



Contractors Combined Insurance

Application Form

Broker Broker Contact

Contact Name	<input type="text"/>	Company Status	<input type="text"/>
Trading Name	<input type="text"/>		
Address 1	<input type="text"/>	Employers Liability	<input type="text"/>
Address 2	<input type="text"/>	Public Liability 1m,2m or 5m	<input type="text"/>
Town	<input type="text"/>	Products Liability	<input type="text"/>
County	<input type="text"/>	Own Plant Total Value	£ -
Postcode	<input type="text"/>	Hired In Plant Charges	£ -
Telephone Number	<input type="text"/>	Hired In Plant Item Limit	£ -
Mobile Number	<input type="text"/>	Employees Tools	£ -
Email Address	<input type="text"/>	Max Contract Value	£ -
Web Address	<input type="text"/>	Current Insurer	<input type="text"/>
Date Established	<input type="text"/>	Effective Date	<input type="text"/>
Main Trade	<input type="text"/>		%
Secondary Trade	<input type="text"/>		%

	Number / FTE	Premises Payroll	Work Away Payroll
Clerical & Non Manual		£ -	£ -
Direct Manual Employees		£ -	£ -
Labour Only Sub Contractors		£ -	£ -
Bona Fide Sub Contractors		£ -	£ -
Manual Principals		£ -	£ -
Clerical Principals		£ -	£ -

Turnover

Business Description (include details about work activities, property worked on etc)

Does any of the work away from your premises involve the application of heat?

If Yes, give details

If Yes to heat, is heat work restricted to hot air guns only?

What percentage of your overall work does "hot work" represent?

What is the maximum height at which you work?

What is the maximum depth at which you work?

Do you work in any hazardous locations?

Is any work undertaken in Eire or otherwise outside the UK?

Do you employ Irish or foreign nationals?

Does any of your work involve

Use or handling of goods that require a health warning, including notifiable asbestos?

Handling of non-notifiable asbestos?

Erection of scaffolding by direct employees or labour only sub-contractors?

Erection of scaffolding by bona-fide sub-contractors?

Slating, tiling or felting of roofs by direct employees or labour only sub-contractors?

Slating, tiling or felting of roofs by bona-fide sub-contractors?

If Yes, Please give details



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Do you have a Health & Safety policy statement?

If yes, is it distributed to each employee / sub-contractor?

Do you have a procedure to check that bona-fide sub-contractors carry the same level of employers', public and product liability as yourselves?

Have you or any principals or directors in the business or any company in which you or such Principal or Director have or had an interest:

Ever been refused insurance or had any special terms or conditions imposed by an insurer?

Ever been convicted or is any prosecution pending for any offence involving fraud, arson, theft, wilful damage or handling stolen goods?

Ever been declared bankrupt, the subject of bankruptcy proceedings, insolvency, winding up etc?

Ever received a prohibition notice or been prosecuted or awaiting intended prosecution under the Health & Safety At Work Act?

How many years has it been since your last claim?

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Please give details of any losses or claims during the last 5 years whether insured or not

Date	Details	Amount
		£ -
		£ -
		£ -

Notes

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NOTES: Some or all of the information which you supply in connection with this insurance will be held by ourselves and others on computer. Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of insurance.

NON DISCLOSURE WARNING: Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your Proposal. Failure to do so may prejudice settlement of any claim. Please mention such facts or if you are in doubt refer to your Insurance Adviser.

DECLARATION: I/We declare that to the best of my/our knowledge and belief all statements made with regard to this proposal Form are true and I/We agree that this Proposal Form shall be the basis of the contract for the Insurance to be expressed in the usual terms of the Policy issued.

I/We consent to the seeking of information from other insurers to check the answers I/We have provided and I/We authorise the giving of such information for such purposes.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Proposers Signature

Date

Broker Contact Name
Broker Phone Number



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Supplementary Information

Breakdown of Activities	%

Breakdown of Properties Worked On	New Build %	Existing %
Private Dwelling House		
Light Commercial (Shops, Offices, Pubs, Hotels etc)		
Schools, Colleges, Churches etc		
Light Industrial (Small industrial units etc)		
Industrial (Factory, Manufacturing, Warehousing)		
Hazardous Locations (Airside, offshore, petro-chemical plant etc)		

Breakdown of Height Work	%
Ground Level	
Up to 10m	
Up to 15m	
Up to 20m	
Up to 30m	
Above 30m	

Risk Control Activities

Additional Notes