

**CONTRACTORS LIABILITY & CAR  
Risk Capture Form**

**General Disclosure**

Have the Proposer(s), Partner(s) or Director(s) involved in the business or any other business ever;

- a) had any proposal or insurance declined, cancelled, refused, had any renewal refused, had any special terms or conditions imposed Yes/No
- b) been convicted or charged (but not yet tried) for any criminal offence or police caution (other than a motoring offence) Yes/No
- c) been subject of any County Court Judgement or the Scottish equivalent, declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner(s), Director or Partner with any company which went into receivership, administration or liquidation Yes/No
- d) been prosecuted or received notice of intended prosecution under the Health and safety at Work Act 1974, Consumer Protections Act or any other legislation or regulation Yes/No

Any other material facts to disclose Yes/No

**Claim History**

Have you suffered a claim or loss or incident including theft which would have given rise to a claim whether insured or not during the last 5 years relating to any public, products, employers liability, contract works, employees tools, plant and equipment Yes/No

If Yes, provide details below

Date	Type	Description of the Claim	Paid/Outstanding (£)
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Describe what actions have been taken to prevent reoccurrence for each incident

**The Policyholder**

Legal status of the Proposer: sole trader/partnership/limited company

Full Name(s) of the Proposer /Partners /Limited Company:

Address of the Business:

Does the Business trade from any other location(s) Yes/No  
If yes, please provide the address below:

**The Business Activities**

Full Business Description:

**Experience**

Date Business started to trade (month/year): ...../.....

If less than 12 months, state length and detail of any past experience in the trade:

**Trade Registrations/Memberships**

Does your business hold a Construction Skills Certification Scheme (CSCS) 'Certificate of Commitment' Yes/No

Have you registered your company with the following bodies:

Considerate Constructors Scheme	Yes/No
Constructionline	Yes/No
Contractors Health & Safety Assessment Scheme' (CHAS)	Yes/No
Any other Government Register/Trade Association or Federation	Yes/No
If yes name of register	

**Insurance History**

Name of existing Insurer(s):  
 How long have you been insured with this Insurer: ..... years  
 Renewal Date: ...../...../.....

**COMBINED LIABILITY**

**Select Indemnity Limits Required**

Employers Liability	£10,000,000
Public Liability	£1/2/5,000,000
Products Liability	£1/2/5,000,000

**Excess Option**

Discounts are available for choosing an increased third party property damage excesses.  
 Select option: £500/£1000/1,500/£2,000/£2,500/£5,000/£10,000

**Areas of Work**

What percentage of work is carried out at the following premises

Private dwelling houses and flats	%
Commercial buildings	%
Industrial buildings	%

What percentage of work is carried out on New Build premises %

**Activity Information**

Does the Proposer or any of its employees undertake work;

on or at aircraft, airports, airfields, docks, ships, boats, harbours, wharves, piers, railways, watercraft or offshore gas or oil installations, chemical or petrochemical oil or gas refineries or storage facilities, power stations or any installations where nuclear processing is undertaken, towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, tunnels, flyovers, dams, motorways, quarries, mines, collieries or spectator stands Yes/No

(If yes, provide full details including work undertaken, turnover and wages)

involving the use of cranes, cradles, slings, bosun chairs, abseiling equipment or the like Yes/No

(If yes, provide full details of work undertaken including frequency, height, precautions taken, turnover and wages)

involving the use or handling of asbestos or silica or materials containing these substances Yes/No

(If yes, provide full details of work undertaken)

involving underpinning, pile driving, demolition or use of explosive substances Yes/No

(If yes, provide full details including work undertaken, turnover and wages)

involving the use of handling of toxic , radioactive, hazardous chemicals or materials Yes/No

(If yes, provide full details including precautions taken and experience)

where the noise level at any place of work exceeds the first action level (85dB(A))  
under the Noise at Work Regulations 1989 Yes/No  
(If yes, state the highest level recorded)

within confined spaces as defined by the Confined Spaces Regulations 1997 Yes/No

Is any work undertaken outside the Great Britain, Northern Ireland, The Isle of Man  
and The Channel Islands Yes/No  
(If yes, please give full details of work undertaken, countries concerned, wages and turnover)

Have you entered into any agreements assuming liability for injury, illness, loss or damage for which you  
would not have been liable in the absence of such agreement Yes/No  
(If yes, provide full details)

Do you undertake any design work on a fee only basis Yes/No  
(If yes, provide full details of work undertaken including turnover. Do you hold a separate Professional  
Indemnity policy)

**Use of Heat**

Do you use any blow lamps, flame cutting or welding plant or other heat producing plant or processes  
away from your premises by you or your employees Yes/No  
If yes

What percentage of your work involves the application of heat on site .....%

**Work at Height**

What proportion of your work is carried out at:  
ground level only ..... %  
above ground level but below 10m? ..... %  
above 10 metres ..... %

What is the maximum height at which work is carried out. .....Metres

Are you familiar with the Work at Height Regulations 2005? Yes/No  
Are all persons involved in work at height properly trained and competent Yes/No

**Work at Depth**

What proportion of your work is carried out at:  
No Depth work ..... %  
0-1 metre ..... %  
1-3 metres ..... %  
3-5 metres ..... %  
5-8 metres ..... %  
8 metres & below ..... %

What precautions and controls do you undertake for the identification of underground pipes, cables or  
other services which could be at risk or under the site

Do you retain a written record of the precautions taken? Yes/No

**Safety Policy**

Do you have a general policy statement with a clear declaration to ensure the health,  
safety and welfare of employees and others? Yes/No

Are arrangements provided for health and safety induction training and maintaining  
H&S training records, as required by The Management Regulations 1999? Yes/No

Is there a named Principal/Partner/Director or other person responsible for carrying  
out the Company's H&S policy? Yes/No

**Risk Assessment and Method Statements**

Have you completed a general Risk Assessment? Yes/No  
 In addition, do you carry out individual assessments for each site/workplace? Yes/No  
 Have competent person(s) been identified to carry out risk assessments? Yes/No  
 Have you completed a general Method Statement? Yes/No  
 Do you do issue individual method statements for each site/workplace? Yes/No

**Personal Protective Equipment (PPE)**

Is someone named as responsible for identifying and issuing PPE? Yes/No  
 Is PPE provided to all employees, in an efficient working order and maintained in accordance with the Personal Protective Equipment at Work Regulations 1992? Yes/No  
 Is it explained how misuse of PPE could lead to disciplinary action? Yes/No

**Turnover, Wages and Numbers**

Please state your estimated wages and payments for the next 12 months

Description	Wages	Number of Employees
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**Work at Own Premises**

Principals/Partners/Directors - clerical/administrative work	£	
Employees - clerical/administrative work	£	
Employees - manual work	£	
Employees - general yardwork & driving	£	
Employees - use of fixed woodworking machinery +/- or other power driven machinery		

**Work Away**

Principals/Partners/Directors - manual work	£	
Principals/Partners/Directors - supervisory work	£	
Employees - supervisory work	£	
Employees - ground level manual work	£	
Employees - all other manual work	£	

Payments to Bona Fide sub-contractors £

Please describe what activities are undertaken by Bona Fide sub-contractors

Do you obtain written evidence of their Employers and Public Liability Insurance ensuring it covers the same limits and remains in force during the contract with you Yes/No

**Estimated Turnover for next 12 months**

Total Turnover for all activities	£
How much represents the Cost of Materials purchased	£
How much turnover is derived from Sale of Goods only	£
How much turnover is derived from Manufacturing	£
Please provide any further splits below	

## CONTRACTORS ALL RISKS

### General

Is work only carried out within Great Britain, Northern Ireland, The Isle of Man and The Channel Islands Yes/No

Is the Contractors Plant & Equipment operated, maintained and serviced in accordance with the manufacturers recommendations Yes/No

Is the Contractors Plant & Equipment inspected in accordance with any statutory regulations Yes/No

Does work involve the erection of or alterations to timber framed buildings Yes/No  
If Yes, please provide full details including % of annual turnover

Is the Contractors Plant & Equipment used only by operators licensed in accordance with statutory regulations Yes/No

Is work carried out in the following hazardous locations:  
demolition sites, mines, furnaces, airports/airfields, docks, towers or steeples, railway premises or trackside, underground, on or over or near water, in tunnels or shafts, on or over motorways, on or over viaducts, any sites where explosives are in use or any military, naval or air force base? Yes/No

If Yes, please provide full details of contract and type of plant/equipment used

The policy does not cover any of the following plant unless specifically requested and agreed by Underwriters;  
any tower cranes, other cranes exceeding 50 ton lifting capacity; submersible pumps; borehole pumps; scrap metal processing machinery; any machinery which takes in and processes materials; piling rigs; drilling rigs; machinery and plant underground; any plant permanently situated indoors; forestry and similar equipment.

Do you require cover for any of the plant mentioned above Yes/No  
If yes, please provide full details below:

Are any of your contract sites on hold or have been suspended Yes/No  
If Yes, please provide full details including the values required for contract works and any own and or hired-in-plant, site security, how often the site is visited and when the contract is expected to recommence

### Security

What % of your own Contractors Plant & Equipment is registered with the CESAR scheme (Construction Equipment Security Registration Scheme) ..... %

Have you made a separate record of the your Contractors Plant & Equipment's Products Identification Number (PIN) and or any other serial numbers Yes/No

Is all Contractors Plant & Equipment (valued over £50000 individually) installed with Thatcham or manufacturer approved electronic immobilisers Yes/No

Is all Contractors Plant & Equipment (valued over £50000 individually) installed with Thatcham approved after- theft tracking systems Yes/No

Are keys removed when Contractors Plant & Equipment is not in use and stored safely overnight Yes/No

Is Contractors Plant & Equipment returned to a lockfast building or secure compound when not in use Yes/No

Please provide security details at your own premises:

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**Contract Works**

Do you require cover for loss or damage to the Contract Works Yes/No

Estimated annual contracting turnover for next 12 months (including any free issue materials) £

Maximum value of any one contract: £

Maximum period of any one contract (months): months

**Breakdown of Activities**

Erection of and or alterations to private dwellings %

Erection of and or alterations to commercial premises %

Erection of and or alternations to timber framed buildings %

Civil Engineering works %

All other work-please describe below %

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**Employees Tools**

Do you require cover for loss or damage to Employees Personal Tools and Personal Effects whilst on contract sites only. Limit any one employee £500. Yes/No

If yes, state total value of all employees tools to be insured £

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**Own Plant**

Do you require cover for loss or damage to Own Plant Yes/No

Total value & any one accident limit required £  
(If your total value of plant exceeds £100,000, a schedule of plant is required)

Is any single item of plant valued in excess of £50,000 Yes/No

If Yes, please provide details

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**Hired in Plant**

Do you require legal liability cover for loss or damage to Plant Hired In Yes/No

Is Contractors Plant & Equipment hired in under the model conditions of hire approved by the Contractors Plant-Hire Association (CPA) or the Scottish Plant Owners Association (SPOA) or equivalent Yes/No

Maximum any one accident limit of Contractors Plant & Equipment hired in at any one time £

Maximum value any one item £

Annual hiring charges paid by the Business £

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**Hired out Plant**

Do you require legal liability cover for loss or damage to Plant Hired out/loan to a third party Yes/No

Annual hiring charges received by the Business £

Note-cover is subject to the Contractors Plant & Equipment hired out under the model Conditions of hire approved by the Contractors Plant-Hire Association (CPA) or the Scottish Plant Owners Association (SPOA) or equivalent. If this is not the case, you must tell us.

Is indemnity to the first hirer required Yes/No

Note-this extension provides indemnity to the first hirer for accidental damage only and NOT legal liability for negligent breakdown or legal liability for increased hire charges.