

## Electrical Contractors - Demands & Needs Risk Capture

Please complete and check the information in this document carefully as this constitutes our understanding of your Insurance requirements and situation:-

COMPANY INFORMATION	DN				
The Business: (Full name)					
Include partners and tradi	ng names if not a limited Co	ompany			
Address:					
	_				
Post Code:		Renewal	date:		
Business Description:					
Contact:		Email:			
Tel No:		Website:			
Date established:		Current in	surers:		
Do the Directors have at least 3 years' experience in the Electrical Contracting Industry?  If 'No', please give details below:  Yes/No					
	east 3 years' experience in t	he Electrical			Yes/No
	east 3 years' experience in t	he Electrical			Yes/No
		he Electrical	Yes/No		Yes/No
Contracting Industry?  Are you certified by NICE			Yes/No Yes/No	details below:	
Are you certified by NICEI  Are you a member of any	C or ECA?			details below:  If 'Yes', which?:	
Are you certified by NICEI  Are you a member of any	C or ECA? other associations, accredit			details below:  If 'Yes', which?:	details below:
Are you certified by NICEI  Are you a member of any certification body?	C or ECA? other associations, accredit		Yes/No	If 'Yes', which?:  If 'Yes', please give	details below:



Estimates for next 12 Months						
Category		Total Wages	Turnover			
Clerical, Manag	erial, Supervisory & Non-Manual:	£	£			
Electrical Contracting:		£	£			
Other:		£	£			
Other:		£	£			
Other:		£	£			
Other:		£	£			
	Totals:					

Maximum number of employees at any one location.		
Payments to bona fide sub-contractors:		£

## **Business Activities**

Do you:	
handle asbestos or silica	Yes/No
work outside of Great Britain, Northern Ireland, the Channel Islands or the Isle of Man or supply products outside of these territories?	Yes/No
have representation in Northern Ireland or outside of Great Britain, the Channel Islands or the Isle of Man?	Yes/No
Do you perform any of the following activities:	
work in or on docks, harbours or railways, watercraft, chemical or petrochemical works, oil or gas refineries or storage facilities, aircraft, airports or airfields, power stations, nuclear power stations, any installation where nuclear processing is undertaken, towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, flyovers, dams, motorways, quarries, mines or collieries.	Yes/No
work involving the use of Heat away from your premises other than the use of Soldering equipment and Angle Grinders?	Yes/No
installation of computer mainframes and their cabling?	Yes/No
If 'Yes' to any of the above questions, please provide full details below?	



## **Cover Requirements**

Employers' Liability	Cover required:	Yes/No
Limit of Indemnity:		£ 10,000,000
Have you been allocated an Employer Reference Number (ERN) by HMF	RC?	Yes/No
If 'Yes', please supply your ERN No.:		
Any work undertaken by employees above 20 metres from ground level?		Yes/No
If 'Yes', please provide full details:		
Do you employ an external H&S Organisation or Consultant that provide audit?	e an annual independent	Yes/No
If 'Yes', please provide full details:		

Public & Products Liability	Cover required:		Yes/No
Limit of Indemnity:		£	5,000,000
If you require an increased limit above £5m please indicate amou	nt:	£	
Do you manufacture or modify any equipment or products supplie	d?		Yes/No
Where you use bona fide sub-contractors do you obtain written evidence that bona fide sub-contractors are adequately insured to a minimum of the Public/Products cover held by yourselves?			Yes/No
Do you provide any design, specification, formula or advice separately for a fee (other than testing)?			Yes/No
If Yes, please select Professional Indemnity extension below:			
If 'Yes' to any of the above questions, please provide full details b	elow?		

Professional Indemnity Extension Required				Cover:			Yes/No
Limit of Indemnity:	£100,000	£250,000	£500,000		£1,000,000	Other:	
Limit of machinity.							
Is your turnover relating to pure "professional activities" not involving installation by you, greater than 25% of your total turnover?						Yes/No	



Property All Risks	Cover required:	Yes/No
Is this risk address the same as the postal address?		Yes/No
Risk Address 1:		
Postcode:		

Premises Details				
What yea	What year was the premises built?  No. of storeys including the basement:			
Are the p	oremises constructed as fol	lows:-		
i)	Walls (including structu concrete, metal or other		wholly of brick, stone, concrete block, naterials	
ii)			constructed wholly of slate. Tile, concrete, cross at least 80% of the roof area	Yes/No
iii)	Floors (including structutimber	ıral framework) are	constructed wholly of concrete, metal or	
Are the p	oremises in an area with a h	nistory of flooding:		Yes/No
Are the p	remises heated by a conve	entional electric, gas	s, oil or solid fuel central heating system:	Yes/No
	electrical installation at the lified electrician and have a		pected at intervals not exceeding 5 years edied?	Yes/No
If 'No' to	any of the above questions	s, please provide fu	ll details below:	Yes/No
If buildings cover is required:			Yes/No	
- All premises or adjacent properties have not suffered from, or show, any visible signs or damage from subsidence, landslip or ground heave:				
	- There are no trees or shrubs over 20ft in height within 30ft of the premises:			

Protection Details				
Is a sprinkler system installed?				
Is there an intruder alarm fitted?	Yes/No	Is it maintained be company?	Yes/No	
Method of alarm signalling:	Police response level 1:		Yes/No	
Additional Protections:				



Occupancy Details				
Is the proposer the sole occupier of the premises?	Yes/No			
If No, is the remainder of the premises occupied solely as private dwellings &/or offices?				
Percentage of premises unoccupied:				
Is the proposer's unit self-contained with its own lockable entrance?	Yes/No			

Cover Details					
	Declared value				
Buildings:	£				
Tenants' improvements:	£				
Stock:	£				
Computer equipment:	£				
General contents:	£				
Is cover required for subsidence, heave and landslip?	Yes/No				

Business Interruption	Cover required:	Yes/No
Indemnity period: months		Sum Insured
Estimated Gross Profit:		£
Increased cost of working:		£
Loss of Rent:- receivable:		£

Contractors All Risks				Cover Required:	Yes/No
Contract Works					
Maximum value any one contract:	£50,000	£100,000	£250,000	£500,000	£1,000,000
Maximum period any one	contract (not inclu	ıding any mainten	ance or defect lial	bility period):	months
Maintenance or defects lia	bility period:				months
Is all work completed withi	n the United King	dom:			Yes/No
If 'No', please provide deta	ails:				



Own Plant including tempo	rary buildings				
Total Sum Insured:	£10,000	£25,000	£50,00	0	£100,000
	Maximum value for a	ny one item:		£	

Hired in plant	Maximum value for any one item:	£ 100,000	
	Total estimated hiring fees for next 12 months:	£	

Employee's Tools & Person	nal Effects on site				
Total Sum Insured:	£2,500	£5,000	£10,00	0	£20,000
	Maximum value for a	ny one item:		£	

Money	Cover Required:	Yes/No
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Goods in Transit		Cover Required:	Yes/No		
No of own vehicles:		Max value any one package:	£	Limit any one transit:	£
Goods sent by carrier:		Max value any one package:	£	Limit any one transit:	£
Estimated annual carryin	gs:				£

Specified All Risks		Cover Required:	Yes/No
Item Insured	Territory	Limit Any One Item	Sum Insured
Mobile phones, portable computers, Audio visual equipment, photo equipment, survey equipment:	UK/EU/Worldwide	£	£
Machinery, Tools, plant & equipment:	UK/EU/Worldwide	£	£
Stock:	UK/EU/Worldwide	£	£
Miscellaneous other:	UK/EU/Worldwide	£	£

Legal Expenses	Cover Required:	Yes/No
Limit of Indemnity:		£ 100,000
Limit of Indemnity:	or	£ 250,000

Terrorism Extension	Cover Required:	Yes/No
Is Terrorism cover required on Contract Works (Contract Works, Own Plant, Tools)?	Hired in Plant &	Yes/No



General Inf	ormation			
Have you ha	ad any claims in the past 5 years under any of the sections?			Yes/No
If 'Yes', plea	ase provide full details including the costs involved:			
Date	Details	Paid	0/	S Date settled
Non-Standa	ard / Other Requirements			
Please prov	ide details of any other needs or requirements:			



You, your partners, de-facto directors, shadow directors, officers, trustees or manage members have never	ment committe
been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or an individual voluntary arrangement?	Yes/No
been a principal director or partner in, any business, which is or has been the subject of winding up or administration order, receivership proceedings or a Company Voluntary Arrangement	Yes/No
been the subject of a Country Court Judgement or have any proceedings pending?	Yes/No
been disqualified from being a company director?	Yes/No
Been the subject of a Debt Relief Order or have any applications pending	Yes/No
been convicted or charged (but not yet tried) with or officially cautioned for a breach of any Health and Safety or Welfare of Environmental Protection legislation or been served with a prohibition or improvement order under health and safety legislation?	Yes/No
been convicted of, or charged (but not tried) or received a police caution in connection with any criminal offences (other than motoring offences)?	Yes/No
Been prosecuted or received notice of intended prosecution, issued with a simple caution or been served with a prohibition or improvement notice in connection with a breach of health and safety legislation?	Yes/No
Failed to implement any requirements made by previous insurers as a condition for the provision of insurance cover?	Yes/No
Been the subject of a United Nations trade embargo, export or import ban, financial sanction, travel ban or been the subject of an asset freeze?	Yes/No
Traded with an entity which is the subject of a United Nations trade embargo, export or import ban, financial sanction, travel ban or the subject of an asset freeze?	Yes/No

In respect of the risks you wish to insure, no insurer has ever	
Declined your proposal (i.e. refused to provide an insurance quotation for you	Yes/No
Refused to offer renewal of, or cancelled your policy	Yes/No
Imposed special terms or conditions in respect of the risks you wish to insure	Yes/No



Other Risk Considerations			
Please indicate if you would like quotations / more information on other insurance covers:-			
Cyber Data Risks:		Yes/No	
Directors & Officers Liability:		Yes/No	
Motor Fleet:		Yes/No	
Group Personal Accident & Business Travel:		Yes/No	
Other: please specify:-		Yes/No	
Your answers to the above questions will be used by us to identify your demands and needs and to ensure the selected market is suitable to quote for the renewal of this risk.			
Signature of Proposer:	Name:		
Position in Company:	Date:		

## **Important Notice:**

Insurance policies contain various conditions that you must comply with in order for a claim to be dealt with by your insurers. If you fail to fulfil these conditions you may lose your right to indemnity or payment for a claim. A copy of the policy wording is available on our website www.darwinclayton.co.uk or upon request.

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