

General Risk Presentation

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"/>

Details of Incident

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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

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 or conditions imposed

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

Cover Required

Please specify covers required and complete associated forms

Asset Protection

Contract Works - Specific Contract Basis

Legal Liabilities

Public Liability

Product Liability

Employers Liability

Contract Works Machinery

Specific Contract Basis

Name of Employer (Principal)	<input type="text"/>
Name of Contractor	<input type="text"/>
Name of Sub-contractor	<input type="text"/>
Form and edition of contract applicable (please provide copy)	<input type="text"/>
Site Address	<input type="text"/>
Postcode	<input type="text"/>
Contract price or estimated cost of works	<input type="text"/>
Date Contract commences	<input type="text"/>
Period of Contract	<input type="text"/>
Is testing cover required?	<input type="text"/>
If YES, what is the testing period?	<input type="text"/>
What is the maintenance period if greater than 12 months?	<input type="text"/>
What maintenance cover is required?	<input type="text"/>
Is transit cover required?	<input type="text"/>
Is cover at other situations required?	<input type="text"/>
Brief description of the works and materials used	<input type="text"/>

Details of the Wind Turbine(s)

Make and Model of Wind Turbine (specify each)	Output (specify KW/MW)	Year of Manufacture	New Replacement Value £
<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"/>

Details of Other Property or Items

Description of Other Property (specify Make and Model if appropriate)	Year of Manufacture	New Replacement Value £

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)

Additional Information



Aviva Insurance Limited Registered in Scotland No 2116 Registered Office Pitheavlis Perth Scotland PH2 0NH
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority.