

CAMBERFORD LAW PLC

ELECTRICAL, HEATING, VENTILATION, PLUMBING AND AIR CONDITIONING CONTRACTORS INSURANCE

PROPOSAL FORM

- Please note that 'You' or 'Your' in the context of this Proposal Form means the persons named as Proposer and/or any other director or partner of the named Proposer company.
- Please answer all of the questions below. The answers given and any other information provided to Camberford Law PLC form the basis of the contract(s) of insurance effected.
- If any material facts are not disclosed by virtue of the answers You have provided in this Proposal Form, You must disclose these separately to Camberford Law PLC.
- Unless You advise us otherwise Policy Documents will be issued by email.

CONTACT INFORMATION

1	Name of insurance broker (if any) making this declaration of facts	<input type="text"/>
	Name of person completing this form	<input type="text"/>
2	Post Code of Insurance Broker (if any)	<input type="text"/>
3	Contact email address	<input type="text"/>
	Contact telephone number	<input type="text"/>

PROPOSER'S GENERAL DETAILS

4	Full name of proposer(s) (including trading name and any and all subsidiary companies to be included)	<input type="text"/>										
	PAYE References (please do not answer this question if the proposer is ERN exempt, has no employees or does not require Employers Liability Insurance)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Company/Subsidiary Name</th> <th style="width: 30%;">PAYE Reference</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Company/Subsidiary Name	PAYE Reference								
Company/Subsidiary Name	PAYE Reference											
5	Full postal (correspondence) address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										

6 Full Business Description

Please delete 'Yes' or 'No' as appropriate in the boxes below to confirm the full activities that You undertake.

Electrical Work	YES/NO
Heating/Ventilation Work	YES/NO
Air Conditioning Work	YES/NO
Plumbing Work	YES/NO
Solar Panel Installation	YES/NO

Any other activities You undertake that are not listed above must be disclosed in the box below. You will not be covered for activities that are not disclosed.

Accreditations of Proposer

Are You accredited or registered with an approvals or certification body in respect of the work You undertake?

YES/NO

If 'Yes', please provide details in the box below - DO NOT USE THE BOX BELOW FOR ANY OTHER PURPOSE

7 Number of Years in Business

GENERAL QUESTIONS

8 Please read the following statements and state if they are true in respect of this proposal:

You have never had an insurance proposal declined, special conditions imposed, had a claim rejected nor had an Insurer refuse to renew a policy or cancel a policy.

You have not had any criminal convictions (other than minor motoring offences) nor do You have any prosecution pending.

You undertake generic and site specific risk assessments.

You have not been the subject of a County Court Judgement (or Scottish equivalent) nor been declared bankrupt or insolvent nor placed under administration.

Can You confirm that all of the above statements are correct?

YES/NO

If any of the statements above are not true in relation to this proposal, or if there is any additional information that should be disclosed, please use the box below to provide full details.

- 9 **Is the Proposer domiciled and registered in and does the Proposer only undertake work within the United Kingdom, the Isle Of Man and the Channel Islands?**

If you have answered 'No', please provide full information within the box below (including the location and approximate percentage of Your turnover relative to work in countries outside of the stated territories).

EMPLOYER'S, PUBLIC, and PRODUCTS LIABILITY INSURANCE

- 10 Do You undertake work in any of the following locations?
 Towers, steeples, chimney shafts, blast furnaces, dams, canals, viaducts, bridges or tunnels aircraft, airports, ships, docks, piers, wharves, breakwaters or sea walls collieries, mines, chemical works, gas works, oil refineries or power stations, bulk oil, petrol, gas or chemical storage tanks or chambers.
- 11 Do You undertake work at depths exceeding 2 metres?
- 12 Do You undertake work at a height exceeding 20 metres above ground level?
- 13 Do You undertake work in 'Red Zone' (live rail) areas of railways?
- 14 Do you undertake heat work OTHER THAN by use of hot air gun (heat gun) and/or soldering iron?
- 15 Do You hire out any plant or equipment?
- 16 Please state Limit Of Indemnity required for **Employers' Liability** (if required)
- Please state Limit Of Indemnity required for **Public/Products Liability** (if required)

- 17 Please complete the table below to detail Your estimated **wageroll** and number of **Employees and Labour Only Sub Contractors** for the next 12 months. Do **not** include payments to or numbers of Bona Fide Sub Contractors.

Type Of Work Undertaken By Employees and Labour Only Sub Contractors	Estimated Annual Turnover	Estimated Annual Wageroll	Number of Employees
Clerical (Non manual work) Employees			
Electrical Work in Private Dwellings			
Electrical Work in Shops and Small Commercial Buildings			
Electrical Work in Industrial and Large Commercial Buildings			
Heating /Ventilation Work in Private Dwellings			
Heating /Ventilation Work in Shops and Small Commercial Buildings			
Heating /Ventilation Work in Industrial & Large Commercial Buildings			
Air Conditioning Work in Private Dwellings			

Type Of Work Undertaken By Employees and Labour Only Sub Contractors	Estimated Annual Turnover	Estimated Annual Wageroll	Number of Employees
Air Conditioning Work in Shops and Small Commercial Buildings			
Air Conditioning Work in Industrial and Large Commercial Buildings			
Plumbing Work in Private Dwellings			
Plumbing Work in Shops and Small Commercial Buildings			
Plumbing Work in Industrial and Large Commercial Buildings			
Solar Panel Installation			
General Building			
Manual Work At Your Premises Only			

- 18 Will You be undertaking any type of work not specifically categorised in the table above?
- 19 Please state the estimated payments you will make to Bona Fide Sub Contractors in the next 12 months?
- 20 Are you responsible for any design, specification, risk assessments or other direction, supervision or control of bona fide sub contractors (or required to sign off/inspect their work)?

CONTRACT WORKS AND CONTRACTORS PLANT INSURANCE

- 21 Please complete the table below to detail the Contract Works and/or Contractors Plant cover You require.

SECTION	Sum Insured /Limit
Owned Plant	£
Hired in Plant (State the Any One Occurrence/Accident Limit)	£
Hiring Charges (estimate for the next 12 months) Hired in plant cover is not available unless this information is provided	£
Continuing Hire Charges Max £50,000/Indemnity Period is 3 months (Contact us if insufficient)	£
Employees Tools and Effects (Limited to £500 per Employee)	£
Contract Works (State the Maximum Value of any one Contract) Maximum Contract Period is 12 months (Contact us if this is insufficient)	£
Turnover (You must state estimated turnover if Contract Works cover required)	£

PREMISES/PROPERTY INSURANCE

22 **Risk Addresses:** Please list the full addresses of any Premises to be insured, including Post Code.

Premises 1	Premises 2	Premises 3

23 **Construction**

Please read the following statements and state if they are true in respect of this proposal:

- a) All Premises are constructed of brick and/or stone walls with slate, tile, felt or concrete roof;
- b) No Premises has a flat roofed area exceeding 25% of its total;
- c) No Premises is an individual flat or tenement building.

Can You confirm that all of the above statements are correct:

YES/NO

24 **Subsidence**

Please read the following statements and state if they are true in respect of this proposal:

- a) All Premises are free from signs of damage which may be attributable to Subsidence, Landslip or Heave;
- b) None of the Premises are monitored or have been monitored for Subsidence, Landslip or Heave or actually incurred damage from Subsidence Landslip or Heave;
- c) None of the Premises are in areas that are prone to Subsidence.

Can You confirm that all of the above statements are correct:

YES/NO

25 **Wet Perils**

YES/NO

Is any Premises in a flood plain or area that has previously flooded?

Premises 1	Post Code:	YES/NO
Premises 2	Post Code:	YES/NO
Premises 3	Post Code:	YES/NO

26 **Security**

Please complete the table below to provide details of the security protections in effect at each Premises.

PREMISES	Intruder Alarm	CCTV	Gated Unit	24 Hour or overnight manned security	Other (describe)
		YES/NO	YES/NO	YES/NO	
		YES/NO	YES/NO	YES/NO	
		YES/NO	YES/NO	YES/NO	

27 Cover Required (Your Sum Insured)

SECTION	Premises 1	Premises 2	Premises 3
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)			
Stock and Materials In Trade			
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements, computers)			
Rent Payable Indemnity Period (Rent Payable)			
Business Interruption (Gross Profit) Indemnity Period (Gross Profit)			
Additional Increase Cost Of Working			
Rent Receivable Indemnity Period (Rent Receivable)			
Money in Safe or Strongroom in the Premises Money In Transit or Bank Night Safe			
Goods In Transit			
All Risks to : <ul style="list-style-type: none"> • Lap Tops and Mobile Phones • General Business Equipment 			
Book Debts (higher limits available on request)	Included at £10,000 where Business Interruption is insured		
Stock Deterioration following Refrigeration Breakdown			
Fidelity Guarantee (Theft By Employees)			
SECTION	Premises 1	Premises 2	Premises 3
Computer Equipment Breakdown at the Premises (Maximum £50,000)			
Computer Equipment Breakdown Increased Cost Of Working (Maximum £25,000)			

28 Terrorism

Do you require Terrorism

YES/NO

PROFESSIONAL INDEMNITY INSURANCE

29 Please read the following statements and state if they are true in respect of this proposal:

- a) You do not undertake work for any subsidiary, connected or associated company;
- b) You have not sustained any loss through the fraud or dishonesty of any person employed by or contracted to work for You AND no fraud, dishonesty, bankruptcy or administration order has applied to You or any of Your Employees;
- c) No claims have been made against You and You are not aware of any circumstance that may lead to a claim being made;
- d) You do not undertake design and/or consultancy work in relation to bridges or tunnels, nuclear or atomic projects, foundations, underpinning, chemical works, petrochemical works, refineries, airports, railways or motorways.
- e) All persons conducting design and/or consultancy work, whether Employees or outside consultants have at least 3 years experience undertaking such work.
- f) You nor any Employee or consultant working for You has ever failed to complete a project.
- g) No material changes to The Business are expected during the Period Of Insurance.

Can You confirm that all of the above statements are correct?

YES/NO

30 Please state the fees you received for design and/or consultancy work in the last 12 months and also Your estimate for fees which will be received in the next 12 months.

a) Fees for design/consultancy work in the last 12 months

£

b) Estimated fees for design/consultancy work in the next 12 months

£

31 Please state the Limit Of Indemnity required for Professional Indemnity insurance.

£

LEGAL EXPENSES INSURANCE

This is a 'Before The Event' policy and specifically excludes events that have already taken place.

32 Do You require Legal Expenses cover?

YES/NO

33 Do You require cover for contractual disputes?

YES/NO

DIRECTORS AND OFFICERS LIABILITY INSURANCE

Directors and Officers Liability insurance is only available to Limited companies.

34 Please state Your Company Registration Number

Please state Your Company's total consolidated turnover as shown in Your latest annual report and accounts.

£

Please read the following statements and state if they are true in respect of this proposal:

- a) The Company has been established for more than 12 months
- b) The Company's activities do not involve the provision of financial products or services
- c) The Company's latest annual report and accounts shows positive net income (after tax)
- d) The Company's latest annual report and accounts shows positive shareholder funds/net worth
- e) The Company does not have any assets or subsidiaries in the USA or Canada
- f) The Company's shares are not publicly traded on any stock exchange
- g) No claims have been made against any past or present Director or Officer of the Company or its Subsidiaries?
- h) You are not aware, after enquiry, of any circumstance which may give rise to a claim.

Can You confirm that all of the above statements are correct?

YES/NO

35 Limit Required

£

CLAIMS EXPERIENCE

36 Loss Experience

Have You or any of Your Directors or Partners, or any company of which any of You have been a director, or any partnership of which any of You been a partner sustained any loss or damage or had a claim made against You during the last 5 years?

YES/NO

If 'Yes', please provide details of all losses and/or claims in the table below

DATE	TYPE OF LOSS	DETAIL	AMOUNT PAID	AMOUNT OUTSTANDING

DECLARATION

Important Notes - Please Read Carefully

All material facts must be disclosed. If there are material facts not disclosed in making this declaration, You must disclose them in the box below or separately to Camberford Law Plc.

Failure to disclose material facts could result in the policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of the proposal.

Data Protection:

For Data Protection Act purposes the Proposer's personal data will be held and processed for insurance administration. For this purpose the information may also be passed to selected third parties including other



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insurers, credit reference agencies and reinsurers. By entering into this contract of insurance, the insurance advisor who arranged this contract of insurance on behalf of the Proposer has confirmed their authority to disclose the Proposer's personal data and to consent on the Proposer's behalf to the processing of that data by the Underwriters.

The Proposer has a right to access (subject to limited exceptions) and if necessary rectify the information that we hold.

Insurers pass information to the Claims and Underwriting Exchange register and the Motor Insurance Anti-Fraud and Theft Register. These registers have been established to help check the information provided and also to reduce fraudulent claims. These registers may be searched when dealing with any request for insurance. Under the conditions of the Policy, all incidents must be declared whether or not they may result in a claim. The information may be passed to the registers.

Declaration:

I/We declare that the above statements are true and complete to the best of My/Our knowledge and belief and I/We have not mis-stated or suppressed any material fact. I/We undertake to exercise all reasonable precautions for the safety of the insured property. I/We agree that this proposal together with any other information supplied by Me/Us shall form the basis of the contract between the underwriters and Me/Us. I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Signed on behalf of the Proposer

Printed Name Of Signatory

Date Of Signature