

# TELEPHONE: 01708 438000 FAX: 01708 438300 CONTRACTORS COMBINED PROPOSAL FORM

#### **DETAILS OF PROPOSER**

| Business Name                                     |                   |       |    |
|---|-------------------|-------|----|
|   |                   |       |    |
|   |                   |       |    |
|   |                   |       |    |
| Risk Address & Postcode                           |                   |       |    |
|   |                   |       |    |
|   |                   |       |    |
|   |                   |       |    |
|   |                   |       |    |
|   |                   |       |    |
|   |                   |       |    |
| Are you ERN (Employers Reference                  | e Number) Exempt? | YES   | NO |
|   | , .               |       |    |
| If NO, please provide your ERN                    |                   | _     |    |
|   |                   |       |    |
| Date Insurance to Commence:                       |                   |       |    |
|   |                   |       |    |
|   |                   |       |    |
| How long have you been in Business?               |                   | Years |    |
| Dusilless!  |                   | Tears |    |
| Full description of business & any processes used |                   |       |    |
| *See note regarding roofing and scaffolding       |                   |       |    |
| Countries   |                   |       |    |
|   |                   |       |    |
|   |                   |       |    |
| Current Insurer/Premium                           |                   |       |    |
| JOHEN MAUENCIENNUN                                | 1                 |       |    |

| Has proprietor, partner or director of this business, whether in a personal capacity, or as the proprietor, partner or director of any other business, has ever:- |  |          |  |  |  |
|---|--|----------|--|--|--|
| a)  | been declared bankrupt or insolvent, or the subject of bankruptcy or insolvency proceeding.  | YES / NO |  |  |  |
| b)  | been served with a County Court Judgement (CCJ) or Scottish Decree.  | YES / NO |  |  |  |
| c)  | been involved in a Business which went into administration, administrative receivership, liquidation or entered into either a company or individual voluntary arrangement with creditors | YES / NO |  |  |  |
| d)  | been convicted or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence.                                 | YES / NO |  |  |  |
| e)  | been disqualified from holding a directorship.   | YES / NO |  |  |  |
| f)  | had an insurance proposal declined, renewal refused, insurance cover cancelled/declared void or special terms imposed by an insurer.   | YES / NO |  |  |  |
| g)  | had an insurance proposal declined, renewal refused or insurance cover cancelled/declared void due to non-disclosure or misrepresentation  | YES / NO |  |  |  |
| h)  | had an insurance cover restricted or cancelled due to non-compliance with risk improvement requirements or because of non-disclosure or misrepresentation of facts.                      | YES / NO |  |  |  |
| If yes to any of the above please supply details:   |  |          |  |  |  |
|   |  |          |  |  |  |
|   |  |          |  |  |  |
|   |  |          |  |  |  |
|   |  |          |  |  |  |

#### **CLAIMS HISTORY**

Any claims or incidents that may have given rise to a claim whether at this or any premises or elsewhere within the last 5 years whether an Insurance claim was made or not.

If 'yes' to the above, please supply full details below: -

YES / NO

| Туре | Paid Amount | Outstanding Amount |
|------|-------------|--------------------|
|      |             |                    |
|      |             |                    |
|      |             |                    |
|      |             |                    |
|      |             |                    |
|      |             |                    |

### **LIABILITIES**

|                          | you require,                 |                        |   |                   |
|--------------------------|------------------------------|------------------------|---|-------------------|
| Employers Liability      | £10,000,000                  | £20,000,000            |   |                   |
| Public Liability         | £1,000,000                   | £2,000,000             | £5,000,000                              | £10,000,000       |
| Products Liability       | £1,000,000                   | £2,000,000             | £5,000,000                              | £10,000,000       |
| Property Owners Liabil   | ity £1,000,000               | £2,000,000             | £5,000,000                              | £10,000,000       |
|                          |                              |                        |   |                   |
| 1. Do you undertake      | any manual work (oth         | er than                |   | YES / NO          |
| collection and delivery) | away from their own p        | oremises?              |   |                   |
| If 'ves' provide details | s including any work         | involving the applica  | ation of heat (e.g. welding, flame c    | utting equipment) |
| ii yes provide detaile   | morading any work            | mivorving the applied  | ation of ficat (e.g. welating, fiame of | atting equipment) |
|                          |                              |                        |   |                   |
|                          |                              |                        |   |                   |
|                          |                              |                        |   |                   |
|                          |                              |                        |   |                   |
|                          |                              |                        |   |                   |
|                          |                              |                        |   |                   |
|                          |                              |                        |   |                   |
| 2. Do you under          | take any work at heigh       | ts in excess of 10 met | res?                                    | YES / NO          |
|                          |                              |                        | 20m & above                             |                   |
| ·                        | take any work below gi       |                        |   | YES / NO          |
| •                        |                              |                        | 2m & below                              |                   |
| •                        | ·                            |                        | ZIII & Delow                            | <del></del>       |
| Are any of the following | used in connection w         | ith the Business:      |   |                   |
| 3. Lit                   | fts, cranes or other lifting | ng apparatus?          |   | YES / NO          |
|                          |                              |                        |   |                   |
| <b>4.</b> Py             | rotechnic or explosive       | materials?             |   | YES / NO          |
|                          |                              |                        |   |                   |
| 5. Ha                    | azardous or toxic subs       | tances?                |   | YES / NO          |
| <b>6.</b> (a) Do         | o you have a written H       | ealth and Safety Polic | v?                                      | YES / NO          |
| . ,                      | When was it last reviewed?   |                        |   |                   |
|                          | • •                          |                        |   | r? YES / NO       |
|                          | e Risk Assessments c         | arried out?            |   | YES / NO          |
| (d) Ar                   |                              |                        |   | YES / NO          |
| ,                        | e all your Employees l       | J.K. Nationals?        |   | 120 / 110         |
| . ,                      |                              |                        | rive details                            | 120 / 110         |

| Does   | s the Business undertake work in or on:   |               |    |
|--------|---|---------------|----|
| 7.     | Collieries, quarries, mines, chemical works, gas works, oil refineries or power stations?               | YES / N       | NO |
|        | Towers, steeples, chimney shafts, blast furnaces, dams, canals, viaducts, bridges or tunnels?           | YES / N       | NO |
|        | Bulk oil, petrol, gas or chemical storage tanks or chambers?  | YES / N       | NO |
|        | Aircraft, airports, railways, ships, docks, piers, wharves, breakwaters or sea walls?                   | YES / N       | NO |
| If 'ye | es' to any of the above please give details:  |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
| 8.     | (a) Are any of the products supplied directly, or to your knowledge indirectly to the USA or Canada?    | YES / N       | NO |
|        | (b) Are any of your products known to be potentially harmful to health or require any hazard warning?   | YES / N       | NO |
|        | (c) Please confirm that none of the products manufactured, sold, supplied or altered are knowingly safe | ety critical? | ?  |
| 16 6   |   | YES / N       | NO |
| ir ye  | es' to any part of question 8, lease give details   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |
|        |   |               |    |

| 9. GIVE DETAILS OF TOTAL WAGEROLL FOR EACH OF THE FOLLOWING -  |            |    |           |                     |
|--|------------|----|-----------|---------------------|
|  | Own Premis | es | Work Away | Number of Employees |
| Clerical/Managerial  |            |    |           |                     |
| Directors Manual   |            |    |           |                     |
| Manual Machinists  |            |    |           |                     |
| Manual – other   |            |    |           |                     |
| LOSC   |            |    |           |                     |
| (Labour only sub-contractors)                                  |            |    |           |                     |
| BFSC   |            |    |           |                     |
| (Bona-fide sub contractors)                                    |            |    |           |                     |
| 10. GIVE DETAILS OF TOTAL TURNOVER FOR EACH OF THE FOLLOWING – |            |    |           |                     |
| UK   |            |    |           |                     |
| Europe   |            |    |           |                     |
| Worldwide excluding North America                              |            |    |           |                     |
|  |            |    |           |                     |

## **CONTRACT WORKS / CONTRACTORS AND HIRED IN PLANT**

North America/ Canada

**Total Turnover** 

| 11.      | State sum insured/annual estimates in respect of:          |          |
|----------|--|----------|
| a)       | Owned Plant  | £        |
| b)       | Hired in Plant charges                                     | £        |
| c)       | Hired out Plant charges                                    | £        |
| d)       | Site huts and temporary buildings                          | £        |
| 12.      | Do you hire out under CPA terms and conditions or similar? | YES / NO |
| 13.      | State the maximum value of any one item in respect of:     |          |
| a)       | Owned Plant  | £        |
| b)       | Hired in Plant   | £        |
| c)       | Hired out Plant  | £        |
| 14.      | State the maximum value any one contract                   | £        |
| 15.      | What is the annual contracting turnover                    | £        |
| 16.      | What is the maximum duration of contract                   | Months   |
| 17.      | What is the average period of any one contract             | Months   |
| Page   5 |  |          |

#### **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 effective and acknowledge that this proposal, together with any other information supplied to Insurers, shall be the basis of such contract.

| Signed:   | Name: |
|-----------|-------|
| Position: | Date: |