

Contractors Liability Proposal Form

Important Information

You must make a fair presentation of the risk to **Us** when **You** take out, renew or vary **Your Policy**. This means that **You** must tell **Us** about all facts and circumstances which may be material to the risks covered by **Your Policy** and **You** must do so in a clear and accessible manner. Material facts are those which are likely to influence **Us** in the acceptance or assessment of the terms or pricing of **Your Policy**. If **You** are in any doubt as to whether a fact is material, **You** should tell **Us** about it.

If **You** fail to make a fair presentation of the risk, where that failure is deliberate or reckless, or where **We** would not have issued, renewed or varied **Your Policy** had **You** told **Us** about a material fact or circumstance, **We** may treat **Your Policy** as if it had not existed and refuse to pay any claims and require **You** to repay any claims that **We** have already paid under the **Policy**. In other cases, **We** may only pay part of the value of **Your** claim or impose additional terms.

For these reasons, it is important that **You** check all of the facts, statements and information set out in this document and any other information provided are complete and accurate, and that **You** have answered any questions completely and accurately. If there is more than one person involved in **Your Business** or employed by **You**, **You** should check with them where appropriate that the facts and statements that **You** make are complete and accurate.

If any of the facts, statements or information about **You** or **Your Business** are incomplete or inaccurate, **You** or **Your** agent must contact **Us** immediately. Failure to do so may mean that **Your** claim will not be paid, or that **We** will impose different terms on **Your Policy**, or charge **You** a higher premium or, in the worst case, invalidate **Your Policy** and require **You** to repay any claims that have already been paid under the **Policy**.

Data Protection (this notice applies to all sections of this application)

You should understand that information **You** provide to **Us** may contain personal data as defined under the General Data Protection Regulation (Regulation (EU) 2016/679). By providing this information, **You** consent to the processing of **Your** personal data by **Us** and their affiliated companies for the purposes set out in the Privacy Notice in the policy wording. **You** should be aware that some of these organisations may be located outside the United Kingdom and the European Economic Area. Please be assured that **We** have taken appropriate steps to safeguard your information according to relevant data privacy laws. Please contact **Us** if **You** require further information on measures undertaken to protect **Your** data. An explanation detailing how your information is used can be found within the Privacy Notice in the policy wording

The policy wording applicable is: Combined Liability Contractors v4 01 07 2021

Insured's Details

Name

Please note if this quote proceeds and includes Employers' Liability we will require the following:

Your Employers' Registration Number(s) (ERN) (also known as the Employer's PAYE reference)

Note – if you have more than one number please state all of them

Confirmation of all the subsidiary companies to be insured by this policy and their appropriate ERNs	Name	ERN

Address

Postcode

Business Description

Year Established

Company Registration Number

Have you, or any of your partners or directors in a business or personal capacity, or, any organisation that you, your partners or directors have been involved with (as a partner or director) ever

- | | | |
|---|--------------------------|--------------------------|
| a) been declared bankrupt, been the subject of any bankruptcy proceedings or any form of insolvency or winding up procedures (including administrative receivership)? | Y | N |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b) been the subject of any County Court Judgements or Sheriff Court Decrees? | Y | N |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Victor Insurance is a trading name of Marsh Ltd. Registered in England and Wales Number: 1507274, Registered Office: 1 Tower Place West, Tower Place, London EC3R 5BU. Marsh Ltd is authorised and regulated by the Financial Conduct Authority for General Insurance Distribution and Credit Broking (Firm Reference No. 307511)

c) been convicted of a criminal offence other than a motoring offence or charged (but not yet tried) with a criminal offence other than a motoring offence? Y N

d) been declined or refused insurance cover or had cover declared void or cancelled? Y N

e) had any insurance renewal refused? Y N

f) had any special terms or conditions imposed by an insurer? Y N

g) been the subject of a recovery action by HM Revenue & Customs? Y N

h) been prosecuted, served with a prohibition notice or served with an improvement order under Health and Safety legislation? Y N

i) been disqualified from being a company director? Y N

If the answer is Yes to any of the above please provide full information in the "Additional Information" box below.

1. Name of previous insurers:

2. Expiry date of policy:

Cover Required

Period of Insurance: From To

Public Liability £1 million £2 million £5 million £10 million

Employers Liability £10 million £20 million

Victor Insurance is a trading name of Marsh Ltd. Registered in England and Wales Number: 1507274, Registered Office: 1 Tower Place West, Tower Place, London EC3R 5BU. Marsh Ltd is authorised and regulated by the Financial Conduct Authority for General Insurance Distribution and Credit Broking (Firm Reference No. 307511)

Wageroll & Turnover Details

Please state the estimated annual payments for the next 12 months for:

- | | |
|--|------------------------|
| - Clerical/Managerial/Sales/Administration | £ <input type="text"/> |
| - Manual employees at own premises | £ <input type="text"/> |
| - Employees using power driven woodworking machinery | £ <input type="text"/> |
| - Manual employees away from the premises | £ <input type="text"/> |
| - Labour only Sub-Contractors | £ <input type="text"/> |
| - Bona Fide Sub-Contractors | £ <input type="text"/> |
| - All other (please describe below) | £ <input type="text"/> |

Please state the estimated turnover of the business for the next 12 months in respect of:

- | | |
|----------------|------------------------|
| - Supply | £ <input type="text"/> |
| - Installation | £ <input type="text"/> |

Do you check that subcontractors have insurance equivalent to your own? Y N

Do you conduct any business outside of Great Britain, the Channel Islands or the Isle of Man? Y N

Do you have any representation outside the UK? Y N

If Yes, please provide details:

Work Undertaken & Processes Involved

Do you undertake work:

On or at airports, aircraft or aerospace facilities	Y <input type="checkbox"/>	N <input type="checkbox"/>
Offshore	Y <input type="checkbox"/>	N <input type="checkbox"/>
On or at nuclear installations or involving radioactive substances	Y <input type="checkbox"/>	N <input type="checkbox"/>
In or on collieries and mines	Y <input type="checkbox"/>	N <input type="checkbox"/>
In or on blast furnaces	Y <input type="checkbox"/>	N <input type="checkbox"/>
Involving piling or the use of explosives	Y <input type="checkbox"/>	N <input type="checkbox"/>
Involving demolition work which is not part of a contract to replace the demolished structure	Y <input type="checkbox"/>	N <input type="checkbox"/>

If Yes, please provide details:

What is the maximum height worked to?

What is the maximum depth worked to?

Are any hazardous substances used? Y N

If Yes, please provide details:

Is any confined space work undertaken? Y N

If Yes, please provide details:

Is any design work undertaken? Y N

Victor Insurance is a trading name of Marsh Ltd. Registered in England and Wales Number: 1507274, Registered Office: 1 Tower Place West, Tower Place, London EC3R 5BU. Marsh Ltd is authorised and regulated by the Financial Conduct Authority for General Insurance Distribution and Credit Broking (Firm Reference No. 307511)

If Yes, please provide details:

What percentage of your Turnover relates to the following:

The use of explosives, acids, gases or chemicals	<input type="text"/> %
The use of heat equipment away from the premises	<input type="text"/> %
Cradle or abseiling work	<input type="text"/> %
Work at heights exceeding 10 metres	<input type="text"/> %
Demolition	<input type="text"/> %
Scaffolding or Roofing	<input type="text"/> %
Structural steel erection	<input type="text"/> %
Asbestos or silica	<input type="text"/> %
Phase 3 electrical work	<input type="text"/> %
Work in, on or about refineries or oil, gas, petrol storage depots power stations or chemical works	<input type="text"/> %
Work on boats, ships or vessels	<input type="text"/> %
Work on breakwaters, dams, docks, piers, sea walls, wharves or reservoirs	<input type="text"/> %
Work on chimney shafts, towers, or steeples	<input type="text"/> %
Work on bridges, motorways, tunnels or viaducts	<input type="text"/> %
Work involving water diversion or dredging	<input type="text"/> %
Work underground or under water	<input type="text"/> %
Work offshore, oil or gas installations	<input type="text"/> %
Work in or on trains or railways	<input type="text"/> %

Victor Insurance is a trading name of Marsh Ltd. Registered in England and Wales Number: 1507274, Registered Office: 1 Tower Place West, Tower Place, London EC3R 5BU. Marsh Ltd is authorised and regulated by the Financial Conduct Authority for General Insurance Distribution and Credit Broking (Firm Reference No. 307511)

For any areas completed above please give details:

Victor Insurance is a trading name of Marsh Ltd. Registered in England and Wales Number: 1507274, Registered Office: 1 Tower Place West, Tower Place, London EC3R 5BU. Marsh Ltd is authorised and regulated by the Financial Conduct Authority for General Insurance Distribution and Credit Broking (Firm Reference No. 307511)

General Information

Are the Premises in a good state of repair? Y N

If No, please provide details:

Is your machinery and plant properly fenced, guarded and in good order and where appropriate inspected in accordance with statutory requirements? Y N

If No, please state reasons:

Do you have a written Health & Safety Policy in place, which is annually updated with all employees aware of its content? (a statutory requirement where there are 5 employees or more) Y N

If No, please state reasons

Are you aware of the requirements of the Health & Safety at Work Act 1974 and do you complete workplace risk assessments in accordance with Section 3 of the Health & Safety at Work Regulations 1999? Y N

Do you undertake any processes involving a noise level in excess of 85dB(A)? Y N

Do you provide personal protective equipment and enforce its use? Y N

Do you complete a Method Statement for each contract undertaken? Y N

Victor Insurance is a trading name of Marsh Ltd. Registered in England and Wales Number: 1507274, Registered Office: 1 Tower Place West, Tower Place, London EC3R 5BU. Marsh Ltd is authorised and regulated by the Financial Conduct Authority for General Insurance Distribution and Credit Broking (Firm Reference No. 307511)

Claims Information

Have there been any incidents or losses which have, or could have, resulted in a claim being made under this type of Policy, whether previously insured or not? Y N

Employers Liability (if none, please state none)

Year	Number	Paid	Outstanding	Brief Particulars

Public/Products Liability (if none, please state none)

Year	Number	Paid	Outstanding	Brief Particulars

Additional Information

Data Protection Act 1998 – Proposer/s Consent

By signing this Proposal Form You consent to any information the Company may have about You being processed by the Company for the purpose of providing insurance and claims handling which may necessitate the Company providing such information to third parties

Declaration

Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.

I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.

I/We understand that if I/we have not given full and true answers to all questions asked on this Proposal that my/our insurance may not protect me/us in the event of a claim.

I/We understand that any material fact, which is information that may influence the Insurers in the acceptance of the insurance and the terms provided, has been disclosed and recorded.

I/We agree to accept the terms and conditions contained in the Policy applying to this Proposal.

Proposer's Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Position	<input type="text"/>
Proposer's Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Position	<input type="text"/>

No cover is in force until the Proposal has been accepted by the Insurers.