

Interior Fit-Out Contractors - Demands & Needs Risk Capture

You are reminded of the obligation to advise every alteration in risk and any other information material to the assessment of the Insurances.

COMPANY INFORMATION

The Proposer: (Full name)	
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Include partners and trading names if not a limited Company

Address:			
		Post Code:	
Business Description:	<i>(If not a member of the National Association of Shopfitters, please provide full business description)</i>		
Contact:		Email Address:	
Telephone No:		Website:	
Date established:		Current insurers:	
		Renewal Date:	

EMPLOYERS LIABILITY: ESTIMATES OF WAGES AND NUMBERS OF EMPLOYEES FOR THE FORTHCOMING 12 MONTHS:		
Category of Employees:	No. of Employees	Wages
Clerical, Managerial, Supervisory & Non-Manual		£
Apprentices		£
Plasterers, Flooring (carpet, tiling etc), Partitioning Contractors, Painters & Decorators (no heat work), Carpenters and Insulation Installers		£
All other Manual Wages including Labour Only Sub Contractors wages		£
Total		£
PUBLIC LIABILITY: ESTIMATES OF WORK AWAY WAGES & BONA FIDE SUB CONTRACTORS FOR THE FORTHCOMING 12 MONTHS:		
Work Away wages for Plasterers, Flooring (carpet, tiling etc), Partitioning Contractors, Painters & Decorators (no heat work), Carpenters and Insulation Installers		£
Work Away wages for All other Manual Wages including Labour Only Sub-Contractors		£
Payments to Bona-Fide Sub-Contractors (BFSC's) (Please note, that it is a condition of the policy that evidence of all BFSC's insurance arrangements are obtained and held confirming a Public Liability Indemnity limit of no less than £2,000,000)		£
Please state all Bona Fide Subcontractor activities:		

ESTIMATES OF TURNOVER AND HIRE CHARGES FOR THE FORTHCOMING 12 MONTHS:	
Gross Turnover	£
Supply Only Turnover	£
Contract Turnover (Gross Turnover less "Supply Only" Turnover)	£
EU Turnover	£
Hired in Plant Annual Charges – in the United Kingdom	£
Hired in Plant Annual Charges – in the European Union	£

TRADE ASSOCIATION MEMBERSHIP	
a) Are you a full member of the National Association of Shopfitters?	Yes / No
b) Are you a full member of any of the following trade associations: FIS, CFA, BWF, ADSA, NICEIC, ECA? <i>Please state those that your company belongs to:</i>	Yes / No
SHOPFITTING AND INTERIOR CONTRACTING COMPETENCE SCHEME (SICCS)	
Do more than 60% of “eligible” employees hold a SICCS card <i>(“eligible” means those employees that go to site including Directors, Supervisors and Managers).</i>	Yes/No
ADDITIONAL INFORMATION:	
Can you confirm that you have a qualified Health and Safety Representative; Create formal risk assessments and method statements; Issue and record receipt of PPE; and that you document induction and training for all employees?	Yes/No
Use of heat: Please confirm % use of heat on all contract sites:	%
Can you confirm that CSCS cards are held by your employees; that ‘Hot Works Permits’ are in place; and that you have a formal checking procedure in place for Bona Fide Sub Contractors?	Yes/No
Does the business involve mining, processing, manufacturing, removing, disposing of, distributing or storing of asbestos or products made entirely or mainly of asbestos?	Yes/No
Does the business have any involvement with chemicals, petrochemicals, oil, gas or other substances which could be harmful, other than substances that are normal for the business?	Yes/No

<p>Does the business have any involvement with nuclear installations, docks, harbours, railways, watercraft, offshore gas or oil installations, chemical or petrochemical works, oil or gas refineries, oil or gas storage facilities, collieries, mines, quarries, power stations, aircraft, airports or airfields?</p> <p><i>If the answer to any of the questions is 'Yes' please supply full details below: - (Full and exact details of the work being carried out, number of employees involved areas in which work is being carried out, methods of working, wages and turnover applicable, transport to and from area and as much information as you can provide regarding the contract).</i></p>	<p style="text-align: center;">Yes/No</p>
<p>Does the business dispose of fumes, effluent or other harmful waste?</p>	<p style="text-align: center;">Yes/No</p>

<p>HAS THE INSURED OR ANY DIRECTOR OF THE BUSINESS BEEN INVOLVED IN ANY INCIDENTS THAT HAVE RESULTED IN A HEALTH & SAFETY INVESTIGATION OR PROSECUTION?</p>	<p style="text-align: center;">Yes/No</p>
<p><i>Details:</i></p>	

<p>DO YOU UNDERTAKE WORK OUTSIDE THE UK?</p>		<p style="text-align: center;">Yes / No</p>
<p>(a) Please provide details of work for contracts within the EU (other than England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man)</p>		
<p><i>Country</i></p>	<p><i>Details of work undertaken</i></p>	<p><i>Turnover</i></p>
<p>(b) Please provide details of work for contracts outside the EU</p>		
<p><i>Country</i></p>	<p><i>Details of work undertaken</i></p>	<p><i>Turnover</i></p>

<p>ARE YOU AWARE OF ANY CLAIMS OR INCIDENTS THAT MAY GIVE RISE TO ANY CLAIMS WHICH HAVE NOT YET BEEN NOTIFIED TO DARWIN CLAYTON (UK) LTD?</p>	<p style="text-align: center;">Yes/No</p>
<p><i>If yes, please give details:</i></p>	

EMPLOYER REFERENCE NUMBER:	
<p>Please supply your Employer Reference Number (PAYE reference).</p> <p>Do you have any subsidiary companies to be included under the Employers Liability Section?</p> <p><i>If yes, please supply full details of the subsidiary company and their respective Employer Reference Numbers.</i></p>	<p>ERN Ref:</p> <p>-----</p> <p>Yes / No</p>
Details:	
HAVE YOU OR ANY DIRECTOR OR PARTNER OF THE BUSINESS OR ITS SUBSIDIARY COMPANIES TO BE INCLUDED IN THIS INSURANCE, EITHER PERSONALLY OR IN ANY BUSINESS CAPACITY:	
Been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings in the UK, Channel Islands, Isle of Man or the equivalent in any other country in the last 10 years?	Yes/No
Been the owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidation, and/or was the subject of any company and/or individual voluntary arrangement with creditors, a winding up order of an administration order in the last 10 years?	Yes/No
Been the subject of a Country Court Judgement (or Scottish, Northern Ireland, Channel Islands, Isle of Man or EU equivalent) in the last 6 years?	Yes/No
Been disqualified from being a company director?	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 or, or charged (but not yet tried), with any criminal offences involving dishonesty, arson, theft, or causing wilful damage?	Yes/No
Ever had a proposal for insurance declined, renewal refused, or special conditions imposed by any insurer?	Yes/No
If the answer to any of the questions is 'Yes,' please supply full details below: -	

Other Risk Considerations	
<i>Please indicate if you would like quotations / more information on other insurance covers: -</i>	
Cyber Data Risks:	Yes/No
Directors & Officers Liability:	Yes/No
Legal Expenses:	Yes/No
Property & Business Interruption:	Yes/No
Other: <i>please specify: -</i>	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:
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Position in Company:	Date:
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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.

Darwin Clayton (UK) Limited is Authorised and Regulated by the Financial Conduct Authority