

PROPOSAL FORM

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PROPOSAL FORM

DUTY OF FAIR PRESENTATION

- 1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium):
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
- 2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

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PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. NOTE only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

-	·					• •					
1.	Company Name (including list of partners	if not	a limited con	npany)							
2.	Address 1										
3.	Address 2										
4.	Town	5.	County				6.	Postcode			
7.	Does the business have an ERN exemption	on?	Yes	No	8.	If "No" provide	e ER	N			
If th	ne business is a partnership, LLP, Ltd or prmation' sheet at the end of the propos	PLC	please provi m.	de full de	tails	of all other pa	rtne	rs or any subsidia	ries on the	'Additiona	al
lf y	ou operate from more than one address			er busine:	ss ad	ldresses and t	heir	business use on	the 'Additio	nal	
	Full business description (if you have a br	ochui	e or compan	y literature	, plea	se attach them	to tl	his form)			
(CURRENT INSURANCE ARRANGEMENTS	S									
	Insurer										
11.	Broker										
12.	Premium			13.	Rer	newal date					
14.	Date commenced trading				15.	Is the busines	ss VA	AT registered?	Yes	No	
16.	Please give details of any professional or	trade	associations	you are at	ffiliate	ed to					
17.	Has any part of the current or any historic	polic	y been writter	n on a clair	ns m	ade basis? If s	o ple	ease give details in	cluding retro	pactive date	- :
	•		-				•	-	ŭ		

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BUSINESS DETAILS

Questions 18 to 29: if the answer is "Yes" to any part of these questions please confirm the percentage of turnover in the corresponding box.

18	What	percentage	of vou	r work is:

	a.	Residential buildings				%
		Commercial buildings (e.g. offices, restaurants, retail establishments)				%
		Municipal buildings (e.g. government, local authority, schools, hospitals)				%
		Industrial buildings (e.g. plants, warehouses, factories)				%
			To	otal:	100	%
	b.	New construction				%
		Repair/patching				%
		Replacement/refurbishment				%
			Te	otal:	100	%
	C.	Pitched roofs				%
		Flat roofs				%
			Te	otal:	100	%
	d.	Hot tar/bitumen				%
		Tile/slating				%
		Shingles				%
		Metal				%
		Single ply				%
		Green				%
			To	otal:	100	%
	e.	Contracts including skylights				%
19.	Do	or will you or your sub-contractors work at any of the following locations:				
	a.	Towers, steeples and chimney shafts?	Yes	No		%
	b.	Airports, airside, on or in the vicinity of, any aircraft?	Yes	No		%
	C.	Railway or railway installation for conveyance of goods or people including any leisure,				
		amusement or funicular railway?	Yes	No		%
	d.	Power stations, oil refineries, gas, chemical or petrochemical plants and fuel depots?	Yes	No		%
	e.	Nuclear installations or with radioactive substances or other sources of ionising radiation?	Yes	No		%
	f.	Ships, vessels or water-borne craft?	Yes	No		%
	g.	Docks, harbours, piers, jetties, dams, reservoirs, lakes, rivers, water diversion/canal				
		or sea defence?	Yes	No		%
	h.	Offshore rig, platform or structure?	Yes	No		%
	i.	Outside of the UK?	Yes	No		%
	15.41	a service is "Vee" to any of the above sweeting provide full details below. Discuss was the (Addition		· · · · · · · · · · ·		

If the answer is "Yes" to any of the above questions provide full details below. Please use the 'Additional Information' sheet if necessary

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20.	Do you or your sub-contractors use any of the following in connection with your business:				
	a. Woodworking power driven machinery?	Yes	No		%
	b. Lifts, cranes, hoists or other lifting apparatus?	Yes	No		%
If th	e answer is "Yes" to any of the above questions provide full details below. Please use the 'Additional Info	ormation's	sheet if	necessary	
21.	Do you use a roofing torch or other flame or heat source to burn off, soften or otherwise reduce or ease removal any materials from any surface or building material or component?)		Yes	No
	If "No" go to Q26.				0/
00	If "Yes" what is the percentage of work involving this?				%
	Do you have a method statement for contracts involving the use of heat? Please describe below what you do to check the immediate area surrounding the contract works including roof voids for combustibles			Yes	No
	When working on an open deck do you put a heat/fire proof protective layer down first before commencing the work on the top of the deck? Do you use torches, hot air welders, heating kettles, tar pots or tar boilers? If "Yes" please describe below what safety precautions are used to prevent fires during and after work in the safety precautions.	nours		Yes Yes	No No
26.	Do you keep a fully charged dry powder fire extinguisher on the roof and with you for emergency use by the insured's personnel? If "Yes" please explain the employee training and supervisory practices			Yes	No
27.	Regarding roof tear-off / renewal / refurbishment do you:				
	i. begin work that can not be completed by the end of the day or before inclement weather?			Yes	No
	ii. use professional weather service forecast(s) and monitor them throughout the day?			Yes	No
28.	iii. completely cover exposed areas and properly secure to prevent water ingress?Do or will you use, handle, store or transport any of the following:			Yes	No
	a. Radioactive substances or other sources of ionising radiation?	Yes	No		%
	b. Explosive substances?	Yes	No		%
	c. Asbestos or materials containing these substances?	Yes	No		%
	If "Yes" please confirm if work is licensed or non licensed asbestos	Licens	ed	Non licensed	d

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	d.	Acids, gases, chemicals or other toxic substances?	Yes	No		%
	e.	Any flammable or combustible materials?	Yes	No		%
	If th	e answer is "Yes" to any of the above questions provide full details below. Please use the 'Additional I	nformat	ion' shee	t if necess	ary
29.	Do	or will you or your sub-contractors undertake any of the following:				
	a.	Work at a height exceeding 15 metres?	Yes	No		%
	If "Y	'es" please confirm:				
		i. Maximum height worked				
		ii. Whether business operations include the erection/operation				
		of scaffolding, mobile towers, hydraulic access platforms or similar			Yes	No
	b.	Work at a depth exceeding 3 metres?	Yes	No		%
	If "Y	es" please confirm the maximum depth worked				m
	C.	Demolition or dismantling structures exceeding 3 metres?	Yes	No		%
	If "Y	es" please confirm below the method(s) of demolition or dismantling				
	d.	Use a process involving noise level in excess of 90dB?	Yes	No		%
30.	Do	you supply products other than as part of a contract to install?			Yes	No
	If "Y	'es" please answer the following:				
	a.	Do you retain all rights of recovery against the manufacturer?			Yes	No
	b.	Do you alter, adapt or change any product?			Yes	No
		'es" please provide details below including the product's type of alteration.	00001			
	GIV	e details of imported product and source country. Please use the 'Additional Information' sheet if nece	ssary			
	C.	Do your products comply with the relevant CE/BS standards?			Yes	No
31.	Plea	ase list your largest 3 contracts performed over the last year				
		Details Postcode		Contrac	t value	
	i.		£			
	ii.		£			
	iii.		£			
H	HEAL	TH AND SAFETY				
32.		der the Health and Safety at Work Act (HSWA) 1974, if you have five or more employees you must ha	ve a wri	tten healt	th and safe	ety polic
32.		der the Health and Safety at Work Act (HSWA) 1974, if you have five or more employees you must ha	ve a wri	tten healt	th and safe	ety po

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Do you have a written health and safety policy statement?

a. The year that it was originally prepared

If "Yes" please confirm:

b. The date of the last review

Yes

No

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33.	Who is responsible	for Health and Sa	afety within you	ur company?
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- a. Name of director/employee
- b. Position within the company
- c. Formal health and safety training qualifications
- 34. Do you engage an external organisation for advice/audit of your Health and Safety policy systems?

 Yes No If "Yes" provide details below

35.	Have you carried out formal risk assessments, documented with relevant Safe Systems of Work?	Yes	No
36.	Do you have a formal plan for review of risk assessments?	Yes	No
37.	Do you have a formal safety-training plan for employees?	Yes	No
38.	Do you have a formal plan for the provision of Personal Protective Equipment (PPE)		
	(as required by the Personal Protective Equipment at Work Regulations 1992)?	Yes	No
39.	Do employees sign for PPE and are records kept?	Yes	No
40.	Have you documented procedures for high risk activities?	Yes	No
41.	Do you operate a formal Permit to Work scheme for high risk activities?	Yes	No
42.	Do you have a documented fire emergency plan?	Yes	No
43.	Do you have a formal occupational health plan (noise assessments etc)?	Yes	No
44.	Do you have a formal documented accident investigation plan?	Yes	No
45.	Describe any other Health and Safety activity or any additional comment as necessary		

COMPETANCY, QUALIFICATIONS AND TRAINING

- 46. Please specify any accreditations you hold (e.g. ISO 9000 series)
- 47. Are you a member of any trade association / trade body?

 If "Yes" please provide details below
- 48. Are you a Competent Roofer as a member of the Competent Persons Scheme that allows you to self-certify your own roof refurbishment as compliant with the Building Regulations in England and Wales?
 Yes No
- 49. Do all of your relevant employees and LOSCs have current Construction Skills Certification Scheme(CSCS) Institute of Roofing (IoR) Cards?YesNo
- 50. Are all of your manual roofing employees and LOSC's Construction Industry Training Board (CITB)
 trained in roofing or have a Scottish Qualifications Authority qualification and credit framework
 Level 2 or 3 NVQ Certificate in roofing/construction?

 Yes No

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EMPLOYERS LIABILITY

51. Do you require Employers' Liability?

Yes No

52. If "Yes" what limit of indemnity is required? (Cover starts at £10,000,000)

£

53. What are your estimated gross salaries, wages and payments to sub-contractors for the next 12 months?

Please note: The amount to be entered as salary/wages is the total remuneration including over-time, value of board and lodgings, housing accommodation, bonuses, other payment in kind or money, received by all persons working under contracts of service (including directors) or any person supplied to or hired or borrowed by you before deducting for national insurance, income tax, holidays with pay, contributory pensions.

			Estimated	Estimated annual payme	nts for forthcor	ning 12 m	onths
			number of employees/ operatives	Work at premises	Work away	from pre	mises
	a.	Proprietors, partners and directors not working manually	£	2	£		
	b.	Proprietors, partners and directors working manually	£	2	£		
	C.	Clerical and managerial employees not working manually	£	2	£		
	d.	Supervisory employees	£	2	£		
	e.	Direct employees / labour only sub contractors (please spe	cify description of v	vork undertaken)			
		i.	£	2	£		
		ii.	£	2	£		
		iii.	£	2	£		
	f.	Agency Labour (please specify description of work undertail	,				
		i.	£	2	£		
F	PUBL	IC/PRODUCTS/POLLUTION LIABILITY					
54.	Do	you require Public, Products and Pollution Liability?				Yes	No
	lf "Y	es" state limit of indemnity required?					
		£2,000,000 £5,000,000 £10,000,00	0 Othe	er limit £			
55.	Sta	te estimated turnover for the next 12 months					
	a.	UK			£		
	b.	EU			£		
	C.	Total turnover			£		
56.	Do	you require contingent cover for bona fide sub-contractors (E	BFSC)? (No EL cov	er available)		Yes	No
	a.	Payments to BFSC			£		
	b.	If BFSC are used, do you have a formal system to check the	e adequacy of thei	r insurance?		Yes	No
	C.	Please confirm below what activities are undertaken?					

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Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

Nο

Nο

No

No

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Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms?

Have there been any incidents in the last five years where the Health and Safety Executive. Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings?

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation?
- Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending?
- Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction?
- Have any of you committed any offence to which you have admitted and for which you have received an official police caution?

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

CLAIMS HISTORY

Yes In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years?

If the answer is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature	Please print name

Position Date

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ADDITIONAL INFORMATION

