



RENEWAL QUESTIONNAIRE



1. Insured details

Insured's full name:

File reference:

Renewal date: DD / MM / YYYY

2. Broker details

Broker:

Contact name:

Reference:

Tel number:

Fax number:

Email address:

3. Cover details

Fully complete the following information request:

Give a full description of your up to date business activities (if possible give % of types of work undertaken)

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3a. Is any work undertaken in Eire or otherwise outside the UK? Yes No

3b. If Yes, where and what % of the turnover does this relate to and what activities are undertaken? %

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3c. Estimated annual contracting turnover

3d. Maximum value any one contract

3e. Average contract period

3f. Maximum contract period

4. Extensions

Is cover required for:

4a. owned plant? Yes No

Total new replacement value £

Total market value £

Maximum market value per site £



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4b. hired in plant? Yes No

Annual estimated hiring charges £

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

4c. employees tools and effects? Yes No

Limit per employee (market value) £

Number of employees

4d. site huts? Yes No

Total market value £

5. Security

5a. Is Insured Plant and Equipment kept in a locked building, compound or yard when not in use? Yes No

5b. If no, please confirm what security arrangements are in place

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6. Are you aware of any incidents that may give rise to a claim that have not yet been advised to Insurers? Yes No

Please note that the provision of the above information is a material fact upon which Insurers are entitled to rely and any change in this information may cause Insurers to change their terms or void the policy of insurance.

Signature: Position:

Date: DD / MM / YYYY

Please note that the questionnaire should be returned fully completed and signed at least seven days prior to renewal in order to allow Underwriters time to consider offering renewal terms.