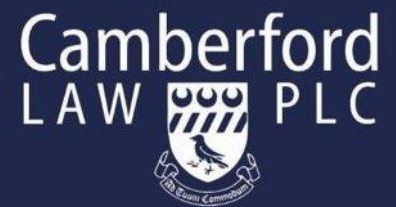


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INNOVATIVE INSURANCE

PROPOSAL FORM

Arboricultural Contractors 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

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 confirm the full activities that you undertake:

Landscaping, Fencing, Planting

YES/NO

Tree Surgery

YES/NO

Forestry Felling

YES/NO

4.2 Any other activities that you undertake that are not listed above must be disclosed 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?

YES/NO

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

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 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

7.1.1 PROPERTY AND BUSINESS INTERRUPTION

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)	£	£	£	£
If there is an area of flat roofing, please state the approximate percentage	%	%	%	%
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 (Rent Payable)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Business Interruption (Gross Profit)	£	£	£	£
Indemnity Period (Gross Profit)	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.

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.

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

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

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 any of the Premises contain any composite panels?

Is any premises listed?

INNOVATIVE INSURANCE

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 has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave? YES/NO

7.1.5 Flood (is 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?)

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

7.2 CONTRACT WORKS AND PLANT

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

Owned Plant - Tools and Plant with a single article limit under £1,500 <i>(Overall Limit of Indemnity to reflect "as new" valuations as any claims settlement will be on this basis)</i>	£
Owned Plant - All other Plant with a single article limit over £1,500 <i>(Overall Limit of Indemnity to reflect age, wear and tear valuations as any claims settlement will be on this basis)</i>	£
Owned Plant - Harvesters and Forwarders <i>(Overall Limit of Indemnity to reflect age, wear and tear valuations as any claims settlement will be on this basis)</i>	£
Hired in Plant <i>(State the Any One Occurrence/Accident Limit)</i>	£
Hiring Charges <i>(Estimate for the next 12 months). Hired in plant cover is not available unless this information is provided.</i>	£
Continuing Hire Charges <i>(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).</i>	£
Employees Tools and Effects <i>(Limited to £500 per Employee)</i>	£
Contract Works <i>(State the maximum value of any one contract). Maximum Contract Period is 12 months. Please contact us if this is insufficient.</i>	£
Turnover <i>(You must state estimated turnover if Contract Works cover required).</i>	£

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7.3 LEGAL LIABILITY

7.3.1 Employers' Liability

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

£

7.3.2 Public & Products Liability Limits

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

£

7.3.3 Wageroll & Turnover

Please complete the table to detail your estimated wageroll, 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.

	Estimated Annual Turnover	Estimated Annual Wageroll	Number of Employees
Type of Work Undertaken by Employees and Labour Only Sub-Contractors			
Clerical (Non manual work) Employees			
Landscaping, Fencing and Planting			
Tree Surgery with Chainsaw at ground level			
Tree Surgery involving climbing			
Tree Work at Ground Level and not involving use of chainsaws			
Forestry Felling (Mechanised)			
Forestry Felling (Manual)			
Powerline Work			
Timber Sales			
Hiring Out of Plant			

Please state any other activities clearly and fully in the boxes below and show the relevant wageroll, turnover, and employee numbers for each:

	Estimated Annual Turnover	Estimated Annual Wageroll	Number of Employees
TOTAL			

7.3.4 Risk Assessments

Do you undertake generic and site specific risk assessments for all work and ensure that all individuals engaged in such work are aware of these?

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

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

Nuclear or 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

Motorways

YES/NO

Reservoirs

YES/NO

Wells

YES/NO

Demolition Sites

YES/NO

7.3.6 Depth Work

Do you undertake work at depths exceeding 3 metres?

YES/NO

7.3.7 Health & Safety

Please answer the following questions regarding your work process and Health & Safety?

Are all employees and contractors assessed for suitable qualifications, Health & Safety knowledge and practices and records kept of such?

Are records kept of all training provided to employees and contractors?

Can you confirm that no employee or contractor under the age of 18 years old is left to use power operated equipment unsupervised?

Do all employees (and sub-contractors under Your supervision, direction or control) sign and date a document confirming that they have received and will wear personal protective equipment provided by You – or alternatively will provide their own?

Are PUWER (Provision and Use of Work Equipment Regulations) complied with?

Are LOLER (Lifting Operations and Lifting Equipment Regulations) complied with?

7.3.8 Railway Work

Do you undertake work in or on railways?

Red Zones:

Green Zones:

7.3.9 Debris Burning

Do you undertake any burning of debris/waste materials?

7.3.10 Hired Out Plant

Do you hire out any plant or equipment?

7.3.11 BFSCs. Please answer the following questions in relation to Bona Fide Sub-Contractors.

a. Estimated payments you will make to Bona Fide Sub-Contractors within the next 12 months

b. Do you direct, supervise and/or control any Bona Fide Sub-Contractors' work?

c. Do Bona Fide Sub-Contractors ever work to a specification from You and/or do You sign off on their work?

7.3.12 BFSCs.

Will Bona-Fide Sub-Contractors undertake work that is of a type other than Arboriculture?

7.3.13 HMRC Employers Reference Number

Company	ERN Status	ERN Number

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 all partners, principals, directors and consultants under a contract of service have at least 3 years' experience in providing the services detailed in the Business description You have advised us within this proposal?

YES/NO

Do you require cover for any associated entity?

YES/NO

Have you sustained a loss through the fraud or dishonesty of any person?

YES/NO

Are you aware of any circumstances that may lead to a claim being made against you in respect of Professional Indemnity Insurance?

YES/NO

Do you require cover for any activity now ceased which is different to those stated in this proposal?

YES/NO

Are you aware of any change in activity and/or structure that may occur in the next 12 months?

YES/NO

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

YES/NO

Do you have procedures in place, such as letters of engagement, to ensure that a client's requirements are clearly identified and can be met?

YES/NO

Do you have procedures in place for reviewing the work undertaken?

YES/NO

Do you always obtain satisfactory written references when engaging employees?

YES/NO

Do you require professional indemnity insurance for the work of any outside consultants?

YES/NO

7.4.2 Mortgage/Loan Reports

Have you, do you, or will you undertake reports relating to mortgages or any other loan or financial agreement?

YES/NO

7.4.3 Fees/Turnover

Please complete the table regarding your anticipated fees and/or turnover.

Please state the Fees you expect to receive for advice, design, and/or specification work during the forthcoming period of insurance (next 12 months)

£

Please state the turnover you expect to generate for all consultancy work in the forthcoming period of insurance (next 12 months).

£

7.4.4 Professional Indemnity Limit

Please state the Limit of Indemnity required for Professional Indemnity Insurance

£

7.4.5 Basis of Limit

Do you wish to have the Limit of Indemnity applying on an any one claim basis?

YES/NO

7.4.6 Retroactive Date

Please state the Retroactive Date or leave blank if the retroactive date is inception of this insurance.

Note: UK Professional Indemnity policies generally cover claims made within the period of insurance and insurers will not consider claims occurring prior to the retroactive date.

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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

7.6.1 **Do you require Legal Expenses Insurance?**

YES/NO

Wageroll

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

7.6.2 **Do you require Contract Disputes Cover?**

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	Details of Claim
			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: