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INNOVATIVE INSURANCE

# PROPOSAL FORM

## Lift Engineers Insurance

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales  
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

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## 1. IMPORTANT INFORMATION

### 1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

### 1.2 Data Protection – How we will use your Data

#### The Basics:

Camberford Law plc, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

#### Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

**Your rights:**

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

**Want more details?**

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

[www.camberfordlaw.com/privacy](http://www.camberfordlaw.com/privacy)

**Contact Details**

Camberford Law plc  
Data Protection Officer  
50 Fenchurch Street  
London  
EC3M 3JY

## 2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

**3. PROPOSER DETAILS**

3.1 **Proposer(s):**  
Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

3.2 **Individual Name(s):**  
Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

3.3 **Correspondence Address:**  
Full postal (correspondence) address:

Post Code:

3.4 **Years Established:**  
Number of years the proposer has been established:

3.5 **Years Experience:**  
Number of years experience of the proposer within your business activities:

3.6 **FCA Classification:**  
Please complete the following information which we must have for regulatory classification.

Does the Proposer’s annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

#### 4. BUSINESS ACTIVITIES

4.1 Please answer appropriately to describe your business:

Lift Installation

YES/NO

Lift Maintenance

YES/NO

4.2 Any other activities that 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.

4.3 Can you confirm that you and all employees and contractors working for you are qualified/accredited where and to the extent necessary to comply with local law, regulation and industry best practice?

## 5. GENERAL QUESTIONS

5.1 Please read the following questions and state if they are true in respect of this proposal.

Have you, or any director of your company, ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

Had any formal objection or refusal of any registration or are there any circumstances known which may prejudice the continued holding of registration?

YES/NO

5.2 Financial Status and History of the proposer:

Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

YES/NO

5.3 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

5.4 Does the proposer undertake any work in Northern Ireland?

YES/NO

5.5 Please use the box below to detail any further information:



## 6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

## 7. INSURANCE PRODUCTS

### 7.1 PROPERTY AND BUSINESS INTERRUPTION

7.1.1 Please complete the table to provide details of the cover you require:

SECTION	SUM INSURED			
	Premises 1	Premises 2	Premises 3	Premises 4
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£	£
Is the building constructed of non combustible floors, walls and roof space throughout?	YES/NO	YES/NO	YES/NO	YES/NO
Stock and Materials in Trade	£	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	YES/NO	YES/NO	YES/NO	YES/NO
Rent Payable	£	£	£	£
Indemnity Period	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Business Interruption (Gross Profit)	£	£	£	£
Indemnity Period	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Additional Increased Cost of Working	£	£	£	£
Rent Receivable	£	£	£	£
Indemnity Period (Rent Receivable)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months

7.1.2 **General Property Sections** (not premises specific)

Goods in Transit

*(Included automatically at £1,000. Only state an alternative amount if you require a limit higher than this.)*

Computer Equipment Breakdown at the Premises. **Maximum £50,000**

Computer Equipment Breakdown Increased Cost of Working. **Maximum £25,000**

All Risks to General Business Equipment

All Risks to Laptops & Mobile Phones

Fidelity Guarantee (Theft by Employees). **Maximum £100,000**

Money in Safe or Strongroom in the Premises

*State the highest amount required at any one premises.*

Money in Transit or Bank Night Safe

Book Debts

*Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.*

Stock Deterioration following Refrigeration Breakdown

*Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.*

7.1.3 **Buildings/Construction** (please answer the following questions in respect of this proposal)

Are the Premises constructed of brick and/or stone walls with slate, tile, felt, or concrete roof?

Do any premises have a flat roofed area exceeding 25% of its total?

Are any premises an individual flat or tenement building?

Do the premises contain any composite panels?

Are any premises Listed?

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**7.1.4 Subsidence**

Please answer the following questions in respect of this proposal

Are all premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave? YES/NO

Are any Premises being monitored or previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave? YES/NO

**7.1.5 Flood**

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

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

**7.1.6 Storage of Products**

Are all goods, products and equipment stored in accordance with manufacturer’s guidance? YES/NO

**7.1.7 Security**

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

	Premises 1	Premises 2	Premises 3	Premises 4
Intruder Alarm	YES/NO	YES/NO	YES/NO	YES/NO
CCTV	YES/NO	YES/NO	YES/NO	YES/NO
Gated Unit	YES/NO	YES/NO	YES/NO	YES/NO
24 Hour/Overnight Manned Security	YES/NO	YES/NO	YES/NO	YES/NO
Roller Shutters to all external leading doors, shop front and other large glass external facing areas.	YES/NO	YES/NO	YES/NO	YES/NO

**7.1.8 Age of Buildings and Number of Storeys** (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

**7.1.9 Terrorism.** Do you require Terrorism Cover? YES/NO

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**7.2 CONTRACT WORKS & PLANT**

7.2.1 Please complete the following table to detail the Contract Works and/or Contractors Plant cover you require.

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

*(This is automatically included where Hired in Plant is insured. You must include the values of Continuing Hire Charges in the Hired 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. Please contact us if this is insufficient.*

Turnover

*(You must state estimated turnover if Contract Works cover required).*

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**7.3 LEGAL LIABILITY**

**7.3.1 Employers Liability Limit (minimum £10m)**

Please state the Limit of Indemnity required for Employers Liability (if required)

£

**7.3.2 Public/Products Liability Limit**

Please state the Limit of Indemnity required for Public and Products Liability (if required)

£

**7.3.3 Wageroll, Turnover and Employees**

Please provide details of estimated wageroll, turnover and number of employees and labour only subcontractors for the next 12 months. DO NOT include payments to or numbers of bona fide subcontractors:

	Estimated Annual Turnover	Estimated Annual Wageroll	Number of Employees
Clerical (non manual work) employees	£	£	
Lift Installation	£	£	
Lift Maintenance	£	£	

**7.3.4 Risk Assessments**

Do you undertake generic and site specific risk assessments and ensure all employees and subcontractors are fully aware of such risk assessments and working practices?

YES/NO

**7.3.5 Hazardous Locations**

Do you undertake work in any of the following locations?

Towers	YES/NO
Steeple	YES/NO
Chimney Shafts	YES/NO
Blast Furnaces	YES/NO
Dams	YES/NO
Canals	YES/NO
Viaducts	YES/NO
Bridges	YES/NO
Tunnels	YES/NO

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**7.3.5 Hazardous Locations Cont/...**

Aircraft	YES/NO
Airports	YES/NO
Ships	YES/NO
Docks	YES/NO
Piers	YES/NO
Wharves	YES/NO
Breakwaters or sea walls collieries	YES/NO
Mines	YES/NO
Chemical Works	YES/NO
Gas Works	YES/NO
Oil Refineries	YES/NO
Power Stations	YES/NO
Bulk Oil, petrol, gas or chemical storage tanks or chambers	YES/NO

**7.3.6 Health & Safety Policy**

Do you have a written Health and Safety policy and record all qualifications of and training provided to Employees and Sub-contractors?	YES/NO
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**7.3.7 Waste Disposal**

Do you dispose of all waste materials through licenced waste disposal contractors or at local authority waste sites?	YES/NO
--	--------

**7.3.8 Fire Prevention**

Do you comply with the Joint Code of Practice on Fire Prevention on Construction Sites?	YES/NO
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**7.3.9 Statutory Regulations**

Is all plant, machinery, cranes and other lifting or lowering equipment in a good state of repair, regularly maintained and inspected in accordance with Statutory Regulations?	YES/NO
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**7.3.10 Training & Competence**

Is all plant and machinery only used by individuals with sufficient training, qualifications and/or competence?	YES/NO
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**7.3.11 Hired Out Plant**

Do you hire out any plant or equipment?	YES/NO
---	--------

**7.3.12 BFSC**

Please answer the following questions in relation to bona fide subcontractors:

Estimated payments you will make to bona fide subcontractors within the next 12 months

£

Do you direct, supervise, and/or control any bona fide subcontractor work?

YES/NO

Do bona fide subcontractors ever work to a specification from you and/or do you sign off on their work?

YES/NO

**7.3.13 HMRC Employers Reference Number**

Company	ERN Status	ERN Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**If exempt, please explain below:**



**7.4 PROFESSIONAL INDEMNITY**

**7.4.1 Do you require Professional Indemnity Insurance?**

YES/NO

**General Questions** - Please answer the following questions in respect of this proposal:

Do you undertake work for any subsidiary, connected or association company?

YES/NO

Have you sustained any loss through the fraud or dishonesty of any person employed by or contracted to work for you?

YES/NO

Has any fraud, dishonesty, bankruptcy or administration order applied to you or any of your employees?

YES/NO

Have any claims been made against you or are you aware of any circumstance that may lead to a claim being made?

YES/NO

Do you 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?

YES/NO

Do all persons conducting design and/or consultancy work, whether employees or outside consultants, have at least 3 years experience undertaking such work?

YES/NO

Have you or any employee or consultant working for you ever failed to complete a project?

YES/NO

Are any material changes to the business expected during the period of insurance?

YES/NO

**7.4.2 Fees & Turnover**

Please provide details of anticipated fees and/or turnover:

Design/Specification work only (ie., you do not undertake construction/installation work)

Design/Specification work and corresponding construction/installation work

Design/specification work subcontracted by you to a specialist

Construction installation work only (ie., you are not responsible for design/specification work)

Fees	Turnover
£	£
£	£
£	£
£	£

**7.4.3 Limit**

Please state the Limit of Indemnity required for Professional Indemnity insurance:  
(£50,000 / £100,000 / £250,000 / £500,000 / £1m / £2m / £5m)

£

**7.4.4 Limit Basis**

Do you wish to have the Limit of Indemnity applying on an any one claim basis?  
(the standard policy applies the Limit of Indemnity to any one claim and in the  
aggregate for all claims during the period of insurance)

YES/NO

**7.5 DIRECTORS & OFFICERS LIABILITY**

**Do you require Directors & Officers Liability Insurance?**

YES/NO

If YES, please complete questions 7.5.1 to 7.5.6. If NO, please continue to question 7.6

**7.5.1 Limit**

Please state the Limit of Indemnity required for Directors & Officers insurance:

**7.5.2 D&O General Questions** - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

**7.5.3 Turnover**

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

**7.5.4 Company Registration Number**

Please state your Company Registration Number:

**7.5.5 Entity and Employment Practices Liability Limit**

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 7.6:

NONE	<input type="text" value="YES/NO"/>
£250,000	<input type="text" value="YES/NO"/>
£500,000	<input type="text" value="YES/NO"/>

**7.5.6 Entity and Employment Practices Liability General Questions** - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?	<input type="text" value="YES/NO"/>
Do you have MORE than 100 employees?	<input type="text" value="YES/NO"/>
Are you anticipating any redundancies in the next 12 months?	<input type="text" value="YES/NO"/>
Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?	<input type="text" value="YES/NO"/>
Have there been any claims, or circumstances that might lead to a claim, involving any of you?	<input type="text" value="YES/NO"/>

## 7.6 LEGAL EXPENSES

**Do you require Legal Expenses Insurance?**

YES/NO

If YES, please complete questions 7.6.1 to 7.6.5. If NO, please continue to question 8.

### 7.6.1 Wageroll

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

### 7.6.2 Contract Disputes

Do you require cover for contractual disputes?

YES/NO

### 7.6.3 Disputes, Prosecution, Activities

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

### 7.6.4 Redundancies

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

### 7.6.5 Mergers/Takeover

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

## 8. CLAIMS HISTORY

### 8.1 Claims History

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 have 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 complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

## 9. DECLARATION

### 9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

### 9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: