



Camberford
Underwriting

Electrical,
Heating,
Ventilation,
Plumbing And
Air Conditioning
Contractors

Proposal Form

CONTENTS

SECTION		PAGE
1.	IMPORTANT INFORMATION & DATA PROTECTION	3
2.	CONTACT INFORMATION	5
3.	PROPOSER DETAILS	6
4.	BUSINESS ACTIVITIES	7
5.	GENERAL QUESTIONS	8
6.	PREMISES	9
7.	INSURANCE PRODUCTS	
	7.1 Property and Business Interruption	10
	7.2 Contract Works and Plant	13
	7.3 Legal Liability	14
	7.4 Professional Indemnity	17
	7.5 Directors & Officers Liability	18
	7.6 Legal Expenses	20
8.	CLAIMS HISTORY	21
9.	DECLARATION	22

1. IMPORTANT INFORMATION

1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

1.2 Data Protection – How we will use your Data

The Basics:

Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights:

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberford.com/privacy

Contact Details

Camberford Underwriting
Data Protection Officer
50 Fenchurch Street
London
EC3M 3JY

2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

3. PROPOSER DETAILS

3.1 Proposer(s):
Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

3.2 Individual Name(s):
Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

3.3 Correspondence Address:
Full postal (correspondence) address:

Post Code:

3.4 Years Established:
Number of years the proposer has been established:

3.5 Years Experience:
Number of years experience of the proposer within your business activities:

3.6 FCA Classification:
Please complete the following information which we must have for regulatory classification.

Does the Proposer's annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

4. BUSINESS ACTIVITIES

4.1 Business Description

Please answer appropriately to describe your business:

Electrical Work

YES/NO

Heating/Ventilation Work

YES/NO

Air Conditioning Work

YES/NO

Plumbing Work

YES/NO

Solar Panel Installation

YES/NO

4.2 Additional Activities

Any other activities that you undertake that are not listed above must be disclosed in the box below. You will not be covered for activities that are not disclosed.

4.3 Qualified/Accredited

Can you confirm that you and all employees and contractors working for you are qualified/accredited where and to the extent necessary to comply with local law, regulation and industry best practice?

YES/NO

5. GENERAL QUESTIONS

5.1 Please read the following questions and state if they are true in respect of this proposal.

Have you, or any director of your company, ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

Had any formal objection or refusal of any registration or are there any circumstances known which may prejudice the continued holding of registration?

YES/NO

5.2 Financial Status and History of the proposer:

Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

YES/NO

5.3 Is the proposer domiciled and registered in and does the proposer only undertake work within the United Kingdom, the Isle of Man and the Channel Islands?

YES/NO

5.4 Does the proposer undertake any work in Northern Ireland?

YES/NO

6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

7. PROPERTY AND BUSINESS INTERRUPTION

7.1.1 Please complete the table to provide details of the cover you require:

SECTION	SUM INSURED			
	Premises 1	Premises 2	Premises 3	Premises 4
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£	£
Is the building constructed of non combustible floors, walls and roof space throughout?	YES/NO	YES/NO	YES/NO	YES/NO
Stock and Materials in Trade	£	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	£	£	£	£
Rent Payable	£	£	£	£
Indemnity Period (Rent Payable)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Business Interruption (Gross Profit)	£	£	£	£
Indemnity Period (Gross Profit)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Additional Increased Cost of Working	£	£	£	£
Rent Receivable	£	£	£	£
Indemnity Period (Rent Receivable)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months

7.1.2 **General Property Sections** (not premises specific)

Goods in Transit

(Included automatically at £1,000. Only state an alternative amount if you require a limit higher than this.)

Computer Equipment Breakdown at the Premises. **Maximum £50,000**

Computer Equipment Breakdown Increased Cost of Working. **Maximum £25,000**

All Risks to General Business Equipment

All Risks to Laptops & Mobile Phones

Fidelity Guarantee (Theft by Employees). **Maximum £100,000**

Money in Safe or Strongroom in the Premises

State the highest amount required at any one premises.

Money in Transit or Bank Night Safe

Book Debts

Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.

Stock Deterioration following Refrigeration Breakdown

Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.

7.1.3 **Buildings/Construction** (please answer the following questions in respect of this proposal)

Are the Premises constructed of brick and/or stone walls with slate, tile, felt, or concrete roof?

Do any premises have a flat roofed area exceeding 25% of its total?

Are any premises an individual flat or tenement building?

Do the premises contain any composite panels?

Are any premises Listed?

7.1.4 Subsidence

Please answer the following questions in respect of this proposal

Are all premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave? YES/NO

Are any Premises being monitored or previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave? YES/NO

7.1.5 Flood

Are any Premises in a flood plain or area that has previously flooded?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.6 Storage of Products

Are all goods, products and equipment stored in accordance with manufacturer’s guidance? YES/NO

7.1.7 Security

Please complete the table to provide details of the security protections in effect at each Premises:

	Premises 1	Premises 2	Premises 3	Premises 4
Intruder Alarm Type (ie., Audible, Central Station, or BT Redcare)				
CCTV	YES/NO	YES/NO	YES/NO	YES/NO
Gated Unit	YES/NO	YES/NO	YES/NO	YES/NO
24 Hour/Overnight Manned Security	YES/NO	YES/NO	YES/NO	YES/NO

Roller Shutters to all external leading doors, shop front and other large glass external facing areas. YES/NO

7.1.8 Age of Buildings and Number of Storeys (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				



7.2 CONTRACT WORKS & PLANT

7.2.1 Please complete the following table to detail the Contract Works and/or Contractors Plant cover you require.

Owned Plant	£ <input style="width: 100px; height: 20px;" type="text"/>
Hired in Plant <i>(State the Any One Occurrence/Accident Limit)</i>	£ <input style="width: 100px; height: 20px;" type="text"/>
Hiring Charges <i>(Estimate for the next 12 months). Hired in plant cover is not available unless this information is provided.</i>	£ <input style="width: 100px; height: 20px;" type="text"/>
Continuing Hire Charges <i>(This is automatically included where Hired in Plant is insured. You must include the values of Continuing Hire Charges in the Hired in Plant Sum Insured).</i>	£ <input style="width: 100px; height: 20px;" type="text"/>
Employees Tools and Effects <i>(Limited to £500 per Employee)</i>	£ <input style="width: 100px; height: 20px;" type="text"/>
Contract Works <i>(State the maximum value of any one contract). Maximum Contract Period is 12 months. Please contact us if this is insufficient.</i>	£ <input style="width: 100px; height: 20px;" type="text"/>
Turnover <i>(You must state estimated turnover if Contract Works cover required).</i>	£ <input style="width: 100px; height: 20px;" type="text"/>



7.3 LEGAL LIABILITY

7.3.1 Employers' Liability Limit (Minimum £10m)

YES/NO

7.3.2 Public/Products Liability Limit (£1m, £2m, £5m, or £10m)

Please state Limit of Indemnity required for Public and Products Liability (if required)

£

7.3.3 Wageroll, Turnover and Employees

Please complete the table to detail your estimated wageroll, estimated turnover, and number of Employees and Labour Only Sub-Contractors for the next 12 months. Do not include payments to or numbers of bona fide Sub-Contractors:

Type of Work Undertaken by Employees and Labour Only Sub-Contractors	Estimated Annual Wageroll	Estimated Annual Turnover	Number of Employees
Clerical (non manual work) Employees	£	£	
Electrical Work in Private Dwellings	£	£	
Electrical Work in Shops and Small Commercial Buildings	£	£	
Electrical Work in Industrial and Large Commercial Buildings	£	£	
Heating/Ventilation Work in Private Dwellings	£	£	
Heating/Ventilation Work in Shops and Small Commercial Buildings	£	£	
Heating/Ventilation Work in Industrial and Large Commercial Buildings	£	£	
Air Conditioning Work in Private Dwellings	£	£	
Air Conditioning Work in Shops and Small Commercial Buildings	£	£	
Air Conditioning Work in Industrial and Large Commercial Buildings	£	£	
Plumbing Work in Private Dwellings	£	£	
Plumbing Work in Shops and Small Commercial Buildings	£	£	
Plumbing Work in Industrial and Large Commercial Buildings	£	£	
Solar Panel Installation	£	£	
General Building	£	£	
Manual Work at your Premises Only	£	£	
Other: <i>(please specify)</i>	£	£	
Other: <i>(please specify)</i>	£	£	

7.3.4 Do you undertake generic and site specific risk assessments?

YES/NO

7.3.5 **Hazardous Locations**

Do you undertake work in any of the following locations?

Towers

YES/NO

Steeples

YES/NO

Chimney Shafts

YES/NO

Blast Furnaces

YES/NO

Dams

YES/NO

Canals

YES/NO

Viaducts

YES/NO

Bridges

YES/NO

Tunnels

YES/NO

Aircraft

YES/NO

Airports

YES/NO

Ships

YES/NO

Docks

YES/NO

Piers

YES/NO

Wharves

YES/NO

Breakwaters or sea walls collieries

YES/NO

Mines

YES/NO

Chemical Works

YES/NO

Oil Refineries

YES/NO

Power Stations

YES/NO

Bulk Oil, Petrol, Gas or Chemical Storage Tanks or Chambers

YES/NO

Railways

YES/NO

7.3.6 **Depth Work**

Do you undertake work at depths exceeding 2 metres?

YES/NO

7.3.7 **Height Work**

Do you undertake work at height exceeding 20 metres above ground level?

YES/NO

7.3.8 Rail (Redzones)

Do you undertake work in "Red Zone" (live rail) areas of railways?

7.3.9 Heat Work

Do you undertake heat work OTHER THAN by use of hot air gun (heat gun) and/or soldering iron?

7.3.10 Hiring Out

Do you hire out any plant or equipment?

7.3.11 BFSC

Please answer the following questions in relation to bona fide Sub-Contractors:

Estimated payments you will make to bona fide Sub-Contractors within the next 12 months

Do you direct, supervise and/or control any bona fide Sub-Contractor work?

Do bona fide Sub-Contractors ever work to a specification from you and/or do you sign off on their work?

7.3.12 HMRC Employers Reference Number

Company	ERN Status	ERN Number

If exempt, please explain below:



7.4 PROFESSIONAL INDEMNITY

7.4.1 Please answer the following questions in respect of this proposal:

Do you undertake work for any subsidiary, connected or association company?

YES/NO

Have you sustained any loss through the fraud or dishonesty of any person employed by or contracted to work for you?

YES/NO

Has any fraud, dishonesty, bankruptcy or administration order applied to you or any of your employees?

YES/NO

Have any claims been made against you or are you aware of any circumstance that may lead to a claim being made?

YES/NO

Do you undertake design and/or consultancy work in relation to bridges or tunnels, nuclear or atomic projects, foundations, underpinning, chemical works, petrochemical works, refineries, airports, railways or motorways?

YES/NO

Do all persons conducting design and/or consultancy work, whether employees or outside consultants, have at least 3 years experience undertaking such work?

YES/NO

Have you or any employee or consultant working for you ever failed to complete a project?

YES/NO

Are any material changes to the business expected during the period of insurance?

YES/NO

7.4.2 Fees & Turnover

Please complete the table below regarding your anticipated fees and/or turnover:

Type of Work Undertaken	Fees	Turnover
Design/Specification Work Only (ie. You do NOT undertake Construction/Installation work)	£	£
Design/Specification work AND corresponding Construction/Installation Work	£	£
Design/Specification work subcontracted by YOU to a specialist	£	£
Construction Installation Work Only (ie You are NOT responsible for Design/Specification Work)	£	£

7.4.3 Indemnity Limit

Please state the Limit of Indemnity required for Professional Indemnity Insurance

£

7.5 DIRECTORS & OFFICERS LIABILITY

Do you require Directors & Officers Liability Insurance?

YES/NO

If YES, please complete questions 7.5.1 to 7.5.6. If NO, please continue to question 7.6

7.5.1 Limit

Please state the Limit of Indemnity required for Directors & Officers insurance:

7.5.2 D&O General Questions - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

7.5.3 Turnover

Please state your Company's total consolidated turnover as shown in your latest annual report and accounts:

7.5.4 Company Registration Number

Please state your Company Registration Number:

7.5.5 Entity and Employment Practices Liability Limit

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 7.6:

NONE

£250,000

£500,000

7.5.6 Entity and Employment Practices Liability General Questions - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?

Do you have MORE than 100 employees?

Are you anticipating any redundancies in the next 12 months?

Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?

Have there been any claims, or circumstances that might lead to a claim, involving any of you?

7.6 LEGAL EXPENSES

Do you require Legal Expenses Insurance?

YES/NO

If YES, please complete questions 7.6.1 to 7.6.4. If NO, please continue to question 8.

7.6.1 Wageroll

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

7.6.2 Disputes, Prosecution, Activities

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

7.6.3 Redundancies

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

7.6.4 Mergers/Takeover

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

8. CLAIMS HISTORY

8.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF INCIDENT	CLAIM AMOUNT		STATUS
			Paid	O/S	
			£	£	OPEN/CLOSED
			£	£	OPEN/CLOSED
			£	£	OPEN/CLOSED
			£	£	OPEN/CLOSED
			£	£	OPEN/CLOSED
			£	£	OPEN/CLOSED
			£	£	OPEN/CLOSED
			£	£	OPEN/CLOSED
			£	£	OPEN/CLOSED

9. DECLARATION

9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: