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**A UNIQUE AND COMPREHENSIVE INSURANCE SCHEME**

**FOR**

**THE ELECTRICAL, HEATING VENTILATION PLUMBING  
& AIR CONDITIONING INDUSTRY**

PROPOSAL FORM



**Camberford Law plc**

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**ELECTRICAL, HEATING VENTILATION PLUMBING & AIR CONDITIONING CONTRACTORS 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) and p) 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		
b) Proprietors, partners and directors working manually		
c) Clerical & managerial employees not working manually Including commercial travellers Shop Assistants		
d) Shop Assistants		
e) <b><u>Electrical Contracting</u></b>		
Direct Employees working manually		
Labour only sub-contractors including agency labour		
Bona fide sub-contractors		
f) <b><u>Mechanical heating, ventilation and air conditioning contracting</u></b> (All must be Corgi – Institute of Plumbing Qualities)		
Direct Employees working manually		
Labour only sub-contractors including agency labour		
Bona fide sub-contractors		
g) <b><u>All other contracting activity</u></b>		
Direct Employees working manually		
Labour only sub-contractors including agency labour		
Bona fide sub-contractors		
h) <b><u>All other non-contracting activity</u></b>		
Direct Employees working manually		
Labour only sub-contractors including agency labour		
Bona fide sub-contractors		

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

If 'YES', please provide percentage 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:

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 8, 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?**  
 Note: The Employers Liability Indemnity Limit is £10,000,000 any one event including costs and expenses.

YES  NO

**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

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

**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..... %

3. 3-8 metres..... %

4. 8 metres plus..... %

What precautions and controls do you undertake for the identification of underground pipes, cables or other services which could be at risk or under the site?

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

Do you retain a written record of the precautions taken?      Yes/No

**Please use this section for any additional information.**

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.....  
.....

**Declaration**

I understand that the answers given are true to the best of my knowledge and if any answers are incorrect then this may invalidate the insurance issued and acts as a warranty precedent to liability.

Signature.....

Name (Print).....

Position.....

Date.....