



Combined Liability Roofers and Scaffolders 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: Ascot Combined Liability Contractors (HR) v1.0 01 07 2021

Insured's Details

Name

Please note if this Policy 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	ERN		
Confirmation of all the subsidiary companies to be insured by this policy and their appropriate ERNs	<table border="1"> <tr> <td>Name</td> <td>ERN</td> </tr> </table>	Name	ERN
Name	ERN		

Address

Postcode

Business Description

Year Established

If the business is new or has been established less than 18 months please detail in the "additional information" box on Page 9.

Please provide your website address:

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
- b) been the subject of any County Court Judgements or Sheriff Court Decrees? Y N
- 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

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- 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 on page 9.

1. Name of previous insurers:

2. Expiry date of policy:

Cover Required

Period of Insurance: From To

Public/Products Liability £2 million £5 million £10 million

Employers Liability £10 million £20 million

Wageroll & Turnover Details

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

- Clerical/Administrative & Directors non manual	£
- Directors manual	£
- Other non manual/supervisory (Please describe in the box below*)	£
- Manual at own premises only (PAYE)	£
- Manual work away and at height (PAYE)	£
- Manual work away at ground level only (PAYE)	£
- Drivers (PAYE)	£
- Labour Only Subcontractors work away and at height	£
- Labour Only Subcontractors work away at ground level only	£
- Please confirm number of employees working in a manual capacity	£
- Bona-Fide Subcontractors Payments	£

*Other non manual/supervisory details -

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Please state the estimated turnover (i.e. gross income) of the business during the next 12 months:

- Contracting	£
- Sales only	£
- Hire only	£
TOTAL	£
Total turnover last year	£
Total turnover 2 years ago	£

In respect of **Roofing activities only**, please state the estimated turnover in respect of:

a) Slating and tiling	£
b) Mastic asphalt, flat and felt roofing contracts	£
c) Industrial sheeting and cladding contracts. If this applicable please request separate cladding proposal addendum.	£
d) All other roofing contracting	£
e) All other contracting turnover	£
f) All non contracting turnover	£

Please advise the nature of any turnover advised for items d), e) and f) above

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

If Yes, please provide details

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

Your working practices/environment

Do you, or do your sub contractors, use blow lamps, blow torches, hot air guns, tar, bitumen or asphalt heaters, electric oxy-acetylene or other burning, welding or flame cutting equipment, or any process involving the application of heat away from your premises? Y N

If Yes, please provide full details of wages and percentage of turnover:

a) Blow lamps, blow torches, hot air guns	%
b) Tar, bitumen or asphalt heaters	%
c) Electric oxy-acetylene or other burning, welding or flame cutting equipment	%

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Is all 'hot work' undertaken at ground level? Y N

 If No, please provide details:

Are all persons using heat fully trained/qualified? Y N

 Are any hazardous substances used? Y N

 If "Yes" please give details

Do you use any lifts, hoists, cranes, abseiling equipment and the like (other than designed for the raising, lowering or transportation of inanimate materials) Y N

 If "Yes" please give details

Is any advice, plan, design formula or specification given in connection with any product supplied (other than normal instructions for proper use or maintenance)? Y N

Maximum height worked to:

a) up to 10 metres		%
b) up to 15 metres		%
c) up to 20 metres		%
d) over 20 metres		%
If over 20 metres, please confirm maximum height worked to:		m

Management of Employee Safety

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 have: Y N
 a) a formal written Health and Safety Policy which is regularly updated?
 (i) What is the date of the last review of the policy?
 (ii) How was it communicated to employees?

b) a formal safety training plan for employees? Y N

 c) a documented procedure for high risk activities? Y N

 d) a formal documented accident investigation plan? Y N

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- e) Do you always retain:
- | | | |
|---|-------------------------------|-------------------------------|
| - Health and Safety assessment records? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Instruction and training records? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Method statements / work instructions? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - RIDDOR forms? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Contract and sub contract documentation? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Copies of certificates of insurance issued to CIS5 and CIS6 card holders? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |

f) For Labour only Sub Contractors how do you assess their competency and relevant experience?
Please provide details:

- g) Please confirm Labour only Sub Contractors comply with your Health and Safety Policy
- | | | |
|--|-------------------------------|-------------------------------|
| | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
|--|-------------------------------|-------------------------------|

Is your machinery and plant properly fenced and otherwise in good order and regularly inspected to comply with statutory requirements?

	Y <input type="checkbox"/>	N <input type="checkbox"/>
--	-------------------------------	-------------------------------

If No, please provide details:

Are you:

- | | | |
|--|-------------------------------|-------------------------------|
| - a member of the National Federation of Roofing Contractors? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - a member of the National Association of Scaffolding Contractors? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - a member of the Construction Industry Training Board? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - a member of another trade association? Please specify | <input type="text"/> | |
| - Do more than 75% of your operatives hold CSCS Cards? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Are more than 75% of your operatives qualified? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |

IN RESPECT OF SCAFFOLDERS ONLY:

- | | | |
|---|-------------------------------|-------------------------------|
| - Do you provide a Handover Certificate on each occasion that scaffolding is handed over to a customer? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
|---|-------------------------------|-------------------------------|

If No, please state reasons or confirm future intention to do so:

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Types of premises worked upon

What percentage of your turnover is work carried out at the following locations:

- New-build properties only?	%
- Private dwelling houses below 10m only?	%
- Residential Flats?	%
- Commercial buildings?	%
- Industrial buildings?	%
- Local authority amenity buildings?	%
- Other?	%

Please supply details:

Do you undertake any propping or shoring work

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please provide details of the largest three contracts completed during the past 24 months:

High Risk Locations

Do you work on or in connection with any of the following areas:

- Spectator stands	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>
- Demolition sites	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>
- Ministry of defence properties	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>
- Nuclear sites	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>
- Refineries	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>
- Airports	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>
- Towers, steeples or spires	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please detail any work conducted at heights above 20 metres above ground level or floor level in the case of work inside or upon a building or structure?

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- | | | |
|---|-------------------------------|-------------------------------|
| - Viaducts or bridges | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Docks, Piers or wharves | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Offshore | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Power stations | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Quarries | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Pylons | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Tunnels, wells or mines | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Blast furnaces | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Vehicles, vessels, ships, boats, hovercraft | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Railways | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |
| - Dams (including coffer dams), bridges or underwater workings? | Y
<input type="checkbox"/> | N
<input type="checkbox"/> |

If yes to any of the above, please provide full details:

Your Policy Excess

Please indicate if you wish to carry an increased excess in respect of third party property damage:

- Increased Excess
- £2,500
- £5,000
- £10,000

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Claims Information

Accident Book – for the last 18 months, please provide:

Total number of all accidents	
Total number of RIDDOR accidents	

Based on the last 5 years 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

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Additional Information

For businesses established for less than 18 months - for Directors/Partners please detail their experience in the construction industry including qualifications, companies worked for and managerial experience:

Details of any question answered 'yes' on page 2 a) to i):

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.

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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 Underwriters 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 Underwriters.