

Application Form for

Construction Insurance

This application form must be completed signed and dated by your Principal, Director or Partner

Please ensure that all questions are answered in full and that where further details are requested or there is insufficient space available in the application form any relevant additional information is provided in the box on page 17

Proposer Details

Full Trading Title (including full names if individuals or partners)

Trading Address (including postcode)

	Postcode

Please provide details of any other Trading Addresses on separate sheets

Correspondence Address (if different from Trading Address above)

	Postcode

Business Description (please provide a full description of all your business activities)

Date Business Established

--

Website*

--

* (Your website content will **not** be deemed to form part of this application form unless supplied in hard copy form and attached to this proposal form)

Directors and Partners

1 Please complete the following

Full names of all Directors and Partners	No. of years in this capacity	Professional Qualifications	Date Qualified

Wages and Turnover

2 (a) Please give your waggeroll breakdown

Description	Wageroll/ payments to employees or sub contractors	No. of employees	Payments to proprietors, partners, directors	Work above 10m? If yes, enter % & max height			Work below 1m? If yes, enter % & max depth		
				Yes / No	%	Max height	Yes / No	%	Max depth
Professionally qualified staff									
Technical									
Clerical and administration									
Non manual site work					%			%	
Use of fixed woodworking machinery									
Premises based manual									
Work away manual excluding the use of heat*					%			%	
Work away manual including the use of heat*					%			%	
Labour only sub contractors excluding the use of heat*					%			%	
Labour only sub contractors including the use of heat*					%			%	
Bona fide sub contractors excluding the use of heat*					%			%	
Bona fide sub contractors including the use of heat*					%			%	
Other workers – please describe activities									
					%			%	
					%			%	

Does any of the above include work overseas, offshore or on vessels or craft?

YES NO

If YES, please give full details:

* Use of heat is defined as being the use of:

1. electric oxy-acetylene or similar welding or cutting equipment
2. cutting or grinding equipment using abrasive disks or wheels
3. blowlamps or blow torches
4. molten metal asphalt bitumen tar or pitch heaters
5. thermic lances

(b) Please provide details of your turnover for the past 3 years together with an estimate for the forthcoming year

	Year 2 end date - __/__/__	Last Complete Financial Year end date - __/__/__	Current Financial Year end date - __/__/__	Forthcoming Year end date- __/__/__ (Est. Only)
UK & Channel Isles				
European Union				
USA & Canada Subject to US or Canadian Laws				
USA & Canada Not Subject to US or Canadian Laws				
Elsewhere				

(c) Please provide details of your income split by services provided as follows

Service Provided	Last Complete Financial Year	Forthcoming Year (Estimate)
(i) Turnover where you design and construct from your own design* and provide full technical supervision		
(ii) Fee income where you provide design* and technical services but have no involvement in the construction		
(iii) Turnover where you construct from others design* (performed on your behalf) under your own supervision		
(iv) Turnover where you construct from others design* (performed on your behalf) under the supervision of a third party		
(v) Turnover where you construct but have no responsibility for any aspect of the design* (ie. you work to designs provided by your client or the main contractor)		
(vi) All other turnover (Please provide full details on a separate sheet)		
Total	100%	100%

*design means any design or specification supervision of construction or installation feasibility study technical information calculation or survey

(d) Do you have any contract or client which represents more than 30% of your annual income?
If YES please provide full details

YES NO

(e) Please indicate the approximate **percentage** (%) of the total work carried out by discipline as follows

Discipline	Last Complete Financial Year	Forthcoming Year (Estimate)
General Building		
Civil Engineering		
Structural Engineering		
Electrical Engineering		
Heating/Ventilation		
Mechanical Engineering		
Foundation/Underpinning		
Soil/Environmental		
Project Co-ordination		
Project Management		
Architectural Design		
Landscape Architecture		
Feasibility Studies		
Building Surveying		
Glazing/curtain walling design		
Cladding/Roofing design		
Quantity Surveying		
Land Surveying		
Other Work (please provide details on page 17)		
Total	100%	100%

(f) Please indicate the approximate **percentage** (%) of the total work carried out by project type as follows

Project Type	Last Complete Financial Year	Forthcoming Year (Estimate)
Housing Schemes (1-3 Stories)		
Housing Schemes (>3 Stories)		
Individual Housing Projects		
Commercial Buildings – 1 to 3 Stories		
Commercial Buildings – above 3 Stories		
Municipal Buildings		
Basement Extensions		
Highways/Roads		
Water/Sewerage		
Hospitals/Healthcare		
Schools/Colleges/Universities		
Leisure/Recreation		
Bridges/Tunnels/Dams/Mines		
Chemical/Petro-Chemicals/Refineries		
Harbours/Jetties/Offshore Installations		
Nuclear/Atomic Projects		
Industrialised Systems Buildings		
Mechanical Plant and Bulk Handling Equipment		
Stadia		
Swimming Pools		
Golf Courses		
Other Work (please provide details on page 17)		
Total	100%	100%

(g) Please provide details of your 5 largest projects undertaken during the past 6 years (or anticipated in the next 12 months if a new venture)

Client	Services Provided	Location	Completion Date	Your Income	Total Contract Value

(h) Do you anticipate any material changes to your activities or the types of contracts in which you are involved in the forthcoming 12 months? If YES please provide full details YES NO

(i) Are you (or any Partner or Director of yours) associated or connected (financially or otherwise) with any other organisation? If YES please provide full details including details as to the nature of the association or relationship details of any work undertaken for such organisation and the income received from such work YES NO

(j) Are all of your contracts subject to English, Scottish or Northern Irish law? YES NO
If NO please provide full details

(k) Do all of your contracts involve well-established techniques and practices? YES NO
If NO please provide full details

(l) Have you changed your name or been part of a merger de-merger or joint venture or have there been any material changes to your activities in the past 6 years? If YES please provide full details YES NO

(m) Have you ever undertaken a contract as a member of a consortium or joint venture?
If YES please provide full details below

YES NO

Professional Indemnity

3 (a) Is cover required?

YES NO

(b) Do you currently buy Professional Indemnity Insurance? If YES please confirm

YES NO

Existing Insurer	Indemnity Limit
Excess	Premium
Renewal Date	Retroactive Date*

*Please note that cover will only apply to work executed after the Retroactive Date. This date can usually be found in the schedule which accompanies your current policy or certificate

(c) (i) Please state/tick the limit(s) for which you require quotations

(ii) Please state the amount of Self Insured Excess you would like to carry. Please note that any terms provided may be subject to a minimum Excess based on the information supplied in this application form

	£250,000	£500,000	£1,000,000	£2,000,000	£5,000,000	£10,000,000	Other (£) Please State	Excess (£) Please State
Professional Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employers' Liability	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/>		N/A
Public Liability	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Products Liability	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A

(d) Please confirm Employers Reference Number(s) (required for Employers' Liability Insurance)

Company Name	Parent (P) Subsidiary (S)	ERN Number	Exempt? Yes (Y) No (N)	Exempt Reason 1, 2 or 3 Please select from below

1. The entity has no employees
2. All staff employed earn below the current Pay As You Earn (PAYE) threshold
3. The company is not registered in England, Wales, Scotland or Northern Ireland

Property Damage

(Note if there is more than one premises you will need to complete Supplementary Applications)

- 4 (a) Is cover required? YES NO
- (b) Are the premises in sole occupation? YES NO

If NO, please give full details of all other occupants

(c) Premises address:

Postcode

5 Construction and Heating

Please provide full details of:

Construction of walls and roofs	
Sandwich Insulation Panels	
Heating	
Number of storeys	
Age of building	
Date electrical system last inspected and certified IEE (or equivalent) compliant	

6 Property and security questions

(a) Does the premises have:

Fire alarm YES NO

Name of Installer

--

Type of Signalling

--

Intruder Alarm

YES NO

Name of Installer

--

Type of Signalling

--

Other Physical Security

YES NO

Details

--

(b) Are the premises in an area previously affected by flooding or at risk of flooding?
If YES please provide details

YES NO

(c) Is any property kept in the basement?
If YES please provide details

YES NO

(d) What times are the normal working week?

--

7 Please state the sums insured required for the following items

Sum Insured (£)

Buildings	<input style="width: 95%;" type="text"/>
Tenants improvements and decorations	<input style="width: 95%;" type="text"/>
Machinery, plant and other contents	<input style="width: 95%;" type="text"/>
Computers and ancillary equipment	<input style="width: 95%;" type="text"/>
Stock and materials in trade other than below	<input style="width: 95%;" type="text"/>
High valued stock (1) – describe: <input style="width: 400px;" type="text"/>	<input style="width: 95%;" type="text"/>
High valued stock (2) – describe: <input style="width: 400px;" type="text"/>	<input style="width: 95%;" type="text"/>
All other property – describe: <input style="width: 400px;" type="text"/>	<input style="width: 95%;" type="text"/>

8 Contingencies

(a) Do you require cover for:

Subsidence YES NO

Terrorism YES NO

If Subsidence required, has the property or any adjacent property previously suffered damage from subsidence, heave or landslip or does the building have any visible signs of cracking? Details (if YES)

YES NO

(b) Day-One Inflation Provision Required?

YES NO

Percentage Required: %

Business Interruption

(Note if there is more than one premises you will need to complete Supplementary Applications)

9 (a) Is cover required?

YES

NO

(b) Premises address:

Postcode

(c) Please select from one of the following

Basis of Cover	Sum Insured (£)	Indemnity Period
Estimated Gross Profit		
Estimated Gross Revenue		
Estimated Gross Rentals		
Increase in Cost of Working		

If Increase in Cost of Working selected do you require Declaration – Linked Cover (133⅓%)?

YES

NO

(d) Please complete the following

Cover Extensions	YES/NO	%/£ limit
1 – Additional Increase in Cost of Working		
2 – Outstanding Debit Balances		
3 – Unspecified Suppliers		
4 – Unspecified Customers		
5 – Storage Sites		
6 – Property in Transit		
7 – Contract Sites		
8 – Public Utilities		
9 – Denial of Access		
10 – Disease		
At the Premises		
In the Area		
11 – Public Emergency		

(e) Do you require cover for Specified Suppliers and Customers?

YES

NO

	%/£ limit	Address	Business
Specified Suppliers			
Specified Customers			

Goods In Transit

10 (a) Is cover required?

YES NO

(b) Type of Goods carried

Carryings type	No. of Vehicles	Estimated Annual Carryings (£)	Limit any one vehicle or consignment	Target Goods* %
Own vehicles				
Road carrier				
Rail or post				
Other (please state):				

*Target Goods – cigars, cigarettes and tobacco, wines, spirits, radio, TV's, record players or computers, video or tape recorders, video tapes or cassettes, non-ferrous metals, clocks or watches, jewellery, gold, silver or precious stones, fur.

(c) Are any of the proposers vehicles left loaded and unattended at night?

YES NO

If YES, please give details of location, security and precautions taken

Loss Of Money

11 (a) Is cover required?

YES NO

(b) Please complete the following

	Estimated Annual Amount (£)	Limit any one loss (£)
Own carryings		
Carryings by security company		
In Bank Night Safe		
On Premises during business hours		
Money on premises outside business house in safe		

(c) Please complete the following

Type of safe	
Limit of cash in safe (£)	

Glass

12 Is cover required?

YES NO

Business All Risks

13 Is cover required?

YES NO

Geographical Limit

A	Premises only	The premises specified in the property damage section
B	UK	Anywhere in the UK including transit
C	European Union	Anywhere in the UK including transit and whilst temporarily removed anywhere within the European Union for up to 90 consecutive days
D	Worldwide	Anywhere in the UK including transit and whilst temporarily removed anywhere in the world for up to 90 consecutive days

Description of Machinery/Apparatus	Sum Insured (£)	Geographical Limit

Commercial Legal Expenses

14 (a) Is cover required?

YES NO

(b) If YES, please select cover required

Estimated income up to	£500,000	£1,000,000	£2,000,000	£5,000,000
Premium	£45.00	£55.00	£65.00	£95.00
Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Annual Premiums include Insurance Premium Tax at the current % rate

(c) Total estimated annual turnover

£

(d) Has there been any legal dispute, action, prosecution, customs and excise or Inland Revenue investigations during the past 5 years? If YES, please provide full details

YES NO

Computer

15 (a) Is cover required?

YES NO

(b) Please complete the following

Computer Equipment:	Sum Insured (£)
At main trading address	
Additional location 1	
Additional location 2	
Computer Hardware:	
At main trading address	
Additional location 1	
Additional location 2	
Software and programs including cost of replacement licences or dongles	
Portable computer hardware (e.g. laptops)	

16 Increased Cost of Working

(a) Do you require cover for Increased Cost of Working?

YES NO

If YES, please confirm the sum insured you require (£)

(b) Please confirm your required Indemnity Period if less than 12 months

17 Reinstatement of Data

(a) Do you require cover for Reinstatement of Data

YES NO

If YES, please confirm the sum insured you require (£)

(b) Please give specific details of additional security measures in place to protect your computer equipment such as entrapment devices or security cabling

Contractors All Risks

Contract Works

18 (a) Is cover required?

YES NO

(b) Is Terrorism cover required?

YES NO

Annual Basis

19 (a) Estimated breakdown of turnover for the next 12 months (including construction of roads, services and sewers in connection with such works) between

Private dwelling houses not exceeding four storeys in height (£)	
Erection of timber frame buildings (£)	
Erection of and alteration to all other buildings (£)	
Civil engineering works (excluding work in, on, over or adjacent to water, bridges, flyovers, or viaducts other than for the surfacing or resurfacing of roads, or tunnels)	
All other work (£)	

(b) Maximum value of any one contract

Solely for private dwellings not exceeding four storeys in height (£)	
All other contracts (£)	

(c) If you require cover for your own constructional plant, tools, equipment and temporary buildings

Total value (£)	
Maximum value any one item (£)	

(d) If you require cover for hired in constructional plant, tools, equipment and temporary buildings

Estimated hiring charges for the next 12 months (£)	
---	--

(e) If you require cover for Employee's tools and other personal belongings whilst on contract sites

Limit any one Employee (£)	
Total number of Employees	
Total Sum Insured (£)	

Specified Contract Basis

20 (a) Please complete the following

Name of Employers (Principal)	
Name of Contractor	
Form and edition of contract applicable (if any)	
Insurance clause applicable	

(b) Please complete the following

If you are a sub-contractor, name of principal contractor	
Situation of contract	
Description of the works and materials used	
Period of Contract	
Maintenance period (if required by the Contract)	
Date Contract commences	
Estimated Contract Price (£)	
Value of temporary works not included in the Contract Price (£)	
Cost of debris removal and professional fees not included in the Contract Price (£)	
Value of materials supplied by the Principal and not included in the Contract Price (£)	

(c) If you require cover for Employee's tools and other personal belongings whilst on contract sites

Limit any one Employee (£)	
Total number of Employees	
Total Sum Insured (£)	

Risk Management

21 (a) Do you have a compliance officer or risk manager? If YES please provide the following YES NO

Name Number of years with the firm in this capacity Qualifications

If NO please provide details of the person responsible for internal risk management

Name Number of years with the firm in this capacity Qualifications

(b) Do you ensure that all contracts are subject to your standard terms or are reviewed and approved by your solicitor? If NO please explain YES NO

(c) Do you seek to limit your liability in contract? If YES please state the upper limit at which liability is capped or explain YES NO

(d) Do you engage subcontractors or enter into any contracts where you are contractually liable for the actions of subcontractors? YES NO

If YES please answer the following

(i) Do you have a clearly defined process for the vetting selection management and control of subcontractors? YES NO

(ii) Are all subcontractors engaged on contractual terms that either mirror or are at least as onerous as the contractual terms under which you have been engaged? YES NO

(iii) Are all subcontractors required to carry adequate insurance prior to their appointment? YES NO

(iv) What is the minimum limit of Professional Indemnity Insurance that you accept for your subcontractors? £

(e) Are all of your current contracts progressing to timescale within budget and with no unresolved issues or problems? If NO please provide full details below YES NO

(f) Do you undertake any due diligence to ensure that prospective clients are financially stable with an acceptable credit rating? YES NO

Claims

22 In relation to your professional business activities, are you after reasonable enquiry aware of:

- (a) any matter which may lead to a claim against you
This includes:
- (i) a shortcoming or problem in your work known to you which you cannot reasonably put right YES NO
 - (ii) a complaint about your work or anything you have supplied which cannot be immediately resolved YES NO
 - (iii) an escalating level of complaint on a particular project YES NO
 - (iv) a client withholding payment due to you after any complaint YES NO
- (b) any loss from the dishonesty or malice of any employee or self-employed freelancer YES NO
- (c) any loss from the suspected dishonesty or malice of any employee or self-employed freelancer YES NO
- (d) any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee YES NO
- (e) In relation to Professional Indemnity insurance has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)? YES NO

If you answered YES to any part of Question 22, please provide full details

23 Have you, your present or former directors, partners or family members involved with this or any other business or living with you ever:

- (a) had any previous request for insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed? YES NO
- (b) been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES NO
- (c) been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? YES NO
- (d) been ever subject to any County Court Judgement? YES NO
- (e) been convicted of any offence other than a motoring offence which carries a fixed penalty? YES NO

If you have answered YES to any part of Question 23, please provide full details

Important Information

Material Circumstances

IMPORTANT – This policy is a legal contract

Please remember that you must make a fair presentation of the risk to us. This means that you must:

- 1 disclose to us every material circumstance which you know or ought to know or, failing that, sufficient information to alert us that we need to make further enquiries; and
- 2 make such disclosure in a reasonably clear and accessible manner; and
- 3 ensure that in such disclosure any material representation as to a: (a) matter of fact is substantially correct; and (b) matter of expectation or belief is made in good faith.

A material circumstance is one that is likely to influence an insurer in the acceptance and assessment of the application. You must also make a fair presentation to us in connection with any variations, e.g. changes you wish to make to your policy. If you fail to make a fair presentation of the risk then this could affect the extent of cover provided or could invalidate your policy, so if you are in any doubt as to whether a circumstance is material then it should be disclosed to us.

You must give careful consideration to who, in your business, knows this information and make appropriate enquiries of your senior management. This includes those people who play a significant role in the making of decisions about how your business activities are to be managed or organised. For example, people who may hold key information could include, but not be limited to, the managing director, finance director, IT manager and HR manager.

Disclosures should be specific and made in a reasonably clear and accessible manner. We will not be deemed to have knowledge of any information generally referred to (for example the contents of company websites listed in the risk presentation) or any matter not expressly drawn to our attention.

Each renewal invitation is made on the basis of the information we have at the time it is issued. We may revise or withdraw it if, before the date your renewal takes effect, any event occurs that gives rise to a claim or alters the material circumstances under this insurance, even if we are notified after your renewal date.

A specimen copy of the policy wording is available on request. You should keep a record (including copies of letters) of all information supplied to us for the purposes of the renewal of this insurance. A copy of the completed application will be supplied on request within a period of three months after its completion.

DATA PROTECTION ACT – INFORMATION USES

For the purposes of the Data Protection Act 1998, the Data Controllers in relation to any personal data you supply are Glemham Underwriting Limited and our Insurers.

Insurance Administration

Your information may be used for the purposes of insurance administration by the insurer, its associated companies and agents by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it. If you give us information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions).

Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

Credit Searches and use of Third Party Information

To ensure we have the necessary facts to assess your insurance risk, verify your identity, to help prevent fraud and to provide you with our best premium and payment options, we may obtain information relating to you and your business from third parties at quotation and renewal and in certain circumstances where policy amendments are requested. This information may include a quotation search from a credit referencing agency which will appear on your credit report and will be visible to other credit providers. It will be clear that this is a quotation rather than a credit application by you to pay by monthly instalments.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this renewal you will signify your consent to such information being processed by the insurer or its agents.

If you have a Complaint

We hope that you will be very happy with the service that we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance, please write to your insurance adviser.

Your insurance adviser and your insurers are covered by the Financial Ombudsman Service. If you have complained to us and we have been unable to resolve your complaint, you may be entitled to refer it to this independent body. Following the complaints procedure does not affect your right to take legal action.

Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time:

- 1 Share information about you with other organisations and public bodies including the Police;
- 2 Undertake credit searches and additional fraud searches;
- 3 Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this to prevent fraud and money laundering.

We can supply on request further details of the agencies and databases we access or contribute to and how this information may be used.

We and other organisations may also search these agencies and databases to:

- 1 Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- 2 Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- 3 Check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity;
- 4 Check details of job applicants and employees.

Claims History

- 1 Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database;
- 2 We may search these databases when you apply for insurance in the event of any incident or claim or at the time of renewal to validate your claims history or that of any person or property likely to be involved in the policy or claim.

You should show these notices to anyone who has an interest in the insurance under this policy.

Choice of Law

The appropriate law as set out below will apply unless you and we agree otherwise:

- 1 The law applying in that part of the United Kingdom, Channel Islands or Isle of Man in which you normally live or (if applicable) the first named policyholder normally lives; or
- 2 In the case of a business, the law applying in that part of the United Kingdom, Channel Islands or Isle of Man where it has its principal place of business; or
- 3 Should neither of the above be applicable, the law of England and Wales will apply.

Declaration

I/we declare that the information given is to the best of my/our knowledge and belief correct and complete and that this proposal makes a fair presentation of the risk to insurers

If the risk is accepted I/we undertake to pay the premium when called upon to do so I/we understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer’s compliance with any regulatory rules/codes

Please remember to print this form and sign in the space below before sending the completed form – either in hard copy or as a scanned PDF – to your Insurance Advisor

Signature of Principal/Director/Partner:		
Name	Position	Date