

## Contractors Combined Renewal Questionnaire

Underwriters rely upon this Statement and it is important to them that you make specific enquiries with each applicable party described in (i), (ii) & (iii) below prior to answering the questions and signing the Declaration:

- (i) The Principal or any family member(s) involved in the business
- (ii) Any Director or Partner
- (iii) Any person (s) with a beneficial interest of 25% or more in the business (other than mortgagees)
- (iv) Any senior manager or employee who has specific or detailed knowledge of the business

It is essential that you (the client) make a fair presentation of the risk that should include a full and unrestricted disclosure including every material fact and circumstance (a material fact or circumstance is material if it would influence the judgement of the Underwriter when considering whether to accept the risk and/or the assessment of the terms, conditions or premium which should be applied).

If you are unsure in any way that your disclosure is complete you should check with your insurance advisor.

This statement will be considered together with the presentation of risk that you and your insurance advisor have provided to the Underwriter.

If the answers or information you have provided change during the period of insurance you should notify your insurance advisor as soon as reasonably possible as Underwriters may be unable to continue with cover.

Proposer & Trading Name (in full):
Business Address:
Full Business Description & Activities:

Are any Activities undertaken in connection with the following industries: -  
Marine/Offshore/Airside.

Yes  No

Do you work in any locations that could be considered 'Hazardous'?

- Example:
- Docks, Harbours, Railways
  - Watercraft or Offshore Installations
  - Chemical or Petro Chemical Works, Oil or Gas Refineries or Power Stations
  - Aircraft, Airports, Airfields
  - Mines or Quarries

Yes  No

If the answer is Yes to any of the above, please provide details:

--

Has any person, firm or Company named above or anyone likely to be concerned with the business (either themselves, or any organisation in which they held a managerial position or controlling interest) at any time

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a. been the subject of a Receiving Order?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. been the subject of an / Administration Order?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. entered into an arrangement with creditors?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. been a director of a company which has been wound up?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. been the subject of a court judgment for any debt?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. been convicted of, cautioned or have a prosecution pending for any criminal offence other than motoring offences | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. been disqualified as a company director  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. been prosecuted or subject to a prohibition or improvement notice under the Health and Safety at work act        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i. Ever had their insurances refused, cancelled or had special terms imposed  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If the answer is Yes to any of the above, please provide details:

Do you use heat away from your own premises?

Yes  No

If so what equipment is used and % of wagheroll/turnover: %

Do you work at heights above 15m?

Yes  No

If so what is the maximum height: m

Do you work at depth below 3m?

Yes  No

If so what is the maximum depth: m

## EMPLOYERS LIABILITY

State below, the estimated gross wages and numbers of employees for the forthcoming year:

Category	Number of Employees	Estimated Gross Wages
(a) Clerical/Administrative Staff:		
(b) Non-Manual Directors:		
(c) Manual Working Directors:		
(d) Wood-working Machinists:		
(e) Staff working away from the premises involving use of heat:		
(f) Self-Employed, Labour Only Persons & Labour Only Sub-Contractors:		
(g) Offshore employees		
(h) Underground employees		
(i) All Other Employees		

**PUBLIC/PRODUCTS LIABILITY**

State the estimated total gross turnover (excluding VAT) for the forthcoming year:

.....

In the event that you conduct any activities outside of the United Kingdom, please provide a breakdown as follows:

- (a) United Kingdom: .....
- (b) Republic of Ireland: .....
- (c) European Union: .....
- (d) Rest of World Excluding North America .....
- (e) North America .....

Estimated Gross Payments to Bona Fide Subcontractors for the forthcoming year: .....

- (a) Employers Liability YES/NO Indemnity Limit required (a).....  
 (b) Public & Products Liability YES/NO Indemnity Limit required (b).....  
 (c) Contractors All Risks YES/NO as required below

- (1) Maximum Value Any One Contract: .....
- (2) (i) Total Value of Owned Plant / Machinery: .....
- (ii) Maximum Value of own Plant / Machinery Any One Site: .....
- (iii) Maximum Value of Any One Item of Plant: .....
- (3) Estimated Hired in Plant Fees: .....
- (i) Maximum Value of own Plant / Machinery Any One Site: .....
- (ii) Maximum Value of Any One Item of Plant: .....
- (4) Maximum Value of Employees Tools .....

**Claims experience during past Five Years:**

Year	Details of Incidents	Paid	Outstanding	Total	
		Amount	Amount	Closed?	Total Paid

Please provide an additional sheet for further details if required.

**Declaration**

I/We hereby declare that the above statements and particulars which I/We have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers and that should the above particulars alter in any way I/We will advise the Underwriters immediately. I/We have not knowingly or recklessly suppressed, misrepresented or mis-stated any material fact.

I/We the undersigned agree to render, at the end of each period of insurance, declarations in the form required by the Insurers and to pay any additional premium due in excess of the amount estimated.

Date of Completion

Signature and Position of Proposer