



ASBESTOS SURVEYING AND LABORATORY SERVICES SCHEME 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

ASBESTOS SURVEYING AND LABORATORY SERVICES SCHEME PROPOSAL FORM

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

ASBESTOS SURVEYING AND LABORATORY SERVICES SCHEME PROPOSAL FORM

BUSINESS DETAILS

18. State total number of staff & work force (including directors & principals)

19. Schedule of employees. Give total estimate wages and/or salaries in each category for the forthcoming year

19.1 Clerical £

19.2 Own wages – split as follows:

a. Full annual wages of asbestos surveyors £

b. Full annual wages of asbestos analysts £

c. All other non clerical wages

i. £

ii. £

iii. £

19.3 Payments to labour only sub contractors – split as follows:

a. Payments for asbestos surveyors £

b. Payments for asbestos analysts £

c. All other payments

i. £

ii. £

iii. £

19.4 Payments to bona fide sub contractors – excluding asbestos removal £

19.5 Payments to bona fide sub contractors – asbestos removal £

If asbestos removal please provide the names of the contractors and details of their current insurance arrangements

20. State estimated and actual contracting turnover for the following periods:

a. Next 12 months £ b. Last 12 months £

c. Penultimate 12 months £

21. State approximate percentage of work carried out in each sector:

a. Asbestos management surveys %

b. Asbestos refurbishments and demolition surveys % c. Other %

22. State amount of indemnity required for Public and Products liability

£2,000,000 £5,000,000 £10,000,000 Any other limit £

23. Have you or do you anticipate working outside the UK? If "Yes" please give full details on the 'Additional Information' sheet Yes No

24. Are you UKAS accredited? Yes No

25. Do you have Professional Indemnity insurance coverage in force? Yes No

If "Yes" please complete the following:

a. Name of insurer(s):

b. Renewal date:

c. Limit of indemnity:

d. Excess:

ASBESTOS SURVEYING AND LABORATORY SERVICES SCHEME 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:

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|----|--|-----|----|
| 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.

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|----|--|-----|----|
| 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

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
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If the answer 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

