
A UNIQUE AND COMPREHENSIVE INSURANCE SCHEME

FOR

EMPLOYER'S PUBLIC & PRODUCTS LIABILITY

CONTRACTING TRADES
PROPOSAL FORM



Camberford Law plc

Innovative Insurance Solutions – Since 1958

Insurance Brokers
Underwriting Agents
Members of BICS & CSSA
Authorised and Regulated by
the Financial services Authority

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EMPLOYER'S, PUBLIC & PRODUCTS LIABILITY PROPOSAL FORM

CONTRACTING TRADES

Please complete all details in BLOCK LETTERS. Where applicable indicate YES or NO
Insurance will not be in force until proposal form is accepted by Underwriters.

Proposers Full Name

.....
.....

Trading Name (If different from above)

.....
.....

Postal Address

.....
.....
.....
.....
.....

Occupation / Business / Trade Description

.....
.....
.....

Postcode.....

Telephone.....

Fax

Email

Date from which insurance required

.....

Address of premises to be insured if different from postal address

.....
.....
.....
.....
.....

If you are registered for VAT any claim for loss or damage to property will be paid exclusive of VAT, and you are advised to arrange your sums insured accordingly. Allowance should be made to include an amount for VAT in the sum insured if you are not registered.

VAT Status/Registration No
.....

Postcode.....

1. Do you require a Quotation for:-

1. Employers Liability (not available on a stand alone basis)

2. Public Liability

3. Products Liability (only available with public liability)

For Public and/or Products Liability, state limit of indemnity required.

Please tick

£ 1,000,000

£ 2,000,000

£ 5,000,000

£10,000,000

Other Limit of Indemnity required

2. Date Business commenced:

Are you a member of a trade association? YES/NO

If YES which?

do you comply with the associations working code of practice? YES/NO

Do you have a standard contract between you and your client to which you comply? YES/NO

If YES please supply a copy proportion of your work undertaken based on this contract?

- 3.** Do you have a written Health & Safety Policy? YES/NO
 If YES please supply a copy
 Do you have a designated person managing Health & Safety? YES/NO
 If YES who?.....
 Do you use an external Risk Management Consultant? YES/NO
 If YES please supply name & address.....
 Have you ever been prosecuted under the Health & Safety at Work Act or other statute or regulation? YES/NO
 If YES please give details.....

- 4.** Are your premises in good state of repair, and are your ways, plant and machinery (at your own premises and all contract sites) properly fenced and guarded and otherwise in good order and condition? YES/NO
- 5.** Do you undertake design work for (a) your own contract YES/NO
 (b) other work YES/NO
- 6.** Are all your employees contracts entered into in the United Kingdom? YES/NO
 If no state number and nationality of foreign employees
- 7.** Are any of the following used in connection with your business?
 (a) Woodworking or Power Driven Machinery YES/NO
 (b) Lifts, Cranes, Hoists or other Lifting Apparatus YES/NO
 (c) Slings or Cradles YES/NO
 (d) Scaffolding YES/NO
 (e) Any Other Mechanical Plant YES/NO
 (f) Processes involving a noise level in excess of 85 dB(A) YES/NO
 If YES are noise assessments carried out YES/NO
 (g) Radioactive substances or other sources of ionising radiation's YES/NO
 (h) Asbestos, Silica or PCB's YES/NO
 (i) Heat (oxy-acetylene or similar welding or cutting equipment, blow lamps, blow torches, flamed guns, hot air guns or other heat producing equipment) YES/NO
 (j) Explosives YES/NO
 If YES, please give details

- 8.** Are you involved in any form of railway work? YES/NO
- 9.** Do you discharge any hazardous waste products (e.g. chemicals, gases, radioactive substances, dust, fumes or vapours) into the atmosphere, sewers, waterways or elsewhere? YES/NO
 If YES please advise type of waste and give full details of:
 (a) Storage and Disposal Methods
 (b) Treatment of Waste
 (c) Disposal Licences Held
 (d) Landfill Sites
- 10.** Do you carry out any manual work away from your own premises including outside of the UK? YES/NO
 If YES, please give details

- 11.** Do you design, give advice or prepare specification? YES/NO
 If YES, please confirm separate Professional Indemnity cover
- 12.** Do you supply any products that you do not manufacture? YES/NO
 If YES, do you
 (a) Retain rights of recovery against the manufacture YES/NO
 (b) Alter, adapt or change any products? YES/NO
 If YES please give details including product, use, source of supply and type of alteration, adaptation or change.
 Give details of imported products including source and use.

13. Give details of any products used:-

- (a) In connection with aircraft or spacecraft (including ground control equipment)
- (b) In marine craft
- (c) Offshore
- (d) In nuclear installations
- (e) In safety critical parts for motor vehicles

14. Are any of your products, currently or any in the past 3 years supplied directly or to your knowledge indirectly to the USA or Canada ? YES/NO
 If YES, please give details

.....

15. Are any of the goods known to be potentially harmful to health or require any hazard warning? YES/NO
 If YES, please give full details and attach particulars of safeguards, warnings, instructions for use and terms of sale.....

.....

16. Do you have any representation outside of the UK? YES/NO
 If YES, please give details and state territories involved.....

17.

Description	Estimated No of Employees	Estimated Annual Payments			
		Work at your premises		Away from your premises	
		Current Est / Act	Next Year Est / Act	Current Est / Act	Next Year Est / Act
Clerical					
All other Employees (Please specify what type i.e. roofers, scaffolders, etc)					
Labour Gangers, Labour only sub-contractors & self employed sub-contractors supplying Labour only					
Proposers own annual remuneration if working manually in the Business					
Woodworking machinists / carpenters					
Bona Fide Sub-Contractors (No EL cover)					

Do you require contingent cover for Bona Fide Sub-Contractors? YES/NO

TURNOVER

UK	£
Rest of the World	£
USA/Canada Exports	£
Total Turnover	£

18. Have you had any claims made against you during the under noted period?
(If YES please give details)

YES/NO

Employers Liability

Year	Total Wages	Deductible	Settled Claims		Reserves for Outstanding Claims	
			No.	Amount	No.	Amount
1998						
1999						
2000						
2001						
2002						
2003						
Total						

Public Liability / Products

Year	Total Turnover	Deductible	Settled Claims		Reserves for Outstanding Claims	
			No.	Amount	No.	Amount
1998						
1999						
2000						
2001						
2002						
2003						
Total						

19. Please state name of present and previous insurers over the last three years

.....

Has the Insurer ever declined your proposal, refused to renew or cancelled your policy, increased your premium, or imposed special terms?
 (If YES please give details)

YES/NO

ALL CONTRACTORS MUST COMPLETE 'CONTRACTORS ADDITIONAL PAGE AND HEALTH & SAFETY QUESTIONNAIRE' WHICH FOLLOW

**TO BE COMPLETED IN ALL CASES
 IMPORTANT NOTICE**

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to the Underwriters.

II/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between the Insurers and Myself/Ourselves.

Name

Position

Signature

Date.....

Law Applicable to Contract : If the proposer shown on this Proposal Form is a private individual or a sole trader then they are free to choose the law applicable to this Insurance Contract. This Contract will be subject to English Law (or Scottish Law where applicable)

PLEASE INDICATE INSURERS ALREADY APPROACHED FOR THIS COVER

.....

CONTRACTORS ADDITIONAL PAGE

Please describe major contracts undertaken in the last 3 years

<u>YEAR</u>	<u>NATURE</u>	<u>CONTRACT VALUE</u>

Do you undertake any work in connection with the following:-

- | | |
|--|--------|
| Work in, on or about aircraft or airports | YES/NO |
| Work in, on or about refineries or oil, gas or petrol storage depots | YES/NO |
| Dismantling or demolition of any structure | YES/NO |
| Flame cutting, welding or other processes involving heat | YES/NO |
| Vessels for heating asphalt or bitumen | YES/NO |
| Asbestos or silica | YES/NO |
| Explosives, acids, gases, chemicals or chemical works | YES/NO |
| Towers or steeples | YES/NO |
| Bridges or similar | YES/NO |
| Chimney shafts | YES/NO |
| Height work (over 2 meters) | YES/NO |
| Blast furnaces | YES/NO |
| Viaducts | YES/NO |
| Mines | YES/NO |
| Pile driving | YES/NO |
| Tunnelling and/or underground work | YES/NO |
| Dams or reservoirs | YES/NO |
| Docks, harbours, piers, wharf's and jetties | YES/NO |
| Ships, vessels, water craft or cushioned vehicle | YES/NO |
| Railways | YES/NO |
| Radioactive substances or other sources of ionising radiations | YES/NO |

If YES to any of the above please provide details overleaf

If Bona Fide Sub-Contractors are used, what are they used for?

If Bona Fide Sub-Contractors are used, how do you check the adequacy of their Insurance's? Please give details.

PLEASE ALSO COMPLETE THE HEALTH & SAFETY QUESTIONNAIRE WHICH FOLLOWS

HEALTH & SAFETY QUESTIONNAIRE

CONTRACTING TRADES

CLIENT NAME:

BROKER:

Please answer the following questions about your business in the space provided below or continue on a separate sheet if more space is required.

Health and Safety

- | | | | |
|----|--|-----|----|
| 1. | Do you have a health and safety policy statement tailored to your activities and kept up to date? | YES | NO |
| 2. | Do you have a specifically trained director or employee responsible for health and safety issues? | YES | NO |
| 3. | Is health and safety training given to all staff throughout their employment with you? | YES | NO |
| 4. | Is a record kept of all health and safety training given to staff? | YES | NO |
| 5. | Are you a member of any trade association which provides health and safety information and training? | YES | NO |

If YES which organisation(s) and what services are used:

- | | | | |
|----|---|-----|----|
| 6. | Do you undertake and record health and safety risk assessments for your business? | YES | NO |
| 7. | Are competency assessments made and recorded for all potential employees and subcontractors? | YES | NO |
| 8. | Is induction and ongoing skills based training provided for all employees and a record kept? | YES | NO |
| 9. | Do you engage an external organisation to audit your health and safety systems and adherence to it? | YES | NO |

Fire

- | | | | |
|----|--|-----|----|
| 1. | Are you familiar with the Joint Code of Practice, 'Fire Prevention on Construction Sites'? | YES | NO |
| | If YES are Fire Safety Co-ordinators appointed and fire safety plans prepared? | YES | NO |
| 2. | What percentage of your work on site involves the application of heat? | | % |
| | Please state what form of heat application, for example blow lamps etc. | | |
| 3. | Do you operate a hot work permit system for activities involving the application of heat? | YES | NO |

Site Safety and Security

Do your site safety and security arrangements include:

- | | | | |
|-----|--|-----|----|
| 1. | Materials storage. | YES | NO |
| 2. | Waste control and removal? | YES | NO |
| 3. | Assessment and effective control of pollutants? | YES | NO |
| 4. | Control of access/egress to site of visitors? | YES | NO |
| 5. | Hygiene and welfare standards for employees? | YES | NO |
| 6. | Service and maintenance records for all plant and machinery? | YES | NO |
| 7. | The supply of and strict implementation of the use of Personal Protective Equipment by employees? | YES | NO |
| 8. | Strict adherence to the Control of Substances Hazardous to Health regulations? | YES | NO |
| 9. | Full site perimeter fencing and boarding? | YES | NO |
| 10. | Special arrangements for securing valuable and portable equipment outside working hours?
If YES please specify. | YES | NO |

- | | | | |
|-----|--|-----|----|
| 11. | Larger items of plant coded or fitted with tracking devices? | YES | NO |
| 12. | Plant registered with The Equipment Register? | YES | NO |

D. Contracts, Workforce & Sub-contractors

- | | | | |
|----|---|-----|----|
| 1. | What proportion of your work is carried out above 10 metres from ground floor level | % | |
| 2. | What proportion of your work is carried out at a depth greater than 2 metres? | YES | NO |
| 3. | Which type of locations do you normally work in? For example rural, urban or city centre? | | |
| 4. | Under which written contract conditions do you normally work? | | |
| 5. | What proportion of your total wage roll relates to labour only subcontractors? | | % |
| 6. | Do you use specialist bona fide subcontractors?
If YES please specify for what type of work? | YES | NO |
| 7. | Do you examine and record the insurance arrangements of bona fide subcontractors as to duration, indemnity limits, exclusions and excesses? | YES | NO |

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

E. Estimated Wageroll Payments and turnover for the forthcoming year

Activities	Proprietors, principals, directors etc.	Direct employees and labour only subcontractors	All other subcontractors	Turnover
Clerical	£	£	£	£
Woodworking machinists	£	£	£	£
New housebuild up to 3 storeys	£	£	£	£
Other new building up to 20m heigh	£	£	£	£
All other work Please describe below:				

F. What percentage of your work is :

Domestic & Offices	%	Warehouse/Manufacturing	%
Educational/Medical	%	Recreational/ Leisure	%

G. What is the value of:

What is the value of:

Own Plant & Tools	£	Hired in Plant and Equipment	£
Own Temporary buildings	£	Hire in Plant and Equipment Charges	£
Hired in Temporary Buildings	£	Maximum Contract Value	£
Employees Tools	£		

Note: The answers to the above questions are treated as Material Fact and further information may be required. Any other facts known to you which are like to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt do not hesitate to tell us or contact your insurance advisor. *A Material Fact is one which would influence our acceptance of your request for insurance and the terms and conditions on which we are prepared to provide insurance cover.*