

ARRANGED BY



sutton  
specialist risks Ltd

ELECTRICAL & HVAC CONTRACTORS

PROPOSAL FORM



UNDERWRITTEN BY



QBE

# PROPOSAL FORM FOR THE ELECTRICAL INDUSTRY

**DISCLOSURE:** In completing this Proposal Form it is very important that you disclose fully & accurately all material facts, as failure to do so may result in this insurance being declared void. Material facts are those which may affect an Insurers assessment of the risk to be insured. If you have any doubt as to whether something is a material fact you should provide full details on this Proposal Form.

**IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL  
& WHERE APPLICABLE TICK THE APPROPRIATE BOX.**

## YOUR DETAILS

1. Full name of Proposer  
(including any trading names):

(where the company is not limited we must have names of all partners)

2. Address:

3. Tel No:

Fax No:

Email:

Website:

4. Date Company established:

5. If trading for less than 12 months please provide full details of the relevant experience of the directors/principals, including the names of the previous companies worked for:

6. Give details of any trade association or regulatory body you are a member of:

7. Are you accredited or registered with an approvals or certification body in respect of the work undertaken?

If yes please provide full details including membership number

YES

NO

8. Business description (please provide the fullest possible description of all activities and products):

(Note: cover will only apply to the business defined above)

# YOUR BUSINESS PLANS

9. Please provide approximate split in estimated turnover for each business activity

## ESTIMATED TURNOVER

Business Activity	Commercial Premises				Industrial Premises			Other (please detail below)	TOTAL TURNOVER
	Domestic (PDH, Flats & New Builds) £	Shop & Office £	Hotels & Leisure Centres £	Schools & Universities £	Hospitals & Nursing /Care Homes £	Power Plants £	Manufacturing & Warehousing £		
Electrical Contracting									£
Heating, Ventilation & Air Conditioning									
Plumbing									
Emergency Lighting									
Process Control Systems									
Computer Installations									
Intruder Alarms									
Fire Alarms									
CCTV / Access Control									
Temperature Alarms									
Vehicle Alarms									
Retail/Wholesale of Products (where no actual installation takes place)									
Any other activities? (please provide details)									
								TOTAL TURNOVER	

**TURNOVER BREAKDOWN NOT REQUIRED**

## ESTIMATED WAGEROLL

10. Estimated clerical & non manual wages

€

Number of Employees

Estimated manual wages

(including payments to labour only subcontractors)

€

## THE INSURANCE REQUIRED

11. (Please indicate if you require quotes for more than one limit of indemnity)

tick if required

Limit of indemnity

YES

NO

£1m

£2m

£5m

other

€ 

a) Public/Products Liability automatically including:

- Inefficacy of security and fire systems
- Financial loss (including products) £500,000 limit
- Defective workmanship and work on third party property
- Customers goods removed for repair
- Automatic Professional Indemnity extension £100,000 limit (provided no more than 10% of turnover relates to the specified professional activities listed below, excluding testing, inspections and certifications only.)

b) Employers' Liability £10,000,000

YES

NO

£10,000,000

c) Professional Indemnity (above automatic £100,000 limit or where more than 10% of the turnover relates to the specified professional activities listed below, excluding testing, inspections & certificates. This requires a separate Professional Indemnity Proposal form (available on request)

YES

NO

€

**Specified Professional Activities means the supply or performance by you as a professional of any; design, plan or specification, supervision of construction, feasibility study, technical information calculation, surveying, consultancy or testing, inspections and certifications only.**

## PROFESSIONAL INDEMNITY & FINANCIAL LOSS

12. Percentage of turnover relating to the specified professional activities listed above, excluding testing, inspections and certifications only.

%

## YOUR HEALTH & SAFETY PROCEDURES

13. Do you have a written Health & Safety Policy as required by the 1974 Health & Safety at Work Act?

YES

NO

Please state the name & position of the person responsible for this

Name

Position

Do you have adequate procedures in force to fully train & supervise your employees?

YES

NO

Is all equipment tested & inspected in accordance with current legislation?

YES

NO

Are all employees issued with suitable protective equipment and do they sign to confirm receipt?

YES

NO

Are risk assessments carried out for all contracts?

YES

NO

In respect of work at height are all employees trained and issued with the appropriate safety equipment and is this documented?

YES

NO

BS1129 (Wooden)

BS2037 (Metal)

State which standard you conform to in respect of ladder work

YES

NO

YES

NO

If you have answered No to any part please provide an explanation:

## GENERAL QUESTIONS

14. Do you engage Bona Fide Sub-Contractors (BFSC)?

YES  NO

If YES,

a) Do you check they hold Public Liability and Professional Indemnity Insurance (where this cover is required above the automatic £100,000 limit), with a limit of indemnity of not less than £1,000,000?

YES  NO

b) please provide percentage of turnover relating to work carried out by BFSC

%

c) Please confirm what activities are carried out by BFSC

15. Are all products manufactured and installed to the appropriate British/European standard?

YES  NO

If not please provide full details

16. Is Electrical Contracting work at domestic premises (in England & Wales) certified by an approved NICEIC or ECA contractor (if you are not approved yourselves)?

YES  NO

17. Do you undertake work or supply goods:

a) Outside Great Britain?

YES  NO

(If North America a separate Questionnaire is needed)

b) In Northern Ireland?

YES  NO

c) At a height in excess of 16 metres?

YES  NO

d) At depth exceeding two metres?

YES  NO

e) Involving the use of heat away from your own premises?

YES  NO

f) On board ships, on off-shore installations, at airports, chemical or petrochemical works, nuclear installations, bulk oil or gas storage facilities or within 5 metres of railway tracks? (if Offshore or Airside separate Questionnaires are required)

YES  NO

g) On mainframe computer suites?

YES  NO

h) Where you use, handle, store or transport any hazardous substances such as explosives, toxic or corrosive chemicals, siliceous materials, gases, asbestos, isocyanates, radioactive substances or any material giving rise to dust, fumes or vapours?

YES  NO

i) Where your own contract conditions or your customers contract conditions increase your normal legal liabilities? If YES please attach a copy of the contract.

YES  NO

If you have answered NO to question 16 or YES to any questions in 17 please give full details including the percentage of your turnover and wages for this work

## YOUR BUSINESS HISTORY & CLAIMS EXPERIENCE

18. Have you or any director or partner ever had any claim made against you in the last 5 years, (whether insured or not) in respect of the insurances for which you are now proposing?

YES  NO

If **YES**, please provide the following details, including the present position on any claims outstanding against you :

Years	Brief details & type of claim	Amount Paid £	Amount Outstanding £
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

19. Are you aware of any incidents which have given or may give rise to a claim for financial loss?

YES  NO

20. Has any insurer ever declined to insure you, cancelled or refused to renew your insurance?

YES  NO

If you have answered **YES** to questions 19 or 20, please provide full details:

21. Have you or any director or partner ever:

YES  NO

- a) been prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to the health & safety of your employees?
- b) been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?
- c) been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

If **YES** to any of the above please provide full details:

22. Name of Last/Present Insurer:

 THIS MUST BE PROVIDED

Policy Number(s)

 THIS MUST BE PROVIDED

Expiry Date of current Policy

Expiring Premium

**PLEASE SIGN DECLARATION OVERLEAF**

## IMPORTANT

It is understood and agreed that we may hold documents relating to this insurance and any claims under it in electronic form and may destroy the originals. An electronic copy of any such document will be admissible in evidence to the same extent as, and carry the same weight as, the original.

### DISCLOSURE

Material facts must be disclosed. These are facts which an insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. Please keep copies of all communications in respect of information supplied for the purpose of entering into this contract. If requested a copy of the proposal form will be provided.

### ANTI FRAUD WARNING

It is important that care is exercised in the completion of this form. Some or all of the information which you supply to Insurers in connection with this insurance will be held by the Company on computer and may be passed on to other parties for underwriting and claims handling purposes and to prevent fraudulent claims.

### DECLARATION

I/We declare that to the best of my/our knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until this proposal has been accepted by the Company. I/We further agree to provide such declarations of actual wages and turnover at the end of the period of insurance as may be required, and to pay any additional premium due.

NAME IN CAPITALS:

POSITION:

SIGNED:

This proposal must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary.

DATE:

**WOULD YOU LIKE TO RECEIVE YOUR NEW POLICY DOCUMENT AS AN ELECTRONIC PDF?**

YES

NO

### FOR OFFICE USE ONLY

CHECKED BY:

DATE:



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