

## Contractors

Please complete the below as accurately as possible.

### COMPANY INFORMATION

Company Name (inc. Proprietor(s) or Partner(s) Name:

Business Address inc. Post Code:

Full Business Description and Business Activities

Year Business Established:       Years Exp. In Trade:

Renewal Date:       Current Insurer:

Current Broker:       Last Year's Premium:

### DECLARATION

Has the Proposer, any Partner(s) or any Director(s) ever;

- a) had any proposal for insurance cancelled or has any Insurer ever declined to renew your Policy or required increased premium or imposed special terms?
- b) been prosecuted or are any prosecutions pending under the Health and Safety at Work Act or any other statute or regulation?
- c) been convicted of, prosecuted for or are any prosecutions pending for any criminal offence (other than motoring convictions)?
- d) had any CCJs, Liquidations and/or Bankruptcies against them at the current company or previous companies they have been involved in?

If yes, please provide details:

## Contractors

### RISK INFORMATION

Limit of Indemnity Required:	Employers Liability (£)	<input type="text"/>
	Public Liability (£)	<input type="text"/>
Estimated Turnover for the forthcoming 12 Months:	Turnover (£)	<input type="text"/>
	Cost of Materials (£)	<input type="text"/>

WAGEROLL: Estimated Annual Wage Roll & Number of Workers for the forthcoming 12 months:

	Wage Roll (£)	Number of Workers
Directors - Non Manual:	<input type="text"/>	<input type="text"/>
Directors - Manual:	<input type="text"/>	<input type="text"/>
Clerical/ Administrative:	<input type="text"/>	<input type="text"/>
Non-Manual Supervisory:	<input type="text"/>	<input type="text"/>
PAYE Manual Work Away:	<input type="text"/>	<input type="text"/>
Labour Only Subcontractors Work Away:	<input type="text"/>	<input type="text"/>
Bona Fide Subcontractors:	<input type="text"/>	<input type="text"/>

ACTIVITIES: Please split your total turnover across your different business trades/activities:

Trade:	% of Turnover
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Contractors

RISK LOCATIONS: Please split your total turnover across the following locations you work at:

Type of Location:	% of Turnover
Private Dwelling Houses & Flats	<input type="text"/>
Commercial Buildings inc. Shops & Offices	<input type="text"/>
Industrial Buildings inc. Factories & Warehouses	<input type="text"/>
Schools, Leisure Centres, Hospitals & Local Authority	<input type="text"/>
<hr/>	
Total Split of All Work Undertaken on New Build Premises?	<input type="text"/>

HAZARDOUS LOCATIONS: Do you work on or in connection with any of the below? If YES, please tick and provide % of turnover this activity relates to:

	%			%			%	
Spectator Stands	<input type="checkbox"/>	<input type="text"/>	Demolition Sites	<input type="checkbox"/>	<input type="text"/>	MOD Properties	<input type="checkbox"/>	<input type="text"/>
Nuclear Sites/Refineries	<input type="checkbox"/>	<input type="text"/>	Heritage/Listed Buildings	<input type="checkbox"/>	<input type="text"/>	Airports/Airplanes/Airside	<input type="checkbox"/>	<input type="text"/>
Towers/Steeple/Spires	<input type="checkbox"/>	<input type="text"/>	Viaducts/Bridges	<input type="checkbox"/>	<input type="text"/>	Docks/Piers/Wharves	<input type="checkbox"/>	<input type="text"/>
Near or Over Water	<input type="checkbox"/>	<input type="text"/>	Power Lines	<input type="checkbox"/>	<input type="text"/>	Power Stations	<input type="checkbox"/>	<input type="text"/>
Offshore Rigs/Platforms	<input type="checkbox"/>	<input type="text"/>	Tunnels/Mines/Quarries	<input type="checkbox"/>	<input type="text"/>	Shoring	<input type="checkbox"/>	<input type="text"/>
Industrial Chimney Shafts	<input type="checkbox"/>	<input type="text"/>	Blast Furnaces	<input type="checkbox"/>	<input type="text"/>	Vehicles/Vessels	<input type="checkbox"/>	<input type="text"/>
Ships/Boats/Hovercrafts	<input type="checkbox"/>	<input type="text"/>	Railways/Railside	<input type="checkbox"/>	<input type="text"/>	Corrosive/Hazardous/Toxic	<input type="checkbox"/>	<input type="text"/>
Radioactive Substances/Devices	<input type="checkbox"/>	<input type="text"/>	Explosives	<input type="checkbox"/>	<input type="text"/>	Radioactive/Noxious Chemicals	<input type="checkbox"/>	<input type="text"/>
Non Licenced Asbestos	<input type="checkbox"/>	<input type="text"/>	Licenced Asbestos	<input type="checkbox"/>	<input type="text"/>	Heavy Lifting/Slings/Cradles	<input type="checkbox"/>	<input type="text"/>

HEIGHT/DEPTH WORK: Please provide the % of work at height/depth limits and maximum height/depth worked to:

Height Range:	% of Work	Depth Range:	% of Work
Up to 10 Metres	<input type="text"/>	None	<input type="text"/>
10-15 Metres	<input type="text"/>	0-3 Metres	<input type="text"/>
15-20 Metres	<input type="text"/>	4 Metres +	<input type="text"/>
Over 20 Metres	<input type="text"/>		
	Metres		Metres
Maximum Height Worked:	<input type="text"/>	Maximum Depth Worked:	<input type="text"/>

## Contractors

HEAT USE OR CUTTING: Please state the % of your days' work which involves heat use or cutting:

Type of work:	%		%
Soldering Irons	<input type="text"/>	Other (Please Specify)	<input type="text"/>
Blow Lamps	<input type="text"/>		
Welding/Cutting/Grinding Equipment	<input type="text"/>		

## CONTRACTORS ALL RISKS: (Only Complete if Cover is Required)

### PLANT

Total Value of Own Plant & Machinery (£):

Maximum Value of Any One Item of Own Plant & Machinery (£):

Maximum Value of Any One Item of Hired In Plant (£):

Annual Hiring Charges:

Employees Tools (Per Employee) (£):  No. of Employees:

### CONTRACT WORKS

Maximum Contract Value - Any One Contract (£)

Average Contract Value (£)

Maximum Contract Length  Months

Average Contract Length  Months

## Contractors

### HEALTH & SAFETY:

Please answer the following questions in relation to health and safety and risk management. If any of the following answers are NO, please provide details:

Do you have a written and signed Health & Safety policy in place?	<input type="checkbox"/>
What percentage of your workforce (inc. Subcontractors) are qualified and hold valid CSCS/CISRS cards?	<input type="checkbox"/> %
Do you have a formal safety training plan for employees?	<input type="checkbox"/>
Is all machinery and plant all installed and used in accordance with statutory requirements?	<input type="checkbox"/>
Do you have a documented procedure for high risk activities?	<input type="checkbox"/>
Do you have a formal documented accident investigation plan?	<input type="checkbox"/>
Is Personal Protective Equipment (PPE) issued, worn and signed for?	<input type="checkbox"/>
For what proportion of jobs would you undertake, document and retain a Risk Assessment & Method Statement (RAMS)?	<input type="checkbox"/> %
If the above is not 100%, do you ensure visual risk assessments are always undertaken and scaffold is erected to NASC guidelines?	<input type="checkbox"/>

Please list all the trade associations, professional bodies and accreditation schemes you belong to:

### CLAIMS

Have you ever suffered any loss, claim or incident (which may give rise to a claim) in relation to these policies or any other policies, whether insured or not in the last 5 years?

YES or NO

If Yes, Please provide Details:

DATE:

PAID/RESERVED (£)

DETAILS:

## Contractors

### SIGNATURE

---

I hereby declare the above information is accurate and true:

Signature:

Name:

Date:   /   /

### ADDITIONAL INFORMATION

---