

# ENGINEERING 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   
Quote required by

## Intermediary details

Intermediary name   
Address   
Postcode   
Contact person   
Direct Telephone no (inc code)   
Email address

## Client details

Client Name   
Postal address   
Postcode   
Business description   
Year established

## Period of insurance

From:  To:

## Additional information

Do you currently hold this business?  (If No, please give name of current intermediary)  
Name of holding intermediary   
Name(s) of holding insurer(s)

## Targets

Expiry premium £  Target premium £   
LTU expiry date (if applicable):

## 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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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

**Security precautions**

Intruder Alarm  Alarm type

Maintenance  Police response

Other security, please tick: CCTV  Grilles  Bars  Shutters   
Other  Give details

Please give details of previous insurers in the last five years

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**COVER REQUIRED**

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Please specify covers required

**Asset Protection**

- Computer
- Electronic Equipment
- Machinery Damage
- Plant - Own
- Plant - Hired in
- Contract Works - Machinery
- Deterioration of Stock
- Terrorism

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**Revenue Protection**

- Business Interruption
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**ASSET PROTECTION**

**COMPUTER**

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**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 computer equipment (e.g. laptops) UK	£	<input type="text"/>
Portable computer equipment (e.g. laptops) Worldwide	£	<input type="text"/>
If your equipment is not subject to a maintenance agreement, do you require cover for breakdown?		<input type="text"/>
Is your equipment of standard design and manufacture?		<input type="text"/>

If NO, please supply details.

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

**Increased Cost of Working**

Do you require cover for Increased Cost of Working?		<input type="text"/>
If YES, please confirm the sum insured you require	£	<input type="text"/>
Please confirm your required Indemnity Period if less than 12 months		<input type="text"/>

N.B. Please note if Loss of Revenue or Loss of Profit cover is required, please refer to the Business Interruption section.

**Reinstatement of Data**

Do you require cover for Reinstatement of Data?		<input type="text"/>
If YES, please confirm the sum insured you require	£	<input type="text"/>

**ELECTRONIC EQUIPMENT**

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**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

£

**MACHINERY DAMAGE**

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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 or capacity	Inspection service

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

Indemnity limit (standard is £250,000)

£

**Optional Extensions**

**Damage to property**

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

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

	£
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Damage to property whilst being lifted, lowered, handled or conveyed

	£
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If Damage to Own Property selected, what indemnity limit is required?

£

**PLANT – OWN**

Type of Plant	New Replacement Value	Current Mkt Value	Age	Usage

What limit of indemnity is required

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

If YES, are you a CPA member

Are there any security devices fitted?

If YES, please give details

Is the plant registered with TER?

Is the plant subject to a hire purchase agreement?

If YES, with whom?

Preferred Excess?

Current/Existing Limit in Indemnity

**PLANT – HIRED IN**

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Annual hiring charge £

Tower cranes	
Mobile cranes	
Self propelled plant	
Mechanical/Electrical plant	
Non-mechanical plant	

Any other plant, please specify

What is the usage of the hired-in plant?

If hiring out, is it hired-out under Model Conditions i.e. CPA or equivalent?

If NO please attach a copy of the conditions

Limit of Indemnity required?

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

**CONTRACT WORKS - MACHINERY**

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**Annual Basis**

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

£

What does your turnover relate to?

Maximum value of any one contract:

£

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

What is the maximum Contract Period?

What is the average Contract Period?

Is transit cover required?

Is cover at other situation required?

What is the maintenance period if greater than 12 months?

What maintenance cover is required?

What are the contract conditions used?

Is testing cover required?

Is hot/cold testing required?

If YES, what is the testing period?

**Specific Contract Basis**

Name of Employer (Principal)

Name of Contractor

Form and edition of contract applicable (if any)

Name and Address of principal contractor

Postcode

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 works £

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 belongings whilst on contract sites (limit any one employee £500) £

Nature of subsoil

Approximate height above sea level

Is the site liable to flooding?

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

Depth of excavation

Average

Maximum

Are there any mines or disused workings in the vicinity?

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

**DETERIORATION OF STOCK**

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Is there a maintenance agreement in force?

If NO, what staff if any, are allowed to undertake minor repairs?

If NO, do the units have airtight sealed motors and compressors?

Description of unit	Type of goods and temp stored at	Sum Insured £	Standby Plant Available?	Capacity of Chamber

If YES, to standby plant available, please provide further details

How often are temperatures logged and checked? (you are required to undertake logging at least every 24 hours)

Is there any other monitoring device fitted?

If YES, to what are they fitted?

Who insures the refrigerating compressors?

# REVENUE PROTECTION

## BUSINESS INTERRUPTION

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Do you require Business Interruption cover for the following sections of cover?

Machinery Damage	Sudden and Unforeseen Damage	<input type="text"/>
	Breakdown / Collapse	<input type="text"/>
	Accidental Damage	<input type="text"/>
	Other Damage	<input type="text"/>
Computer	All Risks	<input type="text"/>

If NO, what perils should be excluded?

Premises address

Postcode

Extensions – please specify those required:

Full Failure of Utilities: Electricity  Gas  Water  Telecommunications

Indemnity Period  Other  months

Basis of Cover  Other

(Note: The Sum Insured for Gross Profit, Revenue or Net Revenue should be no less than the projected annual figure for the business where the Indemnity Period is 12 months or less. Where the Indemnity Period is more than 12 months, the Sum Insured should be proportionately increased. Declaration Linked – liability is limited to 133.333% of the Sum Insured).

Estimated amount or Sum insured £

Additional Increased Costs of Working £

Business Continuity Plan?  If Yes, please provide a copy

Is terrorism cover required?



**ADDITIONAL INFORMATION**

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Please use this page for any additional information



**AVIVA**

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