

1.	Business					
	Business name:					
	Address:					
	Website address:					
	Renewal date:			Date business was established:		
	Are you a limited company?	/ES	NO	If yes, please add your Registered Company I	Number:	
	If the business has been established industry including the companies the			etail the experience of the current directors with ails of any managerial experience.	hin the const	ruction
	Have any of the directors or partners	of the bus	iness ever been	prosecuted for any H & S issue	YES	NO
	Have any of the directors or partners of the business ever been convicted or charged with any criminal offence other than a motoring offence 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 or suffered any CCJ's.			convicted or charged with any	YES	NO
					YES	NO
	If the answer is 'yes' to any of the abo	ove then pl	ease give full de	etails below.		
	The of words					
2.	Type of work:					
	Please describe your business activit	ies (this de	escription will be	e used on your policy document):		
If y	ou are involved in more than one princi	pal trade a	approximately w	hat proportion of your turnover is involved in ea	ach trade	
	a					%
	b					%
	С					%
	d					%

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	nat proportion of all your manual work is undertaken away from	your own premises?		%

3. Trade Association and/or Pre-qualification Scheme Membership

Membership of trade associations and/or Pre Qualification schemes can provide a useful tool in assessing a company's stage one compliance with current Health and Safety regulations. (Some insurers take this into account with their rating)

a)	Are you a member of a relevant trade association for your industry?	YES	NO
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If yes, please provide name/s:

b) Are you currently a member of any of the following pre-qualification schemes:

Chas

Construction Line

Safe-contractor

Achilles

- - 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 types of organisation mentioned in (C above) please confirm which ones.

4.	Your Health and Safety Management (Insurers will often positively acknowledge proactive health and	d safety management)	
	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 commun	nicated 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 working	for you in the 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 S	cheme) cards?	
	If there are any other health and safety initiatives you are involved with that you would like us to know	v about please tell us he	re:
5.	Risk Assessments (Health and safety regulations place great importance on proactive risk assessment	measures companies ur	ndertake)
	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 experience	⊖?	

For 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		
			0/
	For what proportion of your work are you the Principal (main) contractor for purpose of CDM Regulations?		%
	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?		
).	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 work on sites that contain asbestos?	YES	NO
	Do you ensure that all persons under your control are made aware of the presence		
	of asbestos?	YES	NO
l.	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	VEC	NO
	and dispose of ACMs?	YES	NO
	ii. If no to c) what are your procedures?		

a.

b.

6.

a.

b.

d.

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? **YES** NO Do you use mobile access equipment (e.g. sciissor lifts or cherry pickers)? 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. YES Do you ensure this always happens? 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 inspe	ct the scarrolding you ar	e using during	g the course of a	contract?				
	Do you ensure that kickly used by you or your emp		re always use	d on all scaffoldi	ng			YES	NO
	Do you use mobile scaffe	olding towers?						YES	NO
	If yes, how do you ensur	e that users are compete	ent to erect th	em?					
9.	Depth								
	What proportion of your	work is carried out at the	e following de	pths?					
	0-1 metre			%					
	1-3 metres			%					
	3-5 metres			%					
	Deeper than 5 metres			%					
	If you conduct work deep	per than 5 metres, what	is the nature o	of the work?					
	What precautions do you How do you ensure that			derground pipes	, cables or other so	ervices	s which co	ould be at ris	k?
10.	Accident book - for the	e last 18 months, pleas	se provide:						
	Total number of all accid	ents							
	Total number of RIDDOR	accidents							
	Please name your curren	t liability insurers:							
	How many years have yo	ou been insured with the	m?						
	Based on the last 5 years	s please provide details	of your claims	shistory					
	Date of loss	Type (EL, PL, CAR)	Details of in	cident			Amount	paid & outst	anding
						£			
						£			
						£			
						£			
						£			

11. Do you carry out any of the following types of work:

Any work of demolition other than demolition carried out by employees of the Insured:

a. of buildings or part of a building when such work forms part of a contract for reconstruction, alteration or repair by the proposer/policyholder	YES	NO
b. of other structures not exceeding 4 metres in height and not forming		
part of any building	YES	NO
Pile driving, quarrying or the use of explosives	YES	NO
Tree felling (including lopping) at heights exceeding 4 metres	YES	NO
Construction of roads or the laying of main sewers	YES	NO
Asbestos or silica removal	YES	NO
Structural work to basements	YES	NO
Building work on timber-framed properties 3 storeys or higher	YES	NO
Work on, in or adjacent to, any of the following:		
Airports, aerodromes, runways, helipads, landing strips, aprons, taxiways and all areas containing them, aircraft or other aerial devices	YES	NO
Towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, tunnels, mines, quarries	YES	NO
Jetties, piers, docks, on or in any ship, vessel, water craft, hovercraft or air cushioned		
vehicle, dams, aqueducts, coastal defence or flood prevention, under water, over water or in water	YES	NO
Refineries, petrochemical installations, gas or chemical works, power stations (including nuclear power stations or any other designated nuclear sites), fuel tanks, or related storage sites/vessels	YES	NO
Railway lines, railway installations, or premises connected to and forming part of any railway infrastructure	YES	NO
Overseas, outside the European Union or offshore including rigs	YES	NO

12. 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 Lin	nit	
Employers Liability	£			
Public Liability	£			
		Estimates		
Drivers/Hauliers	£			
Supervisors	£			
Clerical	£			
Yardmen	£			
Woodworking machinists	£			
		Estimates		
Manual wages including manual directors	£			
Labour-only sub-contractors	£			
Payments to Bona-fide sub-contractors	£			
Number of Manual principals or partners (if not Ltd company):				
		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	£			
Company own plant, tools and temporary buildings				
Total Sum Insured	£			
Maximum value any one item	£			
Maximum value any one accident	£			
Maximum length of any one contract			months	
Hired in Plant:				
Estimated annual hiring charges	£			
Maximum value any one item	£			
Maximum value any one accident	£			
Employees Tools				
Total sum insured	£			
Limit per employee	£			
Number of employees requiring cover	£			

Please give details of the 3 largest contracts commenced in the last 24 months below: Description of contract Value of contract (£) Length of contract (Months) £ a. £ b. £ c. Hired out Plant (if insured) relevant for if you hire out your own or hired in plant £ Total value of company Own plant to be hired out £ Maximum value any one accident of company own plant hired out £ Cross hire charges (hired in plant to be hired out) Maximum value any one accident of cross hire plant £ 13. Site security and plant safety Where it is your responsibility, do your site safety and security arrangements include: **YES** materials storage? 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 14. Employers Tax Reference Number (ERN) From 1st April 2012 it became a requirement for the ERN of the client to be provided to Employers Liability insurers. Insurers then have a limited time to provide this information to the Employers Liability Tracing Office. Further information can be obtained from www.elto.org.uk. Please note: An ERN contains 2 or 3 numbers, then between 1 and 4 letters, and then a minimum of 4 and a maximum of 12 numbers. ERN number(s): Signature for or on behalf of policyholder:

Date: