

QUESTIONNAIRE FOR WORK AT HAZARDOUS LOCATIONS

(SEPERATE QUESTIONNAIRE REQUIRED FOR: AIRSIDE, OFFSHORE AND WITHIN 5 METRES OF RAIL TRACKS)

Name of Proposer/Insured:

Policy Number:

Full Details of nature of work to be undertaken:

Name of Customer:

Address of Customer/Site:

Where exactly at this Site is the work being undertaken?

What Special Precautions are undertaken? Are Work Permits required?

Is the Work done under the Supervision of the Customer?

Are any of the Areas considered Sensitive? if so, please provide Details.

NB: This form need not be completed if the work undertaken is restricted to office only areas or Perimeter Fencing/Boundaries.

Date:

Signed:

Position:

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