

CAMBERFORD LAW PLC
FLOORING CONTRACTORS INSURANCE
ENQUIRY FORM

- Please note that 'You' or 'Your' in the context of this Enquiry 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 herein, You must disclose these separately to Camberford Law PLC.
- A Statement of Facts will be issued based on the details provided in this Enquiry Form. 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	
	Name of person completing this form	
2	Post Code of Insurance Broker (if any)	
3	Contact email address	
	Contact telephone number	

PROPOSER'S GENERAL DETAILS

4	Full name of proposer(s) (including trading name and any and all subsidiary companies to be included)												
	Company Directors/Partners Please list the names and dates of birth of all the Company Directors/Partners	<table style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>		Name	Date of Birth								
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	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 style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 70%;">Company/Subsidiary Name</th> <th style="width: 30%;">PAYE Reference</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>		Company/Subsidiary Name	PAYE Reference								
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5 **Full postal (correspondence) address**

6 **Full Business Description**

The business description used throughout will automatically include:

Flooring Contracting

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

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7 **Accreditations of Proposer**

Are you a member of the Contract Flooring Association?	<input type="text" value="YES/NO"/>
Are you qualified or registered with an approvals or certification body in respect of the work you undertake?	<input type="text" value="YES/NO"/>

If 'YES' please provide details including your membership/registration number

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8 **Number of Years in Business**

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GENERAL QUESTIONS

9 **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?

	<input type="text" value="YES/NO"/>
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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.

- 10 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? YES/NO

If your 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

- 11 Do You work on or at airports, aircraft, watercraft, collieries, mines, gas, Petrochemical and chemical works, railways, railway installations. Power stations, oil refineries, fuel depots, quarries, on gas or oil rigs or other offshore installations or at any other sites which may involve special hazards? YES/NO

Do you undertake any form work or shuttering work? YES/NO

Do you specialise in sports services and/or activities involving sports flooring? YES/NO

Do you have a health and safety policy? YES/NO

Have risk assessments been completed in the last 12 months? YES/NO

- 12 Do you use any heat producing equipment that has a naked flame? YES/NO

- 13 Please state the Limit of Indemnity required for **Employers’ Liability** (if required) £10,000,000

Please state the Limit of Indemnity required for **Public and Products Liability** (if required) £5,000,000

- 14 Please complete the table below to detail Your estimated **wageroll** and number of **Employees and Labour Only Sub Contractors** for the next 12 months. Please also detail payments made, turnover derived from and numbers of **Bona Fide Sub Contractors** in the relevant parts of the table.

Type Of Work Undertaken By Employees and Labour Only Sub Contractors	Estimated Annual Wageroll	Estimated Annual Turnover	Number of Employees
Clerical (Non manual work) Employees			
Work Away (Construction)			
Work Away (Surfacing/Carpet/Fitting)			
Bona Fide Sub-Contractors (Floor Construction)			
Bona Fide Sub-Contractors (Surfacing/Carpet/Fitting)			
Other (please specify)			
Other (please specify)			
TOTAL			

CONTRACT WORKS AND CONTRACTORS PLANT INSURANCE

15 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. These are automatically included where Hired in Plant is insured and should be included in the Hire in Plant Sum Insured	
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

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

Premises 1	Premises 2	Premises 3

17 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

18 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

19 Wet Perils

YES/NO

Are 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

20 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)
Premises 1	YES/NO	YES/NO	YES/NO	YES/NO	
Premises 2	YES/NO	YES/NO	YES/NO	YES/NO	
Premises 3	YES/NO	YES/NO	YES/NO	YES/NO	

21 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			

CLAIMS EXPERIENCE

28 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 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.