

Contractor Combined Policy Proposal Form

You can complete this form on-screen and email it to your insurance broker or adviser. Simply click the cursor onto the first answer panel and then use the 'tab' key to move through the form. Alternatively, print out the form, complete it manually and post or fax it to your insurance broker or adviser.

Company name	<input type="text"/>		
Names of any wholly owned subsidiaries	<input type="text"/>		
Correspondence address	<input type="text"/>		
	Postcode		
Contact name	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>
Trade or occupation	<input type="text"/>		
Full description of business	<input type="text"/>		
Cover required	from <input type="text"/> to <input type="text"/>		

1 General questions

use cursor to select appropriate boxes

Have you or any principal in the business or any company in which you or such principal have or have had an interest:

- | | | |
|---|------------------------------|-----------------------------|
| a Ever been refused insurance or had any special terms or conditions imposed by any insurer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b Ever been prosecuted or are any prosecutions pending under the Health and Safety at Work Acts or any other statute or regulation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c Ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (eg involving fire, fraud, theft or handling stolen goods)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d Been declared bankrupt, the subject of bankruptcy proceedings or of any voluntary or mandatory insolvency or winding up procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e Ever held insurance for the risks currently proposed for? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered 'Yes' to any of these questions, please provide further information here or on a separate sheet:

2 Risk management and business procedures

Do you have:

- | | | |
|---|------------------------------|---|
| a A written Health and Safety policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b A safety training plan for employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c A documented high risk activity procedure, eg working at height or with heat? | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not applicable <input type="checkbox"/> |
| d Plant and machinery properly guarded/fenced and regularly inspected to comply with relevant statutory requirements? | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not applicable <input type="checkbox"/> |
| e A non-smoking policy in force on your premises and/or in any buildings you work in and/or on contract sites? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered 'No' to any of these questions, please provide further information here or on a separate sheet:

3 Business activity

Do you:

a Engage in the application of heat?

Yes ☐ No ☐

If 'Yes' please give the relevant percentage of total turnover below:

Soldering irons	<input type="text"/>	%
Blow lamps	<input type="text"/>	%
Welding, cutting or grinding equipment	<input type="text"/>	%
Tar, bitumen or pitch burners	<input type="text"/>	%

b Contract work to bona-fide sub-contractors?

Yes ☐ No ☐

If 'Yes', do you require the sub-contractor to carry employers', public and products liability insurance at limits at least equivalent to those requested here, and satisfy yourself that this insurance is in force and kept in force?

Yes ☐ No ☐

Please give details if your answer to this question is 'No':

c Engage in work outside the Channel Islands?

Yes ☐ No ☐

If 'Yes', please give further information here or on a separate sheet:

4 Hazardous activities

Do you use, handle, transport or work in or on any of the following:

a Radioactive substances or devices?

Yes ☐ No ☐

b Explosive substances?

Yes ☐ No ☐

c Asbestos or silica or material containing these substances?

Yes ☐ No ☐

d Toxic or hazardous chemicals?

Yes ☐ No ☐

e Materials giving rise to dust or fumes?

Yes ☐ No ☐

f Demolition (other than by hand for a contract for erection), underpinning, pile driving, quarrying, tunnelling or mining?

Yes ☐ No ☐

g Aircraft, airside work, watercraft, wharves, railways, power stations, refineries, offshore installations, rigs or platforms?

Yes ☐ No ☐

h At heights exceeding 10m or depths exceeding 1m?

Yes ☐ No ☐

i Cranes, cradles, slings or similar apparatus?

Yes ☐ No ☐

j In, over or adjacent to water?

Yes ☐ No ☐

If you have answered 'Yes' to any of these questions, please provide further information here or on a separate sheet:

5 Contract works

Please provide your turnover estimate for the period of insurance for the following activities:

	New build	Repair or refurbishment
Private dwelling houses & flats	£	£
Commercial buildings	£	£
Industrial buildings and structures	£	£

Do you undertake civil engineering contracts?

Yes ☐ No ☐

If 'Yes', please give further information here or on a separate sheet:

What is the maximum value any one contract site you wish to insure?

£

Do you carry out speculative building or other projects without a principal or employer?

Yes ☐ No ☐

If 'Yes', please give further information here or on a separate sheet:

6 Plant, machinery and tools

If this cover is required, please provide sums insured for the following:

Cranes	£
Self-propelled plant	£
Other plant and machinery	£
Hand tools	£
Temporary buildings	£

Do you hire or lend out your plant to other parties?

Yes ☐ No ☐

If 'Yes', please give further information here or on a separate sheet:

7 Hired-in plant

If this cover is required, please provide sums insured/values for the following:

	Forecast hire charges for the period	Maximum any one item (including continuing hire charges)	Total sum to be insured
Site huts and accommodation	£	£	£
Self-propelled plant	£	£	£
Other plant	£	£	£

Please state the indemnity period required for continuing hire charges

months

Cover will be on the basis of the CPA conditions of hire or whichever are applicable provided they are no more onerous.

8 Do you require Public and Products Liability cover?Yes ☐ No ☐

If yes, please select the Limit of Indemnity required

£2m ☐£3m ☐£5m ☐

Do you engage in any activities not covered under question 5 above?

Yes ☐ No ☐

If 'Yes', please give further information here or on a separate sheet:

Do you manufacture, supply or distribute:

a Any product used in aircraft, motor vehicles, hover or watercraft, or for marine, motor or aviation purposes?

Yes ☐ No ☐

b Fertilisers, pesticides, fungicides or animal feeds?

Yes ☐ No ☐

c Chemicals or petrochemicals or any other explosive, toxic or noxious substance?

Yes ☐ No ☐

d Asbestos products?

Yes ☐ No ☐

If you have answered 'Yes' to any of these questions, please provide further information here or on a separate sheet:

9 Do you require Employers' Liability cover?Yes ☐ No ☐

(only available in conjunction with Public Liability cover above) (Limit of Indemnity £10m)

If 'Yes', please complete the following (including directors and principals, both manual and non-manual):

Activity	Employee numbers	Wageroll
Clerical/administrative		
Manual – on the premises		
Manual – away from the premises		
Drivers		
Wood working machinery		
Labour only sub-contractors		
Bona fide sub-contractors		
Other (please describe)		

10 Claims

Please complete the following for the last five years

	Year	Turnover	Wageroll	Claims paid	Claims outstanding	Claim numbers	Excess applicable
Current	20						
Year 1	20						
Year 2	20						
Year 3	20						
Year 4	20						

Please provide details of any claim in the last five years over £5,000 whether paid at the current time or not:

Disclosure

You are not required to disclose convictions regarded as 'spent' by virtue of any rehabilitation of offenders legislation. Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us. We recommend you keep a record (including copies of letters) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or will perhaps invalidate the policy. We reserve the right to decline any proposal.

Data Protection

By accepting this insurance you consent to Barbican using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Important – Contractor Combined Policy Statement of Fact

By accepting this insurance you confirm that the facts contained in the proposal form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this Statement of Fact and a copy of the completed proposal form for your records.

Signature

Name

Position held

For and on
behalf of

Date (DD/MM/YY)

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Return completed form to

BROKER/ADVISER DETAILS

Use stamp or insert contact details above