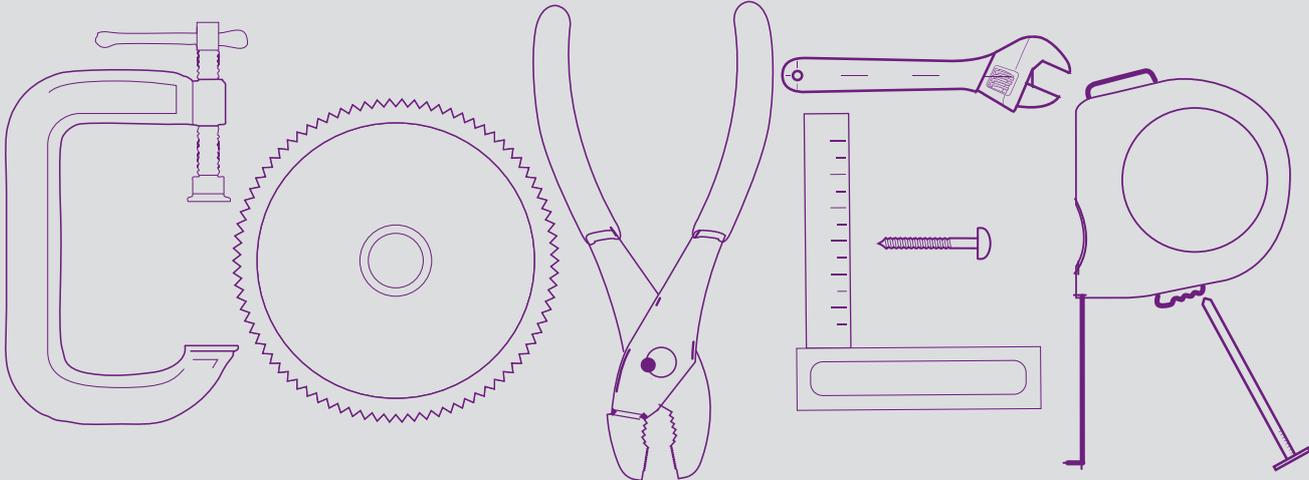


CONTRACTORS COMBINED PROPOSAL FORM



THE RIGHT TOOL
FOR THE JOB

FOR INTERNAL USE ONLY

Agent Name

Agency Code

In completing this form, please tick the appropriate boxes and answer all questions in **BLOCK CAPITALS**

IMPORTANT NOTE

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy.

This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner.

Material facts are those which are likely to influence us in the acceptance of the terms or pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us.

Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

1 BUSINESS DETAILS

Full Name of Proposer

Company Registration Number

Trading Name

Business Address

Town

County

Post Code

Web Site Address

WWW.

Trade or Business

Business Phone Number

Please provide a full description of all work currently undertaken or proposed for the future for which cover is required

How many years have you been in this trade or business?

List any subsidiary companies to be insured

Period of Insurance

Inception Date

 / /

Renewal Date

 / /

2 GENERAL QUESTIONS – continued

- 1** Have you or any partner/director in connection with your Business ever suffered any loss, damage, injury or disability or incurred any liability (whether insured or not) during the past 5 years in connection with any of the risks now proposed?

YES NO

If 'yes' please give full details below

Date	Type of Loss	Brief Details	Amount Paid or Outstanding

- 2** Are you currently or have you previously been insured for any of the risks now proposed?

YES NO

If 'yes' please state name of insurer, branch, policy number and policy expiry date.

- 3** Have you or any partner/director in connection with your Business:

a had any proposal or insurance declined, cancelled, refused, or made subject to increased rates or special terms?

YES NO

b been convicted of arson or any offence involving dishonesty of any kind (e.g. fraud, theft, etc.)?

YES NO

c been prosecuted under any safety legislation during the last 5 years?

YES NO

- 4** Have you or any director or partner or any Company of which any of you have been a director or any partnership of which any of you have been a partner been the subject of a County Court Judgement (or the Scottish equivalent) or been declared bankrupt or insolvent?

YES NO

IF YOU HAVE PLACED A TICK IN ANY OF THE SHADED BOXES PLEASE PROVIDE FULL DETAILS BELOW

3 RISK DETAILS

- 1** Do you undertake work:

a overseas?

YES NO

b on nuclear plant/power stations, gas or chemical works, oil refineries/ bulk oil storage facilities, offshore structures, airfields/airports or railway property?*

YES NO

- 2** Does any part of your trade or business involve work in connection with:

a quarrying, tunnelling or mining?

YES NO

b piling, ground stabilisation, underpinning or dewatering?

YES NO

c towers, steeples or chimney shafts?

YES NO

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

3 RISK DETAILS – continued

- d** bridges, viaducts, flyovers or underpasses? YES NO
- e** docks, harbours, piers or wharfs? YES NO
- f** dams, reservoirs, lakes, rivers, water diversion, flood protection or sea defences? YES NO
- 3** Do you work on or have under your control cranes, hoists, passenger lifts or escalators? YES NO
- 4** Do you handle or use:
- a** cradles? YES NO
- b** radioactive substances or devices, chemicals, explosives or gases? YES NO
- c** asbestos or silica or other material involving a health or safety hazard? YES NO
- d** any other dangerous materials giving rise to dust, fumes or vapours? YES NO
- 5** Do you discharge toxic or dangerous substances into the atmosphere, sewers, waterways or elsewhere? YES NO
- 6** Have you in connection with sites which you have worked on OR in respect of your Premises (including to your knowledge any former owner or occupant of the Premises)
- a** Ever been prosecuted or sued for any pollution problem? YES NO
- b** Ever had any incidents of pollution or incidents likely to cause pollution? YES NO
- c** Ever carried on any industrial activity which was the subject of an environmental permit or licence? YES NO

If 'yes', give full details

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

- 7** Do you (a) HIRE IN or (b) HIRE OUT any vehicles or plant? YES NO

If 'yes', please state

HIRED IN HIRED OUT

- a** Type of vehicle or plant
- b** Estimated annual hire charges for the coming year
- c** Which conditions of hire apply.

£	£

- 8** Do you carry out any processes involving a noise level exceeding 80 decibels? YES NO
- 9** Do you handle or use welding or cutting equipment or other equipment or processes involving the application of heat away from your premises? YES NO
- 10** Is all relevant plant regularly maintained and inspected to comply with statutory regulations? YES NO
- 11** Where Labour & Materials Sub-Contractors (Bona Fide Sub-Contractors) are used, do you check that they are insured for public/products liability insurance in respect of all work they undertake on behalf during the duration that they work for you? YES NO
- 12** Have you entered into any agreement assuming a liability for injury illness loss or damage for which you would not have been liable in the absence of such agreement? YES NO

If 'yes', please supply a copy of the agreement.

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

6 SPECIFIC CONTRACT

For insurance in respect of a specific contract please complete this Section and Section 8

1 Name, address and postcode of principal for whom the contract is to undertaken

2 Period of contract

From

To

3 Period of maintenance

Months

4 Contract details (please enclose plan)

5 Contract site

6 Contract conditions

7 ANNUAL CONTRACTS (DO NOT COMPLETE IF SECTION 6 HAS BEEN COMPLETED)

For annual insurance in respect of annual contracts please complete this section and section 8

1 Gross annual turnover for the past 3 years

Year	Gross Annual Turnover
	£
	£
	£

2 The maximum estimated gross turnover for the coming year

£

3 Full details of the types of contract undertaken during the past 3 years (work undertaken and contract value)

4 Specific details of the largest contract undertaken during the past 3 years (work undertaken and contract value)

5 Full details of the types of contracts expected to be undertaken during the next 12 months (work undertaken and contract value)

7 ANNUAL CONTRACTS (DO NOT COMPLETE IF SECTION 6 HAS BEEN COMPLETED) – continued

- 6 Maximum length of any one contract
- 7 Average length of a contract
- 8 Maximum maintenance or defects liability period
- 9 Under what Conditions of Contract is work carried out e.g. JCT, ICE?
- (If standard conditions are not used please attach copies of contract wordings)

- 10 Do you undertake any design work for:
- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| a contracts carried out by yourself? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| b others? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If 'yes' to **a** or **b**, please give full details.

8 CONTRACTORS ALL RISKS – GENERAL QUESTIONS

- 1 State the maximum value of the permanent and/or temporary works and materials for any one contract site
- £
- N.B.This should include free issue materials and the costs of professional fees, debris removal and a reasonable allowance for the effects of inflation.
- 2 If cover is required on the following state the current value for the maximum total amount at risk during the coming year. If no cover is required state NIL
- a** Temporary buildings (e.g. site huts) including fixtures and fittings owned by you
- £
- b** Constructional plant tools and equipment and other things for use in connection with the contract belonging or on free loan to you (including property on hire purchase)
- £
- c** Employees' personal effects and tools (limit £500 any one employee)
- £
- d** Contents of private show house, flats and the like (limit £10,000 any one house, etc.)
- £
- 3 If cover is required in respect of hired-in temporary buildings (e.g. site huts) constructional plant tools and other equipment, please state:
- a** the maximum estimated total hiring charges of such property for the coming year
- £
- b** the maximum total value of such property at any one time
- £
- c** the maximum value of any one item of property hired in
- £
- d** the contract conditions under which plant is hired in
- 4 Is cover required for payment of continuing hire charges for up to a maximum of 90 days, following damage to property hired-in? Yes No
- If 'yes' please state the maximum amount of hiring charges payable in any one week.
- £
- 5 Is cover required for damage to plant resulting from negligent breakdown? Yes No

8 CONTRACTORS ALL RISKS – GENERAL QUESTIONS – CONTINUED

- 6 Will any plant tools or equipment with a current value in excess of £20,000 be used? Yes No

If 'yes' please provide in the box below full details of each item including the value and the specific security precautions you will take to safeguard these items.

- 7 Will tools equipment or valuable materials (e.g. non-ferrous metals) be kept at any contract site after working hours? YES NO

If 'yes' please give full details of site security and the maximum value of valuable materials on any one site in the box below.

- 8 Will materials for contracts be stored elsewhere than on site? YES NO

If 'yes' please give full details regarding type of materials, situation and security in the box below.

- 9 Is speculative work undertaken? YES NO

If 'yes' please give full details in the box below

- 10 Please give details in the box below regarding the security at all your sites (e.g. fencing, patrols)

Please enter additional information here.

Question Number	Details

9 EMPLOYERS' LIABILITY TRACING OFFICE (ELTO)

- 1 Are you exempt from holding a HM Revenue & Customs Employers Reference Number, because all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold? YES NO

If 'no' please enter your Employer Reference Number

An Employer Reference Number is also known as an Employer PAYE Reference number and is given to every business that registers with HM Revenue & Customs as an employer. An example of a PAYE reference in the correct format is: 913/WZ51258.

- 2 Do you have a Companies House Registered Office Address? YES NO

If 'yes' please provide details (Postcode must be shown)

Post Code

- 3 Are there any subsidiary companies to be included in this insurance? YES NO

If 'yes' please provide full details

Name of first subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

9 EMPLOYERS' LIABILITY TRACING OFFICE (ELTO) – continued

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES NO

If **'no'** enter the Employers' Reference Number for this subsidiary

Name of second subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

<input type="text"/>
<input type="text"/>
Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES NO

If **'no'** enter the Employers' Reference Number for this subsidiary

Name of third subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

<input type="text"/>
<input type="text"/>
Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES NO

If **'no'** enter the Employers' Reference Number for this subsidiary

4 Are there any subsidiary companies to be excluded from this insurance?

YES NO

If **'yes'** please provide full details

Name of first subsidiary company to be excluded

Name of second subsidiary company to be excluded

Name of third subsidiary company to be excluded

10 DATA PROTECTION AND DECLARATION

At NIG we are aware of the trust you place in us when you buy our products and our responsibility to protect your information.

Please ensure you have read our Privacy Statement, which is provided under separate cover and describes who we are, why we need to collect your information and how we will use it. We will also tell you who we share our information with and how we use it to improve the service we provide to our customers.

Choice of Law

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.

Declaration

I/We declare that:

- a** if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
- b** to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- c** I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.
- d** I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

Proposer's Signature

Status

Date

ADDITIONAL INFORMATION

Large empty rectangular box for providing additional information.

FOR INTERNAL USE ONLY

Proposal Checked by

Date

