

### **Construction Risk Management Fact Find**

1.	Business							
	Business name:							
	Address:							
	Website address:							
	Renewal date:			Date business was established:				
	Are you a limited company?	Yes	No	If yes, please add your Registered Comp	oany Number:			
	If the business has been established less industry including the companies they have			detail the experience of the current director tails of any managerial experience.	's within the construct	tion		
	Have any of the directors or partners of th				Yes	No		
	Have any of the directors or partners of the criminal offence other than a motoring offence.	Yes	No					
	Have any of the directors or partners of the business ever been declared bankrupt and/or been a director of a Company which has gone into liquidation, administration or receivership.  Yes No							
	If the answer is 'yes' to any of the above then please give full details below.							
2.	Type of work:							
	Please describe your business activities (t	his descrip	otion will b	e used on your policy document):				
If y	ou are involved in more than one principal t	rade appro	ximately v	hat proportion of your turnover is involved	in each trade			
	a					. %		
	b					. %		
	С					. %		

#### Percentage of work undertaken

We would like you to separate the type of work you do as follows

		% of turnover	% of work as part of new build contracts	% of work involving alterations, repair & maintenance
a.	PDH, Shops, Offices, Pubs &/or Hotels up to 4 Storeys	%	%	%
b.	PDH, Shops, Office, Pubs &/or Hotels above 4 Storeys	% .	%	%
C.	Manufacturing/Industrial	%	%	%
d.	All other work – please specify:			
	All other			
	i)	%	%	%
	ii)	%	%	%
	iii)	%	%	%
	iv)	%	%	%
Wh	at proportion of all your manual work is undertaken away from	your own premises?		%
a)	Trade Association and/or Pre-qualification Scheme Mem  Membership of trade associations and/or Pre Qualification so compliance with current Health and Safety regulations. (Some Are you a member of a relevant trade association for your ind  If yes, please provide name/s:	chemes can provide a une insurers take this into ustry?	account with their rating) Yes	No
b)	Are you currently a member of any of the following pre-qualifichas  Construction Line  Safe-contractor  Achilles	cation schemes:		
c)	Have you passed the pre-qualification assessment for any of	the following:		
	i) Major Contractor			
	ii) Utility company schemes			
	iii) Local Government/Authority			
	iv) Government body pre qualification schemes			
	v) Other			
	If you have passed the pre qualification standards for any typ	es of organisation ment	tioned in (C above) please co	nfirm which ones.

7.	Tour nearth and Safety Management (insurers will often positively acknowledge proactive ne	aith and Salety mana	gernerit)
	Do you have a written and signed health and safety policy?	Yes	No
	What is the date of the last review of the policy? When was it last co	ommunicated to all	employees?
	How was it communicated to employees?		
	Do you receive health and safety advice from any external organisations?	Yes	No
	If so who?		
	Do you have a trained competent person responsible for Health and Safety issues?	Yes	No
	If yes, please provide name and position of such person and details of formal training given		
	Name: Position in your company:		
	Training details:		
	Please give an overview of health and safety training given to employees and/or contractors v	vorking for you in the	e last year
	Is training recorded?	Yes	No
	Do you supply and enforce use of any Personal Protective Equipment?	Yes	No
	If yes, please provide details		
			-
	How many of your workers (Direct and LOSC) hold current CSCS (Construction Skills Certification)		
	If there are any other health and safety initiatives you are involved with that you would like us	to know about pleas	e tell us here:
5.	Risk Assessments (Health and safety regulations place great importance on proactive risk asse	ssment measures co	mpanies undertake)
	Do you carry out risk assessments in relation to every contract you work on?	Yes	No
	Who is responsible for carrying out risks assessments in your organisation?		
	Do you record all of your risk assessments?	Yes	No
	For new direct employees how do you assess their competency for the work and relevant exp	erience?	

or labour only subcontractors how do you assess their competency for the job and relevant experience?				
Do you undertake post-incident reviews following losses or near misses?	Yes	No		
If yes, please give details of your procedures				
For what proportion of your work are you the Principal (main) contractor for purpose of CDI				
What are the maximum numbers of contracts you are responsible for at any one time?				
Do you use Bona-Fide sub-contractors (specialist independent sub-contractors)?	Yes	No		
For what type of activities?				
What selection procedures do you use before engaging such Bona-fide sub-contractors?				
Are written work method statements checked and logged?	Yes	No		
Do you check and record that they have Employers and Public Liability insurance?				
for labour only sub-contractors?	Yes	No		
for bona-fide sub-contractors?	Yes	No		
Waste - Asbestos - including asbestos containing materials (ACMs)				
Do you undertake assessments of contract sites for the presence of asbestos	Yes	No		
Do you ensure that all persons under your control are made aware of the presence of asbestos?	Yes	No		
Will you undertake to remove, repair or disturb ACMs in the course of a contract?	Yes	No		
i. If yes to c will you always arrange for licensed contractors to carry out the works and dispose of ACMs?	Yes	No		
ii. If no to c) what are your procedures?				

a.

b.

6.

a.

b.

c.

#### 7. Heat

	Do you or your subcontractors undertake hot work or use heat producing apparatus or equipment (flame or otherwise)?	Yes	No
	What percentage of your turnover does this work represent:		
	a. On your own premises%		
	b. Away from your premise%		
	If yes, what type of hot work equipment or apparatus do you use?		
	Do you always work under a permit system?	Yes	No
	Are all persons using heat fully trained/qualified?	Yes	No
8.	Height		
	What is the maximum height to which you will work?		
	Internal Height:		
	External Height:		
	Do you use any fall prevention equipment?	Yes	No
	If yes, what equipment do you use?		
	Do you use mobile access equipment (e.g. sciissor lifts or cherry pickers)?	Yes	No
	If yes, how do you ensure the equipment is safe and users are competent?		
	If used, are all crane lifts carried out as contract lifts?	Yes	No
	If no, what are your arrangements to make sure they are planned and managed correctly?		
	Ladders		
	It is recommended that any unfixed ladders are tied (using rope) and footed.  Do you ensure this always happens?	Yes	No
	If no, please provide more details:		
	Scaffolding		
	Do you use a scaffolding sub-contractor?	Yes	No
	Do you ever erect your own scaffolding?	Yes	No
	If you erect your own scaffolding please provide the following information:		
	Type of scaffolding e.g. tower, tied etc		
	How often do you erect your own scaffolding?		
	What is the maximum height of the scaffolding you erect for your own use?		

	How often will you inspect the scaffolding you are using during the course of a contract?				
	Do you ensure that kickboards and safety rails are always used on all scaffolding used by you or your employees?	Yes	No		
	Do you use mobile scaffolding towers?	Yes	No		
	If yes, how do you ensure that users are competent to erect them?				
).	Depth				
	What proportion of your work is carried out at the following depths?				
	0-1 metre	%			
	1-3 metres	%			
	3-5 metres	%			
	Deeper than 5 metres	%			
	If you conduct work deeper than 5 metres, what is the nature of the work?				
	What precautions do you undertake for the identification of underground pipes, cables or other	er services which co	ould be at risk?		
	How do you ensure that safe digging practice is followed?				
0.	Site security and plant safety				
	Where it is your responsibility, do your site safety and security arrangements include:				
	materials storage?	Yes	No		
	control of access/egress to site of visitors?	Yes	No		
	full site perimeter fencing and boarding?	Yes	No		
	special arrangements for securing valuable and portable equipment outside working hours?	Yes	No		
	larger items of plant and machinery being fitted with tracking devices	Yes	No		
	larger items of plant and machinery being fitted with immobilisers	Yes	No		
	plant being registered with a scheme, e.g. The Equipment Register?	Yes	No		
	covering or fencing of holes and openings?	Yes	No		
	how do you secure and protect tools and plant (including hired items)?				
	Do you use mobile CCTV as part of your security arrangement?	Yes	No		

#### 11. Accident book – for the last 18 months, please provide:

	Total number of all acci	dents				
	Total number of RIDDOR accidents					
	Please name your curre	ent liability insurers:				
	How many years have y	ou been insured with them?				
	Based on the last 5 year	ers please provide details of your claims	s history			
	Date of loss	Type (EL, PL, CAR)	Details of incident		Amount paid & outstanding	g
12	. Do you carry out any	of the following types of work:				
	Any work of demolitio	n other than demolition carried out	by employees of the Insured	:		
	a. of buildings or part o	f a building when such work forms part	t of a contract			
	for reconstruction, alter	ration or repair by the proposer/policyh	older	Yes	No	
	b. of other structures no	ot exceeding 4 metres in height and no	t forming			
	part of any building			Yes	No	
	Pile driving, quarrying o	or the use of explosives		Yes	No	
	Tree felling (including lo	opping) at heights exceeding 4 metres		Yes	No	
	Construction of roads of	or the laying of main sewers		Yes	No	
	Asbestos or silica remo	val		Yes	No	
	Structural work to base	ements		Yes	No	
	Building work on timber	r-framed properties 3 storeys or higher		Yes	No	
	Work on, in or adjace	nt to, any of the following:				
		runways, helipads, landing strips, apror m, aircraft or other aerial devices	ns, taxiways and	Yes	No	
	Towers, steeples, chimi mines, quarries	ney shafts, blast furnaces, viaducts, br	idges, tunnels,	Yes	No	
		n or in any ship, vessel, water craft, howets, coastal defence or flood prevention		Yes	No	
		cal installations, gas or chemical works or stations or any other designated nuc /vessels		Yes	No	
	Railway lines, railway in railway infrastructure	istallations, or premises connected to a	and forming part of any	Yes	No	
	Overseas, outside the E	European Union or offshore including ri	gs	Yes	No	

#### 13. Your estimates and cover limits for the forthcoming 12 months:

Unless advised otherwise we will apportion the following figures in accordance with the split in work activity provided on page 1

	Indemnity Limit		
Employers Liability	£		
Public Liability	£		
	Estimates		
Drivers/Hauliers	£		
Supervisors	£		
Clerical	£		
Yardmen	£		
Woodworking machinists	£		
	Estimates		
All other direct manual employees (PAYE)	£		
Labour-only sub-contractors	£		
Payments to Bona-fide sub-contractors	£		
	This Year	Last Year	Two Years ago
Annual Turnover	£	£	£
Current TPPD Excesses			
Heat	£		
Underground services	£		
All other	£		
Contract Works			
Contracting Turnover	£		
Maximum value of any one contract	£		
Value of own plant, tools and temporary buildings	£		
Maximum value of any one item of own plant	£		
Hired in plant: Estimated annual hiring charges	£		
Hired in plant: Maximum value of any one item of hired in plant	£		
Approximately what is the average value of your contracts?			
£			
What is the maximum value of contract you are likely to work on during the	e next 12 months?		
ç			

Please give details of the 3 largest contracts commenced in the last 24 months be				24 months below:	How:	
	Description of contr	act			Value of contract (£)	Length of contract (Months)
a.					£	
b.					£	
c.					£	
	Plant Hirers – addi	tional informa	ation			
	Own plant hired out	fees			£	
	Maximum value of c	own plant hirec	l out		£	
	Cross hire fees (hire	ed in plant hire	d out)		£	
	Maximum value of c	cross hire plant	t		£	
	Employee Tools					
	Employees' tools: so	um insured pe	r employee		£	
	Number of employe	es				
	Current CAR Polic	y Excesses				
	Theft				£	
	All other				£	
14.	Employers Tax Refe	erence Numbe	r (ERN)			
	·			•		ity insurers. Insurers then have a be obtained from www.elto.org.uk.
Ple	ease note: An ERN co	ontains 2 or 3 r	numbers, then be	etween 1 and 4 letters,	and then a minimum of 4 a	and a maximum of 12 numbers.
ER	N number(s):					
Sig	nature for or on bel	half of policyh	nolder:			
	<b>.</b>					
Da	te:					