

Proposer's full name (including trading name and names of all Partners):

Business address:

Postcode:

Fully describe the business activities undertaken (if possible give % of types of work):

Date business established (or years experience if sole trader): DD / MM / YYYY Number of years:

1. Cover commencement date (renewable annually on this date): DD / MM / YYYY

1a. Please provide annual contracting turnover:

Category	Estimated Annual Turnover (£)
Within the UK only
Republic of Ireland
European Union
Elsewhere in the world

1b. Maximum value any one contract

1c. Average value any one contract

1d. Average contract period

1e. Maximum contract period

2. Is cover required for:

2a. Owned Plant? Yes No

Total new replacement value £

Total market value £

Maximum market value per site £

2b. Hired in plant? Yes No

Annual estimated hiring charges £

Conditions of hire (e.g. CPA, etc)

2c. Employees tools and effects? Yes No

Limit per employee (market value) £

Number of employees

2d. Site Huts? Yes No

Total market value £

3. Security

3a. Is Insured Plant and Equipment kept in a locked building, compound or yard when not in use? Yes No

3b. If no, please confirm what security arrangements are in place

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4. Have you or any Principals or Directors in the business or any company in which you or such Principals or Director had an interest:

4a. ever had a proposal refused or declined or had an insurance cancelled, renewal refused or had special terms imposed? Yes No

4b. any convictions or criminal offences or prosecutions pending other than motoring offences? Yes No

4c. ever been declared bankrupt, the subject of bankruptcy proceedings, insolvency, winding up? Yes No

4d. ever been prosecuted or awaiting intended prosecution under any Health & Safety At Work Act? Yes No

If Yes, provide details:

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5. Have you or any Principals or Directors in the business or any previous company in which you were involved suffered any contract works or plant claims, loss or incident during the last five years whether insured or not? Yes No

5a. If yes, provide details below:

Cover	Date of loss	Details	Settled claims amount paid	O/S claims est' cost
.....	MM / YYYY	.....	.....	.....
.....	MM / YYYY	.....	.....	.....
.....	MM / YYYY	.....	.....	.....
.....	MM / YYYY	.....	.....	.....
.....	MM / YYYY	.....	.....	.....
.....	MM / YYYY	.....	.....	.....
.....	MM / YYYY	.....	.....	.....
.....	MM / YYYY	.....	.....	.....
.....	MM / YYYY	.....	.....	.....

Notes

Some or all of the information which you supply to This Insurance in connection with the insurance will be held by ourselves on computer. Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of Insurance. The insurance does not come into force until your Proposal has been accepted by This Insurance.

Non Disclosure Warning

Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your proposal. Failure to do so will entitle the Insurer to avoid any insurance granted. Please mention such facts or if you are in doubt refer to your Insurance Adviser.

Declaration

I/We declare that to the best of my/our knowledge and belief all statements made with regard to this proposal form are true and I/We agree that this proposal form shall be the basis of the contract for the Insurance to be expressed in the usual terms of the policy issued.

I/We consent to the seeking of information from other Insurers to check the answers. I/We have provided and I/We authorise the giving of such information for such purposes.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Proposer(s) signature(s):

Date: DD / MM / YYYY

Broker:
Contact name:
Reference:
Tel number: Fax number:
Email address:

Please return the completed proposal to:

G.B. Brokers - This Insurance, Pearl Assurance House, 15-17 Waterloo Road, Wolverhampton, West Midlands, WV1 4DJ
N.I. Brokers - This Insurance, Arthur House, 41 Arthur Street, Belfast, Northern Ireland, BT1 4BG