



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

LIFTS and ESCALATOR ENGINEERS



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

Proposal Form

Full name of Proposer including all trading names, group companies and subsidiaries that are to be covered by the policy

Tel No

Postal Address

Email Address

Business Premises
(If different from above)

Tel No

Description of Business

Please list the names and dates of birth of all Company Directors/Partners

If you require Employers' Liability cover, please supply your Employer PAYE Reference.

(This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to.)

If you do not have a PAYE Reference, please confirm that you are exempt and give the reason.

Period of Insurance

1. Please state GROSS annual turnover for the past 5 years

Year	Gross Annual Turnover
	£
	£
	£
	£
	£
	£

2. Please state the maximum estimates GROSS annual payments to all employees and other persons for the coming year. Figures should include overtime, commission, bonuses, value of board and lodging, housing, accommodation and any other payments in kind or money (excluding directors fees), but without deduction of Income Tax, National Insurance or pension contributions.

Occupation		No of employees	Work at your premises £	Work away £
a)	Clerical and non-manual managerial staff			
b)	Employees using woodworking machinery			
c)	All other employees (including labour only sub-contractors or labour masters or persons supplied by them, self-employed persons or persons borrowed or hired)	Please specify below main types of work		
d)	Partners and sole proprietors	Please specify below type of work		

3. Will any work be sub-contracted to supply and fix contractors?

YES	NO
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If YES, please state

a) details of work involved

b) estimated total contract prices for the coming year

c) what steps are taken to ensure that sub-contractors employed by you have adequate insurances which provide indemnity limits at least as high as your own proposal?

4. Does any part of the business involve the hiring in of vehicles or plant?

YES	NO
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If YES, please state

a) types of vehicle and/or plant

b) conditions of hire (please enclose a copy unless C.P.A./S.P.O.A

C.P.A. S.P.O.A. Other (please state)

c) maximum estimated total annual hiring charges for the coming year

5. Please give details of the types of contracts undertaken during the past 3 years

6. Please give details of the largest contact undertaken during the past 3 years

7. Please give details of the types of contracts expected to be undertaken during the next 12 months

8. Please state the following:

- a) maximum duration of any one contract
- b) average duration of a contract
- c) maximum maintenance or defects liability

9. Are any contracts carried out under the following contract conditions

	Condition	Yes	No		Condition	Yes	No
a)	J.C.T			e)	L.E.E.		
b)	I.C.E.			f)	C.P.A./S.P.O.A.		
c)	G.C./Works/1			g)	Others		
d)	I.M.E.C.H.E.						

If YES, to part g) above, please attach copies of contract wordings

10. Do you undertake any design work for:

a) contracts executed by yourself?

Yes	No
-----	----

b) others

Yes	No
-----	----

If YES to a) or b), please give details

11. Does any part of the business involve work or supply of goods in connection with:

- a) towers, steeples, chimney shafts, bridges, viaducts, motorways, flyovers, underpasses?
- b) demolition or dismantling of buildings or other structures?
- c) prefabricated, modular or industrial system buildings?
- d) quarrying, tunnelling, work in or on tunnels or mining?
- e) piling, ground stabilisation, underpinning or dewatering?
- f) excavations below 1.5 metres?
- g) dams, reservoirs, lakes, rivers, water diversion, flood protection, sea defences, docks harbours, piers or wharfs?
- h) automobile, railway or aviation industries?
- i) railway track work or airside airport work?
- j) chemical, computer, gas, nuclear, off-shore or petroleum installations or power stations?
- k) vessels which contain or have contained inflammable or toxic substances?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

If YES has been answered to any part of this question, please give full details including total wages and turnover for the coming year and clearly indicate to which question your answer(s) refer.

12. Does any part of the business involve the use, handling, storage, removal or disposal of any of the following:

- a) asbestos or silica or materials containing either asbestos or silica?
- b) radioisotopes, radioactive substances or other sources of ionising radiation?
- c) hazardous chemicals, explosives, solvents, acids or other dangerous substances?
- d) toxic, noxious, poisonous or polluting liquids, waste or other pollutants?

If YES, to any part of this question, please give full details and state safety procedures applying, total wages and turnover for the coming year and clearly indicate to which question your answer(s) refer.

13. Do you dispose of all waste materials through licensed waste disposal contractors or at local authority waste sites?

Yes	No
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If NO give details of type of waster and method of disposal

14. Do you comply with the Joint Code of Practice on Fire Prevention on Construction Sites?

Yes	No
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15. Will all sites and other temporary buildings be located at least 10 metres away, from the work and existing structures?

Yes	No
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16. Does any part of the business involve the use of welding or cutting equipment blowlamps or other forms of heat producing equipment away from your premises?

Yes	No
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If YES please state

a) Percentage of work carried out by own employees % and/or bona fide sub-contractors? %

b) maximum estimated annual wages/payments for such work in the coming year
own employees %
Payments to bona fide sub-contractors %

c) Where and for what type of work the equipment is used and what safety precautions are taken?

17. Does any part of the business involve work or process which may cause or contribute towards any form of occupational disease and/or industrial deafness? Yes No

If YES please give full details and state the safety procedures used and measures taken to protect employees.

18. Does the business have a written safety policy and are all the persons engaged in connection with work for the business made aware of this safety policy? Yes No

If YES please attach a copy of the safety policy to this proposal

19. Are any of the following used in the course of your business or are you responsible for:

- | | | |
|---|-----|----|
| a) lifts, hoists, cranes or other lifting equipments | Yes | No |
| b) facilities for loading, unloading or handling of watercraft or aircraft? | Yes | No |
| c) steam pressure apparatus? | Yes | No |
| d) power driven machinery or electrical apparatus? | Yes | No |
| e) railway sidings? | Yes | No |
| f) car parks? | Yes | No |

If YES to any part of this question, please give full details including purpose for which terms are used.

20. Are the business premises, machinery and plant, including lifts, cranes and other lifting equipment in a good state of repair, regularly maintained and inspected in accordance with Statutory Regulations? Yes No

If NO please give full details

21. Do you have any associated company, branch office, assets or other form of legally authorised representation outside Great Britain, the Channel Islands or the Isle of Man? Yes No

If YES please give full details

22. Do you undertake work outside Great Britain, the Channel Islands or the Isle of Man or in connection with off-shore installations?

Yes	No
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If YES please give full details including estimated wages and turnover for such work for the coming year and maximum number of employees or offshore at any one time.

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23. Are you now or have you previously been insured for any of the risks now proposed?

Yes	No
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If YES state name of insurer(s), policy number(s) and expiry date(s)

Name of Insurer	Policy Number	Expiry Date

24. Have you or any director or partner in the business or any person to be insured, suffered any loss, damage, injury or disability or incurred any liability (whether insured or not) during the past 5 years in connection with any of the risks now proposed?

Yes	No
-----	----

If YES, please give full details including dates, nature of losses and amounts.

Public Liability	
Employers Liability	
Contractors All Risks	

25. Have you or any director or partner in the business or any person to be insured:

a) had any proposal or insurance declined, cancelled, refused, or made subject to increased rates or special terms?

Yes	No
-----	----

b) been convicted of arson or any offence involving dishonesty of any kind? E.g. fraud, theft etc

Yes	No
-----	----

N.B. There is no need to declare any conviction regarded as spent by the Rehabilitation of Offenders Act 1974

c) been prosecuted under any safety legislation?

Yes	No
-----	----

d) been declared bankrupt or insolvent?

Yes	No
-----	----

If YES to any part of this question please give full details

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26. If you are a Sole Trader do you wish the Law of England to apply to this contract?

Yes	No
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If NO please give full details

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PUBLIC & PRODUCTS LIABILITY

1. Please state indemnity limit required (minimum £1,000,000)

£

2. Do you undertake manufacturing, retailing or wholesaling of goods for others?

Yes	No
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If YES please give details below

	Type of goods	Turnover £	% Exported	Exports Destination
Manufacturing				
Wholesaling				
Retailing				

3. Do you export (or have you exported in the last 5 years) any goods to the USA or Canada?

Yes	No
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If YES, please state estimated turnover of exported goods each year and describe the goods in detail

Please also provide an estimate for the forthcoming year

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4. Are you aware of any potentially dangerous defect(s) in any of your goods, work completed or work in progress

Yes	No
-----	----

If YES please give details

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EMPLOYERS LIABILITY - £10,000,000 indemnity limit

IS COVER REQUIRED?

Yes	No
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If YES please state indemnity limit required if more than £10,000,000

£

IMPORTANT NOTICE

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on the Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to the Insurers.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between the Insurers and Myself/Ourselves.

Name

Position

Signature

Date

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