

4. In respect of any risks now being proposed:

a) Have you been insured previously? NO YES

If YES please give full details

b) Has any Insurer required special terms or declined to insure you, cancelled or refused to renew your insurance? NO YES

If YES please give full details

5. Please provide the following information

a) Estimated Annual Payments to all Employees and other persons

<u>Description of Persons</u>	<u>Number</u>	<u>Payments</u>
Working Directors		£
Clerical and Managerial Employees not working manually		£
Employees using Woodworking Machinery		£
All other employees including labour masters or labour only sub-contractors or persons supplied by them, self-employed persons or persons hired or borrowed		£
	TOTAL	£
(Specify main work categories)		£
		£
		£

Note: The term "Estimated Annual Payments" means the total gross wages and others earnings before deductions for National Insurance, Income Tax, Pension or other contributions.

b) In the case of a Partnership, please advise your own and Partners earnings if working manually in the business £

c) Estimated Payments to Sub-contractors not included in a) above £

d) Hired in Plant Charges £

6. Please provide a full description of the work undertaken in the last three years

a) Major Contracts

b) Other work

7. Please provide details of major contracts to be undertaken in the next 12 months:-

8. Do you undertake any work or supply any goods in connection with

- a) bridges, viaducts, flyovers or underpasses?
- b) dams including coffer dams?
- c) reservoir construction or repair?
- d) demolition or dismantling of buildings or other structures?
- e) dock harbour pier or wharf construction or repair?
- f) explosives?
- g) piling or soil stabilisation?
- h) pre-fabricated, modular or industrial system building?
- i) tunnelling headings or excavations below 8 m?
- j) nuclear installations?
- k) petrol or chemical installations?
- l) asbestos materials?
- m) oil exploration or production?

n) railways + environs.

Please provide full details for each category identified, including estimated turnover and wages:-

9. Do you use welding or cutting plant or other equipment involving the applications of heat away from your premises? NO YES

If YES please give full details

Payments to Employees:

Nature of work:

10. Give full details of any of the following used in connection with your business

- a) Lifts, hoists, cranes and other lifting equipment
- b) Power driven machinery or electrical appliances
- c) Mechanically propelled contractors' plant
- d) Facilities for loading unloading or berthing watercraft

Is all plant and machinery regularly inspected to comply with statutory regulations?
YES NO

11. Give full details of any work which involves the use of

- a) Radioactive substances

- b) Chemicals, gases or other dangerous substances

- c) Processes with a noise level greater than 90 db (A)

12. Is any work carried out to the design of yourself, a partner or member of your staff?
NO YES

13. Please identify under which of the following contract forms you undertake contracts?

- | | |
|---------------|-------------|
| a) JCT | e) IEE |
| b) ICE | f) CPA/SPOA |
| c) GC/WORKS/I | g) others |
| d) I MECH E | |
- Please supply details of other contracts including wordings.

14. Do you always check that sub-contractors employed by you have adequate insurance?
NO YES

15. a) Please provide full details of loss experience over the past five years (see attached sheet)
- b) Are you aware of any defects in any of the goods or Contract Works completed during the past five years and which may give rise to a claim made against you?

NO YES

If YES please give full details?

I/We desire to effect an insurance under the terms of the policy used for this class of business and I/We declare that statements in this proposal are correct and complete and I/We agree that they shall form the basis of the Contract.

I/We undertake to advise any material alteration to the particulars provided in this proposal whether occurring before or after the proposal has been accepted.

Signature of Proposer:

Date:

Please note: In the case of a Company this proposal must be signed by a Director or responsible and identified officer. In the case of a partnership it must be signed by the Principal or Senior Partner.

Please provide full details of the claims experience over the past five years, also include any uninsured losses sustained.

YEAR	WAGES (exc. clerical)	TURNOVER	CONTRACT WORKS		PUBLIC LIABILITY		EMPLOYERS LIABILITY	
			Claims Paid	Claims O/S	Claims Paid	Claims O/S	Claims Paid	Claims O/S
			No. Amount	No. Amount	No. Amount	No. Amount	No. Amount	No. Amount
19								
19								
19								
19								
19								

Please give details of any large claims, whether paid or outstanding, which occurred prior to above years.