

Name of proposer:	Holding broker:	
Address of proposer:	Holding insurer:	
	Renewal date:	
Website:	Target premium:	
Number of PAYE Employees:	Year established:	
Full business description:	ERN:	
New ventures		
If proposer is a new venture, please give details of previous managerial experien	ce in the type of trade for which cover is to be considered:	
Turnover split		
Annual turnover	£	
Business activity	% of turno	over
		%
		%
		%
		%
		%
Type of premises worked at		
Please enter percentage of work that takes place at the following types of premi		
Private dwellings/small commercial (shops, offices, pubs, hotels) premises	i e	%
What percentage of that (if any) takes place at the following:		0.
New builds		%
Existing premises		%
All other commercial/industrial premises		%
What percentage of that (if any) takes place at the following:		%
New builds Existing premises		%
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Estimates					
Percentage of work using heat			%		
Maximum height worked to			meters		
Maximum depth worked to			meters		
Percentage of work undertaken away from your own business premises					
EL / PL					
Required Public Liability Indemnity limit	£				
Required Employers Liability Indemnity limit	£				
Manual wages (including manual directors)	£				
Labour only sub contractors	£				
Bona fide sub contractors	£				
Fixed woodworking machinists	£				
Drivers/Hauliers	£				
Yardmen	£				
Supervisory	£				
Clerical	£				
Number of manual principals or partners (if not a Ltd company):					
CAR					
Contracting Turnover	£				
Maximum value of any one contract	£				
Maximum Contract length			months		
Do you undertake any timber frame construction?		Yes	No		
Company own plant, tools and temporary buildings:					
Total Sum Insured	£				
Maximum value any one item	£				
Maximum value any one accident	£				
Hired in Plant:					
Estimated annual hiring charges.	£				
Maximum value of any one item	£				
Maximum value any one accident	£				
Employees Tools					
Total sum insured	£				
Limit per employee	£				
Number of employees requiring cover					
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	£				



Claims History							
Loss dat	e EL/PL/CAR	Amount paid	Amount o/s	Settled	Date of claim		
		£	£	Yes	No		
		£	£	Yes	No		
		£	£	Yes	No		
		£	£	Yes	No		
		£	£	Yes	No		
Llaalth 0	Cafata						
Health &	-	Lloolth & Cofoty Dolin	w2		,	Yes	No
	your company have a full writter			20002			
	to the above, is it distributed to			cess?		Yes	No
	ou have an internal trained Health ne implementation of H & S proce		loyee responsible			Yes	No
	E (personal protective equipmen		vees who require it?		,	Yes	No
	s process documented and revie						
,	the insured have full Risk Asses rtaken/contracts?	sments and Method S	tatements for all work		`	Yes	No
6) Do ye	ou conduct ongoing staff training	? If so is this training	plan recorded?		,	Yes	No
Hazardo	us Works						
Do you w	ork on sites that contain asbesto	s?			,	Yes	No
	Is any work carried out which consists of or is incidental to surveying, stripping, removal, containment, other handling or disturbance of material which may contain asbestos?				,	Yes	No
Does the proposer or any of their employees use, handle, transport, or work in any way with, any of the following:							
a) radio	active substances or devices				,	Yes	No
b) piling	, quarrying, explosive substances				,	Yes	No
c) silica	or material containing this substa	ance			,	Yes	No
d) toxic	or hazardous chemicals				,	Yes	No
e) proce	esses involving a noise level in exc	cess of 85 decibels			,	Yes	No
f) bridg	es, piers, railways, viaducts, tower	s, steeples, chimney s	hafts or blast furnaces		,	Yes	No
g) airpo	rts, airfields, aircraft or airside wo	rk			,	Yes	No
h) ships	, boats, hovercraft, docks, wharfs,	offshore installations	, rigs or platforms		,	Yes	No
i) oil re	fineries, powers stations, gas or c	hemical facilities			,	Yes	No
j) heigh	its in excess of 15 metres				,	Yes	No
,	ns in excess of 5 metres below gro	ound level			,	Yes	No
, ,	tural basement work				,	Yes	No
,							

If answer is 'Yes' to any of the above, please provide details in Any other additional information on the next page



Other information requiring disclosure		
Have any of the directors, partners or owners of the business ever been prosecuted for any H&S issue?	Yes	No
Have any of the directors, partners or owners of the business ever been convicted or charged with any criminal offence other than a motoring offence?	Yes	No
Have any of the directors, partners or owners 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?	Yes	No
Have any of the directors, partners or owners of the business ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed?	Yes	No
If answer is 'Yes' to any of the above, please provide details in Any other additional information below		
Any other additional information		
Signature for or on behalf of policyholder:		
Date:		
Date.		