



Contractors Plus Proposal Form

STATEMENT OF FACT

We have issued this quotation on the basis that the Risk Details on the following pages are accurate and complete and that we have been advised of all relevant and material facts which may alter the Insurer's view of the risk or affect their assessment of all exposures to be covered.

In addition, the following Statement of Fact is deemed to form part of the answers, statements, particulars and additional information on which Insurers have based their quotation.

Neither you nor any partner, principal, director or any other person charged with the responsibility of managing the business which is the subject of this Insurance Contract or any other business in which you or they have been trading has ever:

- a) had any proposal for insurance cancelled or had any insurer decline to renew your policy or imposed special terms;
- b) been prosecuted or has any prosecutions pending under the Health and Safety at Work Act or any other statute or regulation;
- c) been convicted of, prosecuted for, or has any prosecutions pending for any criminal offence (other than motoring convictions);
- d) been declared bankrupt, had a company go into liquidation, become insolvent or made arrangements with creditors.

Furthermore you confirm that:

- i. no employees are exposed to chemicals or other toxic or carcinogenic substances which are known to be associated with conditions such as dermatitis, cancer, asbestosis or respiratory problems;
- ii. you do not, and have never discharged trade waste, chemicals, effluent, fumes or anything of a noxious nature into water (inc sewers/drains), land or the atmosphere;
- iii. you retain all rights of recourse against manufacturers and suppliers;
- iv. you do not supply any products for the nuclear, petrochemical, pharmaceutical, aviation, motor, marine or any other high risk industries;
- v. all products manufactured and/or supplied by you comply with all relevant European CE, British BS or other relevant standards.

I/We hereby declare that the above statements and the following Risk Details are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers and that should the following Risk Details alter in any way, I/we will advise the Insurers immediately. I/We have not suppressed, misrepresented or mis-stated any material fact and have fairly estimated our Wages and Salaries expenditure and Turnover and agree that this information shall form the basis of the Insurance Contract between me/us and the Insurers. I/We understand that failure to disclose any material facts may result in the Insurers refusing to provide indemnity or voiding the policy in every respect. We furthermore declare that to the best of my knowledge, and following a review of our records, that the claims details below are accurate and contain full information on all claims relating to the insurance cover in question, including Commercial Legal Expenses.

(NB: A material fact is one likely to influence acceptance or assessment of this proposal by Insurers. If you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor).

SIGNATURE OF PROPOSER(S):

DATE:



RISK DETAILS

1. Proposer's Postal Address:

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Postcode:
Website:

2. Description of business:

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3. Date business established:

4. Employers Reference number:

5. Please state if you wish to insure the following sections:

Indemnity Limit Required

Employers Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£10,000,000
Public Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Products Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractors All Risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legal Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£100,000

If Contractors All Risks is required please check/complete the CONTRACTORS ALL RISKS SECTION.



LIABILITY SECTION

6. Have you or any of your employees ever reported any incidents of work related upper limb disorders or repetitive strain injuries or are you aware of any ongoing stress claims or employment related disputes? Yes No

If Yes, please provide full details:

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7. Does the Proposer ever:

- a) Work offshore; on watercraft, watercourses, docksides, breakwaters, or seawalls; underwater; on tank cleaning; underground, in mines or quarries; on towers, steeples, chimney shafts or blast furnaces; on dams, viaducts, bridges or tunnels; in chemical works, gas works, refineries, power stations or nuclear plants; on aircraft, airside or on railways? Yes No

If Yes, please provide full details:

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- b) Carry out any demolition (except demolition of structures less than 5 metres in height and not forming part of any building or demolition of buildings or part of a building which forms part of a contract for erection, alteration, maintenance or repair by the Proposer?) Yes No

If Yes, please provide full details:

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- c) Work in connection with, or removal of, asbestos (both notifiable and non-notifiable), or silica or materials containing these substances? Yes No

If Yes, please provide full details:

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- d) Work in connection with radioactive or explosive substances or devices, toxic or hazardous chemicals, any materials giving rise to dust or fumes, or processes involving a noise level in excess of 85db? Yes No

If Yes, please provide full details:

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e) Work at heights exceeding 10 metres? Yes No

If Yes, please provide full details:

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f) Carry out depth work? Yes No

If Yes, please provide full details:

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g) Work involving welding or cutting plant or other equipment involving the application of heat away from your premises? Yes No

If Yes, please provide full details:

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8. Have there been any Employers Liability or Public/Products Liability claims including industrial diseases made against you during the last 5 years? Yes No

If Yes, please provide full details (continue on last page if necessary):

Date of Loss	Type (EL, PL, Prods)	Settled £	Outstanding £	Details
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9. Annual Wage Estimations:

	Wages £	No. of Employees
Clerical & Managerial (inc. Directors/Principals):
Manual Directors/Principals:
Manual Work at Premises:
Manual Work Away:
Bona-Fide Subcontractor Payments:

10. Gross Annual Turnover Estimation:

United kingdom: £



HEALTH & SAFETY

11. a) Do you have a written Health and Safety policy? Yes No
Details (if applicable) :
- b) Are Risk Assessments undertaken, documented and retained? Yes No
Details (if applicable) :
- c) Are Method Statements undertaken, documented and retained? Yes No
Details (if applicable) :
- d) When BFSC are used, is a copy of Insurance obtained and retained? Yes No
Details (if applicable) :
- e) Is Personal Protective Equipment used at all times and signed for by employees? Yes No
Details (if applicable) :
- f) Do you have a formal appointed Health & Safety officer? Yes No
Details (if applicable) :
- g) Is an external H&S specialist company engaged by you? Yes No
Details (if applicable) :
- h) Do you have an ongoing training plan and or toolbox talks? Yes No
Details (if applicable) :
- i) Do you have a formal documented accident investigation plan? Yes No
Details (if applicable) :
- j) Are you members of a Trade Body? Yes No
Details (if applicable) :
- k) Are you CITB Registered? Yes No
Details (if applicable) :

CONTRACTORS ALL RISK SECTION

12. Contracting Turnover Estimate: £
13. Maximum Limit required for Any One Contract Site: £
- Maximum Contract Period:
- Average Contract Period:



14. Total New Replacement Value of Plant Owned: £

Value of Largest Item: £

15. Estimated Annual Hire Charges: £

Value of Largest Item: £

Conditions of Hire: Construction Plant Association

16. Employees Tools & Other Personal Effects: £

17. Site & Premises Security

We, the Proposaer, shall apply the following security practice whilst Insured Property is left unattended overnight or at weekends:

- a) wheeled self propelled or tracked items of Insured Property are to be:
 - i. immobilised by the application and setting of a recognised physical security restraining mechanism, leg lock, or installed points of access; OR
 - ii. secured within a locked building compound or yard incorporating enclosed perimeter walls or fencing and padlocked points of access;
- b) non-driven and non-propelled items of powered or mechanical Insured Property are to be secured within a locked building compound or yard incorporating enclosed perimeter walls or fencing and locked points of access;
- c) machine attachments, power tools, hand tools, manually powered implements, and other unpowered items of Insured Property shall be retained:
 - i. within a locked building; or
 - ii. within a locked container or receptacle which must be retained within a secure or attended garage or yard;
 - iii. within a locked and alarmed vehicle which must be situated within a secure or attended garage or yard

18. Do any of your contracts involve the use of welding equipment or the use of naked flames? Yes No

CLAIMS AND LOSS HISTORY

19. Please provide details of any loss, damage, or injury sustained by you or others during the past 3 years in connection with the risk(s) to be insured:

CLAIMS AND LOSSES IN RESPECT OF CONTRACTS WORKS, OWN AND HIRED-IN MACHINERY

Date of Loss	Settled £	Outstanding £	Details
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ADDITIONAL SUPPORTING INFORMATION (IF NECESSARY)

Area with horizontal dotted lines for providing additional supporting information.





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