
A UNIQUE AND COMPREHENSIVE INSURANCE SCHEME

FOR

THE ELECTRICAL INDUSTRY

PROPOSAL FORM



Camberford Law plc

Innovative Insurance solutions – Since 1958

Insurance Brokers
Underwriting Agents
Authorised and Regulated by the Financial
Services Authority

Lygon House, 50 London Road
Bromley, Kent, BR1 3RA
Telephone: 020 8315 5000
Facsimile: 020 8460 2118
Email: electrical@camberford-law.com
Website: www.camberford-law.com/electrical

ELECTRICAL CONTRACTORS LIABILITY PROPOSAL

Proposer's Full Name

- Include all subsidiary companies to be insured
- If the Proposer is not a limited company specify any trading names and the names of all principals and partners.

Address

Post Code:

Tel

Fax

E-mail

Quotation required by:

/ /

Target premium:

£

BUSINESS DETAILS

1. When was the business established?

2. Full description of trade or business:

3. Are you

a) a member of a trade body or association?

YES NO

b) accredited or registered with an approvals or certification body in respect in respect of the work you undertake?

YES NO

If 'YES', please provide details including your membership/registration number(s):

4. What is your estimated Gross Annual turnover for the next twelve months based on the following activities?

a) Electrical Contracting

£

b) Mechanical Heating, Ventilation and Air Conditioning Contracting

£

c) Intruder alarm systems protecting private dwellings only

£

d) All other Intruder alarm systems

£

e) Fire alarm systems protecting private dwellings only

£

f) All other fire alarm systems

£

- g) CCTV protecting private dwellings only
- h) All other CCTV systems
- i) Voice/Data/Door Entry systems
- j) Fire extinguishing or fire suppression systems
- k) Computer Installations
- l) Industrial process control systems
- m) Contracts involving solely testing inspection or certification of existing systems
- n) All other contracting turnover
- o) All other non-contracting turnover i.e Design work for a fee (no installation)
- p) Any work taken from client premises to own premises

£
£
£
£
£
£
£
£
£
£

Please describe the nature of any turnover advised for items n) & o) above

5. Please indicate as a percentage of your Gross Annual Contracting Turnover, the extent of work in the following areas:

Domestic properties

Individual Dwellings	%
Other Dwellings	%

Commercial properties

Hospitals & Nursing Homes	%
Schools & Universities	%
Hotels & Recreation Centres	%
Shops & Offices	%
Other Commercial	%

Industrial Properties

Power Plants	%
Refinery & Petro-Chemical Installations	%
Manufacturing Plant & Production	%
Other Industrial	%

6. Please estimate for the next 12 months the maximum number of persons engaged in the business and the annual gross salaries and wages.

Note: The amount to be entered is the total remuneration including over-time, value of board and lodgings, housing accommodation, bonuses, other payment in kind or money, received by all persons working under contracts of service (including Directors) or any person supplied to or hired or borrowed by you before deducting for national insurance, income tax, holidays with pay, contributory pensions.

	Maximum Number	Salaries/Wages
a) Proprietors, partners and directors not working manually	<input type="text"/>	<input type="text"/>
b) Proprietors, partners and directors working manually	<input type="text"/>	<input type="text"/>
c) Clerical & managerial employees not working manually Including commercial travellers Shop Assistants	<input type="text"/>	<input type="text"/>
d) Shop Assistants	<input type="text"/>	<input type="text"/>
e) <u>Electrical Contracting</u>		
Direct Employees working manually	<input type="text"/>	<input type="text"/>
Labour only sub-contractors including agency labour	<input type="text"/>	<input type="text"/>
Bona fide sub-contractors	<input type="text"/>	<input type="text"/>
f) <u>Mechanical heating, ventilation and air conditioning contracting</u> (All must be Corgi – Institute of Plumbing Qualities)		
Direct Employees working manually	<input type="text"/>	<input type="text"/>
Labour only sub-contractors including agency labour	<input type="text"/>	<input type="text"/>
Bona fide sub-contractors	<input type="text"/>	<input type="text"/>
g) <u>All other contracting activity</u>		
Direct Employees working manually	<input type="text"/>	<input type="text"/>
Labour only sub-contractors including agency labour	<input type="text"/>	<input type="text"/>
Bona fide sub-contractors	<input type="text"/>	<input type="text"/>
h) <u>All other non-contracting activity</u>		
Direct Employees working manually	<input type="text"/>	<input type="text"/>
Labour only sub-contractors including agency labour	<input type="text"/>	<input type="text"/>
Bona fide sub-contractors	<input type="text"/>	<input type="text"/>

7. a) Do you use heat-producing equipment away from your premises? YES NO

If 'YES', please provide % of turnover relating to this work: %

b) Is your use of heat-producing equipment limited to the use of blowlamps and soldering irons? YES NO

If No, please provide details of the equipment used:

Please also supply the percentage of turnover relating to this work: %

8. Do you:

a) Undertake contracts performed outside Great Britain, Northern Ireland, The Isle of Man or the Channel Islands? YES NO

b) Export goods or services to the United States of America or Canada? YES NO

c) Work on or at airports, aircraft, watercraft, collieries, mines, gas, Petrochemical and chemical works, railways, railway installations, Power stations, oil refineries, fuel depots, quarries, on gas or oil rigs or Other offshore installations or at any other sites which may involve Special hazards YES NO

d) Work on external aerials or masts or work at heights exceeding 15 metres or at depths exceeding 3 metres? YES NO

e) Use, handle, store or transport any hazardous substances such as toxic Chemicals, explosive substances, gases, asbestos, radioactive substances Or any materials giving rise to dust, fumes or vapours? YES NO

If 'YES' to any part of Question 9, please provide full details including an estimate of the wages & turnover for the next 12 months.

COVER REQUIRED

1. Please advise the Public/Products Liability indemnity limit you require: £

Note: Limits of £1,000,000, £2,000,000 or £5,000,000 are available. Please indicate if higher limit required.

2. Do you require Employers Liability cover? YES NO

Note: The Employers Liability Indemnity Limit is £10,000,000 any one event including costs and expenses.

3. CONTRACTORS ALL RISKS - Do you require cover?

YES

NO

(Please indicate estimates for the next 12 months)

Total Value of any one contract		£
Value of own plant and equipment		£
Annual charges for hired in plant		£
Maximum value of one item of	a) own plant	£
	b) hired in plant	£
Current value of employees tools		£
Are tools permanently stored in vehicles		Yes/No

CLAIMS AND INSURANCE HISTORY

1. Please provide the following information about your present liability insurance. If you are not presently insured (other than where your policy has recently lapsed) please state "none".

a) Present Insurer

--

b) Renewal Date

--

2. Have you or any partner or director (in connection with this or any other business in which you or they have been trading):-

a) Suffered any loss, made any claims or been involved in incidents which have or could have resulted in a claim in respect of the risks proposed within the last 5-years?

YES NO

b) Had claims settled or notified against you within the last 10 years in respect of an occupational illness or disease (i.e. deafness, vibration white finger, repetitive strain injury, dermatitis, long disease or cancer) or pollution or contamination?

YES NO

If 'YES' to either a) or b) above, please advise:

Type of Insurance	Date of Loss	Details of Loss	Amount Paid	Amount Outstanding

3. Has an insurer ever:

- a) Declined to insure you? YES NO
- b) Cancelled or declined to renew any of your insurances? YES NO
- c) Required special terms? YES NO

DECLARATION

I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND I/WE HAVE NOT MIS-STATED OR SUPPRESSED ANY MATERIAL FACT. I/WE AGREE THAT THIS PROPOSAL TOGETHER WITH ANY OTHER INFORMATION SUPPLIED BY ME/US SHALL FORM THE BASIS OF THE CONTRACT BETWEEN THE UNDERWRITERS AND ME/US.

SIGNED POSITION

DATE

Health & Safety Questionnaire

The information you give on this form is relevant to our assessment of the insurance risk

Please provide complete and accurate answers to the following questions.

Failure to do so may entitle insurers to vary or avoid any insurance cover issued.

General

Proposers Full Name:

Name your current liability insurers:

How many years have you been insured with them?

What is your percentage rate of employee turnover for the last year? %

For each of the past 3 years, please provide details of your employee and accident numbers

	Last Year	Previous Year	Year minus 2
Total number of employees			
Total number of All accidents			
Total number of RIDDOR accidents			

Management of Health and Safety and Security of your Employees, Sub Contractors, Sites and Premises

Safety Policy

Do you have a written and signed Health and Safety policy? Yes/No

What is the date of the last review of the policy?

When was it last communicated to all employees?

How was it communicated to employees?

Are your Health and Safety systems externally audited?

Yes/No

If yes, please provide name of auditing company:

Knowledge of Health and Safety

Do you have a trained competent person responsible for Health and Safety issues?

Yes/No

If yes, please provide name and position of such person and details of formal training given

Name

Position

Training

Please give the name of any external organisations you obtain Health and Safety advice from

Risk Assessment

List your main workplace hazards

List your main health hazards

Have all the required risk assessments been carried out and recorded?

Yes/No

When was the last risk assessment carried out?

Are method statements prepared for each contract/job?

Yes/No

Do you undertake post-incident reviews following losses or near misses?

Yes/No

If yes, please give details of your procedures

Training

Please give details of health and safety training given to employees and contractors working for you

Is training recorded?

Yes/No

Do you supply and enforce use of Personal Protective Equipment where required?

Yes/No

If yes, please provide details

Workplace inspections

Is all equipment that needs statutory inspection identified and routinely inspected? Yes/No

Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective action is taken? Yes/No

How often are these inspections carried out?

Waste

Do you handle any asbestos waste material? Yes/No

What waste do you produce?

How do you store, manage and dispose of waste?

Fire

Are you familiar with the Joint Code of Practice for Fire Prevention on Construction sites? Yes/No

If yes, are Fire Safety plans prepared where required? Yes/No

Is smoking restricted to designated site areas only? Yes/No

Do you have a Fire Evacuation procedure? Yes/No

What percentage of your work on site involves the application of heat? %

What type of heat producing equipment do you use?

If you use heat, what precautions are used?

Do you operate a "hot work" permit system for heat applications? Yes/No

If yes, are you registered to use the Fire Protection Association scheme? Yes/No

Site Safety and Security

Do your site safety, security arrangements and risk assessments include:
1. materials storage? Yes/No

2. control of access / egress to site of visitors? Yes/No

3. full site perimeter fencing and boarding? Yes/No

4. special arrangements for securing valuable and portable equipment outside working hours? Yes/No

5. larger items of plant and machinery coded or fitted with tracking devices? Yes/No

6. plant being registered with a scheme, e.g. The Equipment Register? Yes/No

7. covering or fencing of holes and openings? Yes/No

Construction, Design and Management Regulations (CDM) %

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

What are the maximum numbers of contracts you are responsible for at any one time?

For what proportion of your contracts do you incur CDM responsibilities?

How do you manage your obligations under the CDM Regs?

Do you use Bona-Fide sub-contractors? Yes/No

If yes:
1. how many do you use?

2. for what type of activities?

3. for how long have the Bona-Fide sub-contractors been known to you? Yrs

4. How do you vet the quality of their work/Health and Safety?

5. do you check that they have Employers and Public Liability insurance? Yes/No

6. do you check and record all of their insurance details including Insurer, renewal date, limit of indemnity? Yes/No

Activity Information

Height
What proportion of your work is carried out above 10m?

Please provide details of any work above 10m

Do you erect your own scaffolding or use a specialist contractor?

If you erect your own, please provide the following:

1. the type of scaffolding e.g. tower, tied?
2. the frequency of use?

3. the maximum height of scaffolding?

4. frequency of inspections?

5. are kick boards and safety rails always used? Yes/No

Depth
Please provide details of the proportion of your total work carried out at the following depth limits:

1. 0-1 metre	%	
2. 1-3 metres	%	<input style="width: 100%;" type="text"/>
3. 3-8 metres	%	<input style="width: 100%;" type="text"/>
4. 8 metres plus	%	<input style="width: 100%;" type="text"/>

What precautions and controls do you undertake for the identification of underground pipes, cables or other

