cover required?

BOOK DEBTS

Sum insured book debts £

Contingencies – do these follow Property Damage If no, please tick

Specified Contingencies Accidental Damage Theft Other (Please specify)

When records are not in use are they kept in (please select):

What proportion of outstanding debit balances can be traced from duplicate records %

LEGAL LIABILITIES

GENERAL

Name your current liability insurers

How many years have you been insured with them?

Are you a member of a relevant trade association for your industry?

If yes, please provide name:

If yes, do you participate in their Health and Safety scheme/initiative?

What is your percentage rate of employee turnover for the last year?

For each of the past 3 years, please provide details of your employee and accident numbers

	Last Year	Previous Year	Year minus 2
Total number of employees	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
Total number of All accidents	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
Total number of RIDDOR accidents	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>

Details of your Management of Health and Safety and Security of your Employees, Sub-Contractors, Sites and Premises

Safety Policy

Do you have a written and signed Health and Safety policy?

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

When was it last communicated to all employees?

How was it communicated to employees?

Are your Health and Safety systems externally audited?

If yes, please provide name of auditing company

Knowledge of Health and Safety

Please give the name and position of the person(s) within your company that are responsible for Health and Safety.

Name

Position

Do you have a competent person responsible for Health and Safety issues?

If yes, please provide name and position of such person and details of formal training given

Name

Position

Training

Please give the name of any external organisations you obtain Health and Safety advice from

Risk Assessment

List your main workplace hazards

List your main health hazards

Have all the required risk assessments been carried out and recorded?

When was the last risk assessment carried out?

Are method statements prepared for each contract/job?

Do you undertake post-incident reviews following losses or near misses?

If yes, please give details of your procedures

Training

Please give details of health and safety training given to employees and contractors working for you

Is training recorded?

Do you supply and enforce use of Personal Protective Equipment where required?

If yes, please provide details

Workplace inspections

Is all equipment that needs statutory inspection identified and routinely inspected?

Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective action is taken?

How often are these inspections carried out?

Waste

Do you handle any asbestos waste material?

What waste do you produce?

How do you store, manage and dispose of waste?

Fire

Are you familiar with the Joint Code of Practice for Fire Prevention on Construction sites?

If yes, are Fire Safety plans prepared where required?

Is smoking restricted to designated site areas only?

Do you have a Fire Evacuation procedure?

What percentage of your work on site involves the application of heat? %

What type of heat producing equipment do you use?

If you use heat, what precautions are used?

Do you operate a "hot work" permit system for heat applications?

If yes, are you registered to use the Fire Protection Association scheme?

Site Safety and Security

Do your site safety and security arrangements include:

1 materials storage?

2 control of access/egress to site of visitors?

3 full site perimeter fencing and boarding?

4 special arrangements for securing valuable and portable equipment outside working hours?

5 larger items of plant and machinery coded or fitted with tracking devices?

6 plant being registered with a scheme, e.g. The Equipment Register?

7 covering or fencing of holes and openings?

Construction, Design and Management Regulations (CDM)

For what proportion of your work are you the main or sole contractor? %

What are the maximum numbers of contracts you are responsible for at any one time?

For what proportion of your contracts do you incur CDM responsibilities? %

How do you manage your obligations under the CDM Regs?

Do you use Bona-Fide sub-contractors?

If yes:

1 how many do you use?

2 for what type of activities?

3 for how long have the Bona-Fide sub-contractors been known to you?

 yrs

4 How do you vet the quality of their work/Health and Safety?

5 do you check that they have Employers and Public Liability insurance?

6 do you check and record all of their insurance details including Insurer, renewal date, limit of indemnity etc?

Activity Information

Height

What proportion of your work is carried out above 10m?

 %

Please provide details of any work above 10m

Do you erect your own scaffolding or use a specialist contractor?

If you erect your own, please provide the following:

1 the type of scaffolding e.g. tower, tied?

2 the frequency of use?

3 the maximum height of scaffolding?

4 frequency of inspections?

5 are kick boards and safety rails always used?

Depth

Please provide details of the proportion of your total work carried out at the following depth limits:

1 0 – 1 metre

 %

2 1 – 3 metres

 %

3 3 – 8 metres

 %

4 8 metres plus

 %

What precautions and controls do you undertake for the identification of underground pipes, cables or other services which could be at risk or under the site?

Do you retain a written record of the precautions taken?

EMPLOYERS LIABILITY – PUBLIC AND PRODUCTS LIABILITY

Please describe the work undertaken

Please describe any goods supplied, installed, erected, repaired, altered or treated by you

Have you entered into any agreements assuming liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement?

If YES, please supply copies of the agreement.

How do you ensure that any sub-contractors employed by you maintain adequate liability insurance?

Do you undertake operations outside the United Kingdom?

If YES, please give full details, including countries concerned, nature of activity, wages and expenditure.

Are any of the following used, handled or stored in your business?

- a) asbestos, silica, explosives or any other substances involving hazard to health or property
- b) radioactive substances or other sources of ionising radiations
- c) power driven machinery
- d) flame cutting or welding plant or other heat producing plant or processes away from your premises, by you or your sub-contractors

If YES, please give full details.

Have you or any principal in the business ever been prosecuted or received notice of intended prosecution, under the Health and Safety at Work Act 1974, Consumer Protection Act or any similar legislation?

If YES, please give full details

Estimated Payments and Turnover for the next 12 months

Description	£ Wageroll (at premises)	£ Wageroll (away from premises)	No of Employees
Clerical, commercial travellers and managerial employees who do not engage in manual labour	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Labour gangers, labour only sub-contractors and self-employed hired or borrowed persons	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other sub-contractor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proposer's own annual remuneration if working manually in the business	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Total payments must include overtime and board and lodging without deductions such as National Insurance, Income Tax etc.)

Estimated Gross Turnover	Home	£ <input type="text"/>	Overseas	£ <input type="text"/>
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(Gross turnover means all your receipts from trading activities without deduction for VAT)

EMPLOYERS' LIABILITY

Indemnity limit

Number of EL Certificates

ERN (Employer Reference Number / PAYE Reference)

If this section is to include Subsidiary Companies please provide names and ERN details in the "Additional Information" section below.

If you or any of your Subsidiary Companies, if applicable, are ERN / PAYE exempt please provide details in the "Additional Information" section below.

Does the noise level at any place of work exceed the first action level (85dB(A)) under the Noise at Work Regulations 1989?

If YES, please state the highest level recorded.

If you would like us to consider the following extension, please indicate below.

Employers' Liability cover in respect visiting or working on any offshore rig or platform?

Additional Information

PUBLIC AND PRODUCTS LIABILITY

Indemnity limit Other (please state) £

Do you export directly or, to your knowledge, indirectly to USA or Canada?

If YES, please give full details, including gross turnover and nature of goods exported

Do you export goods to any other countries?

Do you import any goods?

If YES, please give particulars including countries concerned

Do you supply or have you previously supplied goods for use in the nuclear, aircraft or marine industries?

If YES, please give full particulars including turnover. (NB separate insurance may be necessary).

Do your goods bear a permanent marking to identify the date of manufacture or distribution?

Please give details of facilities at your premises for loading or unloading vessels or craft.

Do you undertake any design work on a fee only basis?

If YES, please give full details including gross turnover

Optional Extensions

If you would like us to consider any of the following extensions, please give indicate below.

An indemnity limit for financial loss sustained by a customer or user of your goods, even if this is not accompanied by loss, physical damage to property. (The policy provides cover up to £5,000 automatically)

An indemnity limit of up to £50,000 for unspecified financial loss other than Products. (For example, libel, slander, wrongful arrest etc.)

COMMERCIAL LEGAL PROTECTION

Standard cover includes Employment Disputes, Compensation Awards, Service Occupancy, Legal Defence, Property Protection, Bodily Injury, Full or Aspect Enquiries, Employer's Compliance, VAT disputes.

Standard Cover only

Optional Extensions (please tick)

Contract Disputes Cover

Tenancy Disputes Cover

Statutory Licence Protection

Debt Recovery

Limit of Indemnity

Total estimate wages and payments made to employees £

Is work undertaken away from the premises?

If Yes, please give details

Total estimated annual turnover £

Has there been any legal dispute, action, prosecution, customs and excise or Inland Revenue investigations during the last five years?

If Yes, please give details

Are any redundancies envisaged in your business in the next 12 months?

If Yes, please give details

Have you been taken over, merged with or taken over any other company, or plan to do so with another company within the next 12 months?

If Yes, please give details

Additional Information

DIRECTORS AND OFFICERS SECTION

Is the Company/Entity:

Private?	<input type="checkbox"/>	Public?	<input type="checkbox"/>
A Registered Charity?	<input type="checkbox"/>	Unincorporated?	<input type="checkbox"/>

Existing Insurance Details

Does the Company or any director or officer currently have or have they previously had any other Directors and Officers Liability insurance cover in place?

If Yes, please state:

- Name of insurer:
- Periods of Insurance:
- Limit of Indemnity: £

Claims experience

Has any claim ever been made or prosecution brought against you in respect of the Company or its subsidiaries, in respect of any neglect, error, omission or other wrongful act committed in the capacity of director or officer whether in relation to the activities of the Company, its subsidiaries or any other company in which the directors or officers hold or have held office?

If Yes, please provide the following details of each incident:

Date of intimation	Brief description of claim	Total payments including costs	Total outstanding reserves	Open/ Closed

Are you aware, after enquiry, of any circumstances or incident which might:

- give rise to a claim against the Company or any of its subsidiaries or any director or officer of the Company or its subsidiaries?
- otherwise affect the insurers consideration of this insurance?

Have all claims or circumstances which might give rise to a claim been reported to insurers?

Has the Company been established for more than three years?

Has the Company been made a loss in any of the last three years?

Have your accounts been qualified in any of the last three years?

Do your total gross assets exceed your total liabilities?

General Information

Have you ever been refused Directors and Officers Liability insurance or quoted increased premiums or special conditions?

Your cover requirements

Please state the limit of indemnity you require: £

Your Company

Please provide details of all subsidiary companies requiring cover:

Subsidiary name	Country of Registration/Domicile	% owned by parent company

During the last three years has any acquisition or merger taken place?

Has the Company any acquisition, tender, offer or merger pending or under consideration?

Total percentage of shares held by directors and officers:

Does the Company or any of its subsidiaries have any operations, investments or other involvement in the United States of America or Canada?

How many officers and other employees have resigned, had their contracts of employment terminated within the last 12 months?

Are there now or have there been any employment practices claims made against the Company or any of its subsidiaries?

If Yes to any of the above, please provide full details:

EMPLOYEE BENEFITS

PERSONAL ACCIDENT

Has any person now proposed suffered any accident (other than trivial) or any serious illness over the last five years? If Yes, please give details

(Cover is only available to certain ages in good health, bodily and mentally, and free from physical defect or infirmity)

Contingencies

1. Death **2.** Total and permanent loss of sight in one or both eyes and/or total and permanent loss of hearing in one or both ears **3.** Loss of one or more limbs **4.** Any other total and permanent disablement which lasts without interruption for more than 12 months from the date of the accident and prevents the Insured Person from pursuing any occupation **5.** Temporary total disablement which prevents the Insured Person from pursuing their normal occupation **6.** Temporary partial disablement which prevents the Insured Person from pursuing a substantial part of their normal occupation.

Proprietors, partners or named employees

Standard unit of cover:	Contingencies 1, 2, 3 and 4	£20,000
	Contingency 5	£200 per week
	Contingency 6	£100 per week

Name	Date of birth	Contingencies (please specify)	% of Standard
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Activities	Deferment Period		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

Name	Date of birth	Contingencies (please specify)	% of Standard
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Activities	Deferment Period		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

Name	Date of birth	Contingencies (please specify)	% of Standard
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Activities	Deferment Period		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

Name	Date of birth	Contingencies (please specify)	% of Standard
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Activities	Deferment Period		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

Name	Date of birth	Contingencies (please specify)	% of Standard
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Activities	Deferment Period		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

Name	Date of birth	Contingencies (please specify)	% of Standard
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Activities	Deferment Period		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

Unnamed Employees

Standard basis of cover:

Contingencies 1, 2, 3 and 4
 Contingency 5
 Contingency 6

Annual wage
 Weekly wage
 50% of weekly wage

Contingencies (please specify) 1 2 3 4 5 6

Deferment Period

Cover restricted to accidents of occupation only

	Maximum Number	Est Annual Wages, Salaries and Other Earnings
Clerical Staff/Managerial (Non Manual Labour)	<input type="text"/>	£ <input type="text"/>
Woodworking Machinists	<input type="text"/>	£ <input type="text"/>
Supervisory and Occasional Manual Work	<input type="text"/>	£ <input type="text"/>
Manual Work	<input type="text"/>	£ <input type="text"/>

ADDITIONAL INFORMATION

Please use this page for any additional information



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