



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

ELECTRICAL, HEATING & VENTILATION,
PLUMBING and AIR CONDITIONING INDUSTRY

Material Damage



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

Full name of Proposer including all trading names, group companies and subsidiaries that are to be covered by the policy

Address

Telephone No

Fax No

E-mail

Web

www.

Please list the names and dates of birth of all the Company Directors/Partners

If you require Employers' Liability cover, please supply your Employer PAYE Reference(s).

(This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to)

If you do not have a PAYE Reference, please confirm that you are exempt and give the reason

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, Plumbing	£
c) Air Conditioning	£
d) Intruder/Fire Alarms	£
e) CCTV Systems	£
f) Voice/data/door entry systems & fire extinguishing or fire suppression systems	£
g) Computer installations	£
h) Industrial process control systems	£
i) Contracts involving solely testing inspection or certification of existing systems	£
j) All other contracting turnover	£
k) All other non-contracting turnover i.e. Design work for a fee (no installation)	£

Please describe the nature of any turnover advised for items j) & k) above

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

Domestic properties:

%

Commercial properties: (including Hospitals, Nursing Homes, Schools/Universities, Hotels & Recreation Centres, Shops & Offices)

%

Industrial Properties: (Manufacturing Plant & Production)

%

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.

a) Clerical/Non Manual

Salaries/Wages

Proprietors, Partners, Directors, Managerial Employees including Commercial Travellers and Shop Assistants

b) Manual

i) Electrical Contracting

Salaries/Wages

Proprietors, Partners, Directors working manually

Direct Employees working manually including Labour Only Sub-Contractors and Agency Labour

Bona fide sub-contractors

ii) Mechanical Heating, Ventilation, Plumbing and Air Conditioning Contracting
Salaries/Wages

Proprietors, Partners, Directors working manually

Direct Employees working manually including Labour Only Sub-Contractors and Agency Labour

Bona fide sub-contractors

iii) All other Contracting Activity

Salaries/Wages

Proprietors, Partners, Directors working manually

Direct Employees working manually including Labour Only Sub-Contractors and Agency Labour

Bona fide sub-contractors

c) Please provide estimated number of employees

Clerical (including Proprietors/Partners/Directors)
Manual

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

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If 'YES', to any of the above, please provide % 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 1 metre? YES NO

If 'YES' to any part of Question 8, please provide full details including an estimate of the wages & turnover for the next 12 months.

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COVER REQUIRED

1. Please advise the Public/Products Liability indemnity limit you require: £
 Note: Limits of £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)

a) Total value of any one contract	£
b) Total value of own plant and equipment	£
c) Total value of hired in plant	£
d) Annual charges for hired in plant	£
e) Total value of employees tools	£
i) Limit any one employee	£
f) 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

If 'YES' to the 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, cancelled or declined to renew any of your insurance
Or required any 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

CAMBERFORD LAW PLC

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