



INNOVATIVE INSURANCE SOLUTIONS



## PROPOSAL FORM

TREE SURGEONS and ARBORICULTURE



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

# Arboricultural and Forestry Contractors Proposal Form

## Part 1: General Information

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

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Address


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


Contact / Company Details:

Home / Work Tel Number:
Mobile Number:
Email Address:
Website Address:
Fax Number:

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

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


VAT Status/Registration Number:

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Number Of Years Established

Years
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Number Of Years Experience within this industry:

Years
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Renewal Date / Date from which cover is required:

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Current Insurer and expiring/target premium:

Insurer:	Renewal/Target Premium: £
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3) Hazardous Activities; Please show any of the following activities which are undertaken by marking 'yes' in the applicable box in the table below:

Hazardous Activity	Undertaken (Yes/No)
Burning Of Debris	
Heat Work (Other than burning of debris) NOTE: If 'yes' give details in box provided below	
Work at a depth below 1 metre NOTE: If 'yes' give details in box provided below	
Work at a height above 30 metres NOTE: If 'yes' give details in box provided below	
Railway Work NOTE: If yes, please complete specific questionnaire at the back of this form	
Powerline Clearance Work NOTE: If yes, please complete specific questionnaire at the back of this form	
Work airside at Airports	

Note if yes give details in box below

Details:

4) LOLER: Is equipment checked in accordance with LOLER legislation? (Delete as applicable)

YES / NO

5) Is work undertaken outside of the UK? (If Yes, detail type of work, where and estimated percentage of overall turnover)

Yes/No

Country:

Type Of Work:

Est % Of Turnover:

6) Please detail any entries that have been made in your accident report book in the last 5 years:

Date	Incident Details

7) Claims: Please detail and claims incurred within the last 5 years or incidents that could have given rise to claims under this section:

Date	Incident Detail	Cost	Settled or Outstanding	Insurer

Part 3: Employers Liability

The Health and Safety Questionnaire must be completed if this section is required

1) Please give estimates of annual waggeroll, split between the categories in the table below:

Category	Estimated Wageroll to Direct Employees and Labour Only Sub Contractors	Estimated Payments to Bona Fide Subcontractors (Contractors that have their own Public and Employers Liability insurance and their own equipment and who undertake work that is not under your supervision or control)
Clerical	£	£
Landscaping	£	£
Tree Surgery at Ground Level - Use Of Chainsaws - Without Chainsaw Use	£ £	£ £
Tree Surgery at Height	£	£
Fencing and Planting	£	£
Forestry Felling	£	£

2) Please detail the number of Full and Part Time Employees that you have

Number of Full Time Employees	
Number of Part Time Employees	

3) Claims: Please detail and claims incurred within the last 5 years or incidents that could have given rise to claims under this section:

Date	Incident Detail	Cost	Settled or Outstanding	Insurer

Part 4: Health and Safety Risk Assessment Questionnaire

1) Do you have a tailored Heath & safety policy written for your business activities?  
(Please supply copy)

Yes / No
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2) Who in your organisation is responsible for Health & Safety matters and what training have they received?

3) Are all employees regularly assessed for health & safety and training provide in areas required to improve?

Yes / No

4) Do you keep records of all training and assessments?

Yes / No

5) Are all new employees assessed and giving an induction package?

Yes / No

6) Do you ask all new employees to sign to say they have received your induction package and training?

Yes / No

7) Do you use any outside source for your health & safety training? If so who?

8) Do you issue risk assessments for each site you and your employees work at?

Yes / No

9) Do you supply all employees and sub contractors with Personal Protection Equipment complying with current UK health and Safety?

Yes / No

10) Do you get all employees and sub contractors to sign a document stating they have received and will wear Personal Protective equipment?

Yes / No

11) How do you ensure that all employees wear protective equipment?

12) When did you last receive a health & safety inspection visit and were there any requirements as a result?

13) Do you comply with PUWER legislation?

Yes / No

14) Do you have at least one person appointed and trained to take charge of the first aid arrangements?

Yes / No

15) Is all your machinery properly guarded and complies with the latest legislation?

Yes / No

Part 5: Railway Questionnaire

Only to be completed if this type of work is undertaken

1) Do you work in 'Green Zones'?

Yes / No

2) Do you work in 'Red Zones'?

Yes / No

3) Are you using machinery that goes on the track? (If yes, provide details)

4) If not using machinery that goes on the track, how close to the railtrack do you work?

5) Please complete the table below relating to estimated wages and turnover relating to Railway work:

Category	Wages	Number of Employees Involved in this type of Work	Turnover
Tree Surgery	£		£
Fencing and Planting	£		£
Electrical Work	£		£
Landscaping	£		£

6) What experience / qualifications do the individuals involved in this type of work have?

Part 6: Powerline Clearance Questionnaire

1) What experience / qualifications do the individuals involved in this type of work have?

2) Who surveys the site / work area?

3) How are maps marked by the surveyor to ensure instructions are clear?

3) How long before work is undertaken does the surveyor visit the site?

4) How long before work is commenced do you contact the Landowner?

5) Do you ask for permission to be put in writing?

Yes / No

6) Do you have a diary system to check that permission letters are received back?

Yes / No

7) Who inspects the work to ensure that it has been completed to the correct standard?

8) When work is satisfactory, do you keep a record system which can be called upon in the event of an allegation?

Yes / No

9) Please complete the table below showing estimated wages and turnover for this aspect of your work:

Estimated Wages	£
Estimated Turnover	£

### Part 7: Declaration

#### TO BE COMPLETED IN ALL CASES

Have you or any partner/director in connection with your business:-

- i) Had any proposal or insurance declined, cancelled, refused or made subject to increased rates or special terms Yes / No
- ii) Been convicted of arson or any offence involving dishonesty of any kind (i.e fraud, theft etc) Yes / No
- iii) Been prosecuted under any safety legislation during the last 5 years Yes / No
- iv) Been declared bankrupt or insolvent Yes / No

If yes answered to any of the above, please give full details:

#### 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 the Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to the Insurers.

I/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	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

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