

DA Constable Syndicate 386

PROPOSAL FORM

BUILDING & CONSTRUCTION & HAZARDOUS ENGINEERING TRADES

This proposal form must be completed, signed and dated by a partner, principal or director of the firm who has been duly authorised by all other partners, principals or directors for this purpose.

It is your duty to disclose all material facts to underwriters. A material fact is one that is likely to influence underwriters' judgement and acceptance of your proposal.

Answers such as "see Presentation" or "see your records" should not be used.

You must answer all questions correctly and provide all material information. Failure to do so may prejudice you under the policy or the premium that you are requested to pay.

If there is insufficient space to answer questions, please use an additional sheet and attach to this form.

1

Proposer's name in full
Address

Tel No

Fax No

Provide details of subsidiary companies to be included in this insurance

2

Business Description

3

Date Established

If new, give details of experience:

Confirm Local Authority and H.S.E. registration

YES/NO

4

a) Do you own premises or have any representation outside the
United Kingdom?

YES/NO

If YES, please provide full details:

b) Is this operation(s) the subject of local insurance arrangements?

YES/NO

If YES, please provide full details:

5 Are all employees United Kingdom nationals? YES/NO
 If No, state number and nationality of foreign employees:

6 Do you vet the insurance arrangements of sub-contractors and retain a copy of written evidence of such insurances? YES/NO
 If YES, describe the criteria for approval:
 If NO, please state reasons or confirm intention to do so:

7 Have you or any of your directors or partners ever been charged with a criminal offence other than a motoring offence? YES/NO
 Has any Insurer ever declined to insure you, refused to renew, or imposed special terms on any of your insurances? YES/NO
 If YES, to any of the above, please provide full details (including identity of Insurers):

8 Give details of any separate business in which you or any of your directors or partners are, or have been involved, during the last 5 years.

Name of Business	Trade	From	To
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9 Please provide details of present liability Insurer(s), expiry date(s), and policy no(s):

10 Do you require:

		Indemnity Limit
a) Employers' Liability	YES/NO	£.....
b) Public Liability	YES/NO	£.....
c) Products Liability	YES/NO	£.....

Date from which cover is to commence.....

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WAGES

Please provide details of estimated annual gross payments to the following:

Description	Est No.	Estimated annual payments:		
		to employees/ labour only sub contractors (£)	for the Proposer(s) own remuneration (£)	to bona fide sub contractors (£)
Clerical: (including all managerial, sales and commercial travellers who do not engage in manual labour)				
Other Non-Manual: (Specify)				
Manual: Underground work				
Demolition				
Explosives, gases, acids or chemicals				
Steel Erection				
Scaffolding				
Asbestos or silica				
Activities outside UK or undertaken by non-UK nationals				
Activities offshore (see separate questionnaire)				
Activities underwater				
Vessels, dams, docks or harbours				
Refineries or oil, petrol, gas or chemical storage tanks, chambers or depots				
Bridges, viaducts, towers, steeples, chimney shafts or blast furnaces				
Mines/quarries				
*Welding/flame cutting, abrasive cutting or grinding or other heat away				
Use of woodworking machinery				
Noise levels in excess of 85dB(A)				
Radioactive substances or other sources of ionising radiations				
Aircrafts/Airports				
Other Manual: (Specify)				
TOTALS:				

Maximum height worked to ?

Maximum depth worked to ?

*Do you have a "safe working with heat" equipment procedure YES/NO

Details:

12

TURNOVER

Contracting activities £.....

Sale and supply £.....

Plant hired out - annual income from charges £.....

TOTAL GROSS: £.....

PLEASE PROVIDE FULL DETAILS IN RELATION TO THE FOLLOWING HEALTH AND SAFETY QUESTIONS

Your answers to the questions under 'Section 13: Health and Safety at work & Welfare', will be taken into consideration as part of the investigation process in the event that you make a claim under the policy.

When dealing with claims we will consider whether poor Health and Safety controls may have contributed to the incident and this may be reflected in the renewal premium.

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HEALTH & SAFETY AT WORK AND WELFARE

GENERAL

a) Do you have a Health & Safety policy which is available to your staff and visitors? YES/NO
(If YES, please append a copy to this submission)

b) By what process do you ensure that your Health & Safety policy is kept up to date?
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c) By what process do you minimise the likelihood of recurrence following an accident at work?
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d) How do you benchmark your Health & Safety processes and performance either internally or externally?
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e) Please confirm that you always retain the following documentation:

Health & Safety risk assessment records	YES/NO
Instruction and training records	YES/NO
Method statements/work instructions	YES/NO
RIDDOR forms	YES/NO
Contract and sub-contract documentation	YES/NO
Copies of certificates of insurance issued to CIS5 and CIS6 card holders	YES/NO

f) Please detail any dealings your company has had in the last five years with the Health & Safety Executive, an Environmental Health Officer or any other enforcement agency and if you have been the subject to any enforcement measures, prohibition notices or criminal proceedings.

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RISK ASSESSMENT

g) How do you assess and minimise the risk to Health & Safety arising from the following:-

(a) (i) The provision and use of work equipment

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(ii) Fork-lift Trucks or other rider operated plant

- (1) Are all of your fork-lift truck or other rider operated plant drivers at least 18 years of age and trained in accordance with HSE Code of Practice 26 or any replacement regulations? YES/NO
- (2) Have all fork-lift truck operatives completed a training course in the safe use of fork-lift trucks through an Accredited Training Provider belonging to one of the five accrediting bodies as recognised by the HSE? YES/NO
- (3) Do the operatives complete a refresher course within 5 years of the initial training programme? YES/NO

(b) Manual handling

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(c) Noise in the workplace (processes in excess of 85dB(A))

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(d) Substances hazardous to health

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(e) Hand/arm vibration

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(f) Repetitive strains

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(g) Stress

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(h) Working at heights

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h) In relation to any construction or building operations, what steps are taken to ensure compliance with Construction (Health, Safety and Welfare) Regulations?

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i) What steps are taken to ensure compliance with Workplace (Health, Safety and Welfare) Regulations?

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j) Have you documented your strategy for compliance as a Duty Holder under the Control of Asbestos at Work Regulations 2002 and prioritised action?

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MANAGING SAFETY

k) Please describe the company training and instruction policy with reference to certification, induction training and toolbox talks.

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l) Please describe the company policy on personal protective equipment with special reference to enforcement

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m) Please provide any other information, regarding Health & Safety at work or otherwise, which you believe to be relevant to Underwriters' consideration of this risk.

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WELFARE

n) In the event that an employee is injured at work, do you, as a matter of policy;

(i) Provide rehabilitation/medical care to facilitate the return to work? YES/NO

(ii) Continue to pay the employee's wages following the accident? YES/NO

If so, on what basis:

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(iii) Make efforts to re-deploy employees on alternative tasks/jobs during the recovery period? YES/NO

(iv) Pursue other forms of initiatives to accelerate well being and return to fitness? YES/NO

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16**CLAIMS EXPERIENCE**

Please confirm that you have approved any authenticated claims experience supplied by your broker which forms part of this proposal

YES/NO

Claims Experience (over past five years)			Employers' Liability				Public/Products Liability			
Year	Manual Wages (£)	Turnover (£)	Settled Claims		Outstanding Claims		Settled Claims		Outstanding Claims	
			No.	Amount	No.	Amount	No.	Amount	No.	Amount
TOTAL										

N.B. Please give brief details of any claims involving injury or damage where the settlement or reserve exceeds £50,000

Please add below any additional information that you wish to bring to the attention of Underwriters.

DECLARATION

I/We declare that the statements and particulars in this proposal are true and no material facts have been suppressed. I/We understand that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected hereafter. I/We confirm that no work is intentionally undertaken which involves the handling and/or stripping out of asbestos insulation, asbestos coating, asbestos insulation board and/or any other substance incorporating asbestos.

I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

I/We hereby authorise the Underwriters to approach any of my/our previous Insurers to confirm the accuracy of any information given in this Proposal.

Signature Position

Date.....

D A Constable Syndicate Limited is a member of the GISC and acts for D A Constable Syndicate 386, managed by Limit Underwriting Limited at Lloyd's. Limit is authorised and regulated by the Financial Services Authority.



