



# **CONTRACTORS LIABILITY**

## **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. NOTE only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. 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
  
  
  
  
  
  
  
  
  
  
7. Does the business have an ERN exemption?      Yes      No      8. If "No" provide ERN

**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.**

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

## CURRENT INSURANCE ARRANGEMENTS

10. Insurer
  
  
  
  
  
  
  
  
  
  
11. Broker
  
  
  
  
  
  
  
  
  
  
12. Premium
13. Renewal date
  
14. Date commenced trading
15. Is the business VAT registered?      Yes      No
  
16. Please give details of any professional or trade associations you are affiliated to
  
  
  
  
  
  
  
  
  
  
17. Has any part of the current or any historic policy been written on a claims made basis? If so please give details including retroactive dates

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## BUSINESS DETAILS

Questions 18 to 21: if the answer is "Yes" to any part of these questions please confirm the percentage of turnover in the corresponding box.

18. Do or will you or your sub-contractors work at any of the following locations:

a. Domestic premises?	Yes	No	%
b. Commercial premises?	Yes	No	%
c. Industrial premises?	Yes	No	%
d. Towers, steeples, chimney shafts, bridges, viaducts, motorways, flyovers or underpasses?	Yes	No	%
e. Airports, airside, on or in the vicinity of, any aircraft?	Yes	No	%
f. Railway or railway installation for conveyance of goods or people including any leisure, amusement or funicular railway?	Yes	No	%
g. Power stations, oil refineries, gas, chemical or petrochemical plants and fuel depots?	Yes	No	%
h. Nuclear installations or with radioactive substances or other sources of ionising radiation?	Yes	No	%
i. Collieries, mines, quarries or tunnels?	Yes	No	%
j. Ships, vessels or water-borne craft?	Yes	No	%
k. Docks, harbours, piers, jetties, dams, reservoirs, lakes, rivers, water diversion/canal or sea defence?	Yes	No	%
l. Offshore rig, platform or structure?	Yes	No	%
m. Outside of the UK?	Yes	No	%

If the answer is "Yes" to any of the above questions provide full details below. Please use the 'Additional Information' sheet if necessary

19. Do you or your sub-contractors use any of the following in connection with your business:

a. Woodworking power driven machinery?	Yes	No	%
b. Lifts, cranes, hoists or other lifting apparatus?	Yes	No	%
c. Blow lamps, blow torches, electric oxy-acetylene or other burning, welding or cutting equipment, or any process involving the application of heat other than electrically powered soldering irons:			
i. At your premises?	Yes	No	%
ii. Away from your premises?	Yes	No	%

If the answer is "Yes" to any of the above questions provide full details below. Please use the 'Additional Information' sheet if necessary

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20. Do or will you use, handle, store or transport any of the following:
- |   |     |    |   |
|---|-----|----|---|
| a. Radioactive substances or other sources of ionising radiation? | Yes | No | % |
| b. Explosive substances?  | Yes | No | % |
| c. Asbestos or materials containing these substances?             | Yes | No | % |
| d. Acids, gases, chemicals or other toxic substances?             | Yes | No | % |
| e. Any flammable or combustible materials?                        | Yes | No | % |

If the answer is "Yes" to any of the above questions provide full details below. Please use the 'Additional Information' sheet if necessary

21. Do or will you or your sub-contractors undertake any of the following:
- |   |     |    |        |
|---|-----|----|--------|
| a. Work at a height exceeding 15 metres?  | Yes | No | %      |
| If "Yes" please confirm:  |     |    |        |
| i. Maximum height worked  |     |    | m      |
| ii. Whether business operations include the erection/operation of scaffolding, mobile towers, hydraulic access platforms or similar |     |    | Yes No |
| b. Work at a depth exceeding 3 metres?  | Yes | No | %      |
| If "Yes" please confirm the maximum depth worked  |     |    |        |
|   |     |    | m      |
| c. Demolition or dismantling structures exceeding 3 metres?   | Yes | No | %      |
| If "Yes" please confirm below the method(s) of demolition or dismantling  |     |    |        |
|   |     |    |        |
| d. Tank cleaning or work in confined spaces?  | Yes | No | %      |
| If "Yes" is breathing apparatus used?   |     |    |        |
|   |     |    | Yes No |
| e. Use a process involving noise level in excess of 90dB?   | Yes | No | %      |
22. Do you supply products other than as part of a contract to install? Yes No
- If "Yes" please answer the following:
- |   |  |  |        |
|---|--|--|--------|
| a. Do you retain all rights of recovery against the manufacturer? |  |  | Yes No |
| b. Do you alter, adapt or change any product?                     |  |  | Yes No |

If "Yes" please provide details below including the product's type of alteration.  
Give details of imported product and source country. Please use the 'Additional Information' sheet if necessary

- |  |  |  |        |
|--|--|--|--------|
| c. Do your products comply with the relevant CE/BS standards?  |  |  | Yes No |
| d. Are any products supplied to the medical, nuclear, aviation, aerospace, motor, marine, rail, offshore, defence or petrochemical industries? |  |  | Yes No |
| e. Do you supply products directly, or to your knowledge indirectly, to the USA/Canada?  |  |  | Yes No |

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23. Please provide details below of your three largest contracts in the last two years, including the contract value and description of work for each. Please use the 'Additional Information' sheet if necessary

## HEALTH AND SAFETY

24. Please specify any accreditations you hold (e.g. ISO 9000 series)
25. Do you have a written Health and Safety policy? Yes    No  
 If "Yes" please confirm:  
 a. The year that it was originally prepared  
 b. The date of the last review
26. Who is responsible for Health and Safety within your company?  
 a. Name of director/employee  
 b. Position within the company  
 c. Formal health and safety training qualifications
27. Do you engage an external organisation for advice/audit of your Health and Safety policy systems? Yes    No  
 If "Yes" provide details below
28. Have you carried out formal risk assessments, documented with relevant Safe Systems of Work? Yes    No
29. Do you have a formal plan for review of risk assessments? Yes    No
30. Is health and safety training, including Working at Height and Manual Handling training, given to all staff throughout their employment with you and is the training refreshed at least every three years? Yes    No
31. Do you have a formal plan for the provision of Personal Protective Equipment (PPE) (as required by the Personal Protective Equipment at Work Regulations 1992)? Yes    No
32. Do employees sign for PPE and are records kept? Yes    No
33. Have you documented procedures for high risk activities? Yes    No
34. Do you operate a formal Permit to Work scheme for high risk activities? Yes    No
35. Do you have a documented fire emergency plan? Yes    No
36. Do you have a formal occupational health plan (noise assessments etc)? Yes    No
37. Do you have a formal documented accident investigation plan? Yes    No
38. Do you complete documented regular own premises and work site inspections to ensure compliance with health and safety processes and procedures? Yes    No
39. Describe any other Health and Safety activity or any additional comment as necessary

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## EMPLOYERS LIABILITY

40. Do you require Employers' Liability? Yes    No

41. If "Yes" what limit of indemnity is required? (Cover starts at £10,000,000) £

42. What are your estimated gross salaries, wages and payments to sub-contractors for the next 12 months?

Please note: The amount to be entered as salary/wages 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.

	Estimated number of employees/ operatives	Estimated annual payments for forthcoming 12 months	
		Work at premises	Work away from premises
a. Proprietors, partners and directors not working manually	£	£	£
b. Proprietors, partners and directors working manually	£	£	£
c. Clerical and managerial employees not working manually	£	£	£
d. Direct employees working manually (please specify description of work undertaken)			
i.	£	£	£
ii.	£	£	£
iii.	£	£	£
e. Labour only sub-contractors including agency labour (please specify description of work undertaken)			
i.	£	£	£
ii.	£	£	£
iii.	£	£	£

## PUBLIC/PRODUCTS/POLLUTION LIABILITY

43. Do you require Public, Products and Pollution Liability? Yes    No

If "Yes" state limit of indemnity required?

£2,000,000      £5,000,000      £10,000,000      Other limit      £

44. State estimated turnover for the next 12 months

a. UK	£
b. EU	£
c. USA/Canada exports	£
d. Rest of the world	£
e. Total turnover	£

45. Do you require contingent cover for bona fide sub-contractors (BFSC)? (No EL cover available) Yes    No

a. Payments to BFSC £

b. If BFSC are used, do you have a formal system to check the adequacy of their insurance? Yes    No

c. Please confirm below what activities are undertaken?

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## 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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ADDITIONAL INFORMATION

**SRG** A Specialist Risk  
Group Company

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