



# CONTRACTORS “ALL RISKS” PROPOSAL FORM

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**DUTY OF FAIR PRESENTATION**

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
  - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
  - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
  - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
  
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
  - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
  - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
  - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

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## PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)
2. Address 1
3. Address 2
4. Town
5. County
6. Postcode

**If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.**

**If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.**

7. Full business description (if you have a brochure or company literature, please attach them to this form)

## CURRENT INSURANCE ARRANGEMENTS

8. Insurer
  9. Broker
  10. Policy Limit
  11. Excess
  12. Premium
  13. Renewal date
  14. Date commenced trading
  15. Is the business VAT registered?
  16. Please give details of any professional or trade associations you are affiliated to
- Any one claim      Aggregate      (please tick as applicable)
- Yes      No

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## BUSINESS DETAILS

17. Do you work on or at any of the following:

- |   |     |    |
|---|-----|----|
| a. Towers, steeples, chimney shafts, bridges, viaducts, motorways, flyovers or underpasses?                                 | Yes | No |
| b. Airports, airside, on or in the vicinity of, any aircraft?   | Yes | No |
| c. Railway or railway installation for conveyance of goods or people including any leisure, amusement or funicular railway? | Yes | No |
| d. Power stations, oil refineries, gas, chemical or petrochemical plants and fuel depots?                                   | Yes | No |
| e. Nuclear installations or with radioactive substances or other sources of ionising radiation?                             | Yes | No |
| f. Collieries, mines, quarries or tunnels?  | Yes | No |
| g. Ships, vessels or water-borne craft?   | Yes | No |
| h. Docks, harbours, piers, jetties, dams, reservoirs, lakes, rivers, water diversion/canals or sea defences?                | Yes | No |
| i. Gas or oil rigs or other offshore installations?   | Yes | No |
| j. Demolition or dismantling of buildings or other structures?  | Yes | No |

If the answer is "Yes" to any of the above questions provide full details below, including estimated turnover for the coming year and clearly indicate to which part of this question your answer(s) refer(s). Please use the 'Additional Information' sheet if necessary

18. Under what Conditions of Contract is work carried out (e.g. JCT, ICE)?

19. Do you have a written security policy? Yes No

If "Yes" please attach a copy. Is copy attached? Yes No

20. Do you ensure that valuable materials, e.g. non-ferrous materials, are secured in a locked compound outside working hours? Yes No

If "No" provide details below

21. Do you ensure that portable tools and equipment not removed from site are stored in a locked compound outside working hours? Yes No

If "No" provide details below

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## SUMS INSURED

22. Please confirm the following in respect of permanent and/or temporary works:
- |  |   |        |
|--|---|--------|
| a. The maximum value of the permanent and/or temporary works and materials for any one contract site | £ |        |
| b. The estimated value of unfixed non-ferrous metals at any one contract site (included in a. above) | £ |        |
| c. The estimated value of free issue materials (included in a. above)                                | £ |        |
| d. The maximum estimated contract period in respect of any one contract                              |   | months |
| e. The average estimated contract period in respect of any one contract                              |   | months |
| f. Details of the typical types of contract undertaken   |   |        |
- 
23. State the total value of constructional plant, tools, equipment, site huts, temporary buildings and contents **owned by you** or for which you are responsible
- |  |   |        |
|--|---|--------|
| a. Demountable and temporary buildings/caravans/site huts/stores | £ |        |
| b. Contractors' plant tools and equipment                        | £ |        |
| c. Decontamination units   | £ | Number |
| d. Maximum value any one item of own plant                       | £ |        |
24. State the total value of constructional plant, tools, equipment, site huts, temporary buildings and contents **hired by you** or for which you are held responsible (not included in above)
- |   |   |  |
|---|---|--|
| a. Annual hired in plant charges                | £ |  |
| b. Maximum value any one item of hired in plant | £ |  |
25. Employees tools and personal effects
- |                             |   |  |
|-----------------------------|---|--|
| a. Total value              | £ |  |
| b. Maximum any one employee | £ |  |
26. State the annual contracting turnover for the last three years
- |  | Year | Gross annual turnover |
|--|------|-----------------------|
|  |      | £                     |
|  |      | £                     |
|  |      | £                     |
27. State the estimated annual contracting turnover for the next twelve months
- |  |   |  |
|--|---|--|
|  | £ |  |
|--|---|--|
28. In the course of your business do you ever hire out plant to other parties? Yes    No  
 If "Yes" please provide details below of the plant involved, the estimated hire fees earned for the next 12 months and the conditions of hire used
- 
- 
- 
29. Is work undertaken outside Great Britain, Northern Ireland, the Isle of Man or the Channel Islands? Yes    No  
 If "Yes" please provide details below, including the estimated turnover for the next 12 months

# CONTRACTORS 'ALL RISKS' PROPOSAL FORM

## GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- |   |     |    |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms?   | Yes | No |
| b. Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

**Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.**

- |   |     |    |
|---|-----|----|
| c. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending?   | Yes | No |
| e. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction?  | Yes | No |
| f. Have any of you committed any offence to which you have admitted and for which you have received an official police caution?   | Yes | No |

**If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.**

## CLAIMS HISTORY

- |   |     |    |
|---|-----|----|
| a. In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years?   | Yes | No |
| b. Are any of the directors, partners, principals or employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the firm/company or its predecessors in business or any of its present or former directors, partners or principals? | Yes | No |

**If the answer to either question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.**

## DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

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**PROPOSAL FORM**

ADDITIONAL INFORMATION

**SRG** A Specialist Risk  
Group Company

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