



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

ELECTRICAL, HEATING & VENTILATION,
PLUMBING and AIR CONDITIONING INDUSTRY



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

Full name of Proposer including all trading names, group companies and subsidiaries that are to be covered by the policy

Address

Telephone No

Fax No

E-mail

Web

www.

Please list the names and dates of birth of all the Company Directors/Partners

If you require Employers' Liability cover, please supply your Employer PAYE Reference(s).

(This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to)

If you do not have a PAYE Reference, please confirm that you are exempt and give the reason

BUSINESS DETAILS

1. When was the business established?

2. Full description of trade or business:

3. Are you

a) a member of a trade body or association?

YES

NO

b) accredited or registered with an approvals or certification body in respect of the work you undertake?

YES

NO

If 'YES', please provide details including your membership/registration number(s):

4. What is your estimated Gross Annual turnover for the next twelve months based on the following activities?

a) Electrical Contracting	£
b) Mechanical Heating, Ventilation, Plumbing	£
c) Air Conditioning	£
d) Intruder/Fire Alarms	£
e) CCTV Systems	£
f) Voice/data/door entry systems & fire extinguishing or fire suppression systems	£
g) Computer installations	£
h) Industrial process control systems	£
i) Contracts involving solely testing inspection or certification of existing systems	£
j) All other contracting turnover	£
k) All other non-contracting turnover i.e. Design work for a fee (no installation)	£

Please describe the nature of any turnover advised for items j) & k) above

5. Please indicate as a percentage of your Gross Annual Contracting Turnover, the extent of work in the following areas:

Domestic properties: %

Commercial properties: (including Hospitals, Nursing Homes, Schools/Universities, Hotels & Recreation Centres, Shops & Offices) %

Industrial Properties: (Manufacturing Plant & Production) %

6. Please estimate for the next 12 months the maximum number of persons engaged in the business and the annual gross salaries and wages.

Note: The amount to be entered is the total remuneration including over-time, value of board and lodgings, housing accommodation, bonuses, other payment in kind or money, received by all persons working under contracts of service (including Directors) or any person supplied to or hired or borrowed by you before deducting for national insurance, income tax, holidays with pay, contributory pensions.

a) Clerical/Non Manual Salaries/Wages

Proprietors, Partners, Directors, Managerial Employees including Commercial Travellers and Shop Assistants

b) Manual

i) Electrical Contracting Salaries/Wages

Proprietors, Partners, Directors working manually

Direct Employees working manually including Labour Only Sub-Contractors and Agency Labour

Bona fide sub-contractors

ii) Mechanical Heating, Ventilation, Plumbing and Air Conditioning Contracting

Salaries/Wages

Proprietors, Partners, Directors working manually

Direct Employees working manually including Labour Only Sub-Contractors and Agency Labour

Bona fide sub-contractors

iii) All other Contracting Activity

Salaries/Wages

Proprietors, Partners, Directors working manually

Direct Employees working manually including Labour Only Sub-Contractors and Agency Labour

Bona fide sub-contractors

c) Please provide estimated number of employees

Clerical (including Proprietors/Partners/Directors)
Manual

7. a) Do you use heat-producing equipment away from your premises? YES NO
- b) Is your use of heat-producing equipment limited to the use of blowlamps and soldering irons? YES NO

If No, please provide details of the equipment used:

--

If 'YES', to any of the above, please provide % of turnover relating to this work: %

8. Do you:

- a) Undertake contracts performed outside Great Britain, Northern Ireland, The Isle of Man or the Channel Islands? YES NO
- b) Export goods or services to the United States of America or Canada? YES NO
- c) Work on or at Airports, Aircraft, Watercraft, Collieries, Mines, Gas, Petrochemical and Chemical works, Railways, Railway installations, Power Stations, Oil refineries, Fuel Depots, Quarries, on Gas or Oil Rigs or Other offshore installations or at any other sites which may involve Special hazards YES NO
- d) Work on external aerials or masts or work at heights exceeding 10 metres or at depths exceeding 1 metre? YES NO

If 'YES' to any part of Question 8, please provide full details including an estimate of the wages & turnover for the next 12 months.

--

COVER REQUIRED

1. Please advise the Public/Products Liability indemnity limit you require: £
 Note: Limits of £2,000,000 or £5,000,000 are available.
 Please indicate if higher limit required.

2. Do you require Employers Liability cover? YES NO
 Note: The Employers Liability Indemnity Limit is £10,000,000 any one event including costs and expenses.

3. CONTRACTORS ALL RISKS - Do you require cover? YES NO

(Please indicate estimates for the next 12 months)

a) Total value of any one contract	£
b) Total value of own plant and equipment	£
c) Total value of hired in plant	£
d) Annual charges for hired in plant	£
e) Total value of employees tools	£
i) Limit any one employee	£
f) Are tools permanently stored in vehicles	YES/NO

PROFESSIONAL INDEMNITY

Please note the following questions relate only to work undertaken in connection with the provision of advice, instruction, consultancy, design, formula, specification, inspection, certification or testing and/or the performance of any supervision of construction, installation, maintenance or repair **where such is provided performed separately for a fee or under a separate contract.**

1. Do all partners, directors, members or employees hold a professional qualification and/or a minimum of five years relevant professional experience? YES NO

2. During the last five years have any claims (successful or otherwise) been made against you or are you aware of any circumstances which may give rise to a claim against you? YES NO

3. Has any partner, director, member, or employee ever been involved in any instances of fraud or dishonesty? YES NO

4. Have you ever been refused professional indemnity insurance or has any such insurance ever been cancelled or special conditions applied, other than standard market increases in premium? YES NO

5. Do you undertake work for any organisation in which you have a financial or controlling interest (other than as shareholders/stockholders in a publicly quoted company) or which has a financial or controlling interest in your firm? YES NO

6. During the last five years, have you been the subject of a disciplinary proceeding by any professional organisation? YES NO

7. Do you sub-contract any work? YES NO

8. Have you undertaken any projects in the following sectors?

a) Railways; roads; bridges; flyovers; mines; tunnels. YES NO

b) Harbours; jetties; sea defences; dams; locks. YES NO

- c) Airports; airfields. YES NO
- d) Petro-chemical. YES NO
- e) Water supply; waste management. YES NO
- f) Power generation or supply; nuclear. YES NO
- g) Golf courses; swimming pools. YES NO
9. Have you ever undertaken, or do you expect to undertake, any work where the overall contract value exceeds £5,000,000? YES NO
10. Have you undertaken, or plan to undertake, any work outside the UK, any work where the "end product" of such work is carried out outside of the UK, or any work under any jurisdiction other than the UK? YES NO
11. During the last three financial years, has your annual fee income exceeded £50,000? YES NO

State your gross fee income received in the last financial year:

£

Limit of Indemnity (please tick required amount)

£100,000

£250,000

£500,000

IF ANY OF THE ABOVE QUESTIONS WOULD BE ANSWERED IN THE AFFIRMATIVE, A STANDARD PROPOSAL FORM WILL BE REQUIRED.

CLAIMS AND INSURANCE HISTORY

1. Please provide the following information about your present liability insurance. If you are not presently insured (other than where your policy has recently lapsed) please state "none".

a) Present Insurer

b) Renewal Date

2. Have you or any partner or director (in connection with this or any other business in which you or they have been trading):-

a) Suffered any loss, made any claims or been involved in incidents which have or could have resulted in a claim in respect of the risks proposed within the last 5-years? YES NO

If 'YES' to the above, please advise:

Type of Insurance	Date of Loss	Details of Loss	Amount Paid	Amount Outstanding

3. Has an insurer ever:

a) Declined to insure you, cancelled or declined to renew any of your insurance
Or required any special terms?

YES NO

DECLARATION

I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND I/WE HAVE NOT MIS-STATED OR SUPPRESSED ANY MATERIAL FACT. I/WE AGREE THAT THIS PROPOSAL TOGETHER WITH ANY OTHER INFORMATION SUPPLIED BY ME/US SHALL FORM THE BASIS OF THE CONTRACT BETWEEN THE UNDERWRITERS AND ME/US.

SIGNED

POSITION

DATE

Important Information

in regards to your application

Underwritten by

Aviva Insurance Limited

Registered in Scotland, No. 2116. Registered Office: Pitheavlis, Perth PH2 0NH.

A member of the Aviva group.

Authorised and regulated by the Financial Services Authority.

Choice of Law

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

- 1) The law applying in that part of the UK, 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 UK, 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.

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 Advisor or us at Camberford Law plc, Lygon House, 50 London Road, Bromley, Kent, BR1 3RA or telephone us on: 020 8315 5000, Facsimile: 020 8460 2118

Camberford Law plc and Aviva Insurance Limited (trading as Norwich Union) 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.

Telephone Call Recording

For our joint protection telephone calls may be recorded and/or monitored.

Important Notice

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one that is likely to influence an insurer in the acceptance and assessment of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed [application form 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 Camberford Law plc and Aviva Insurance Limited

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 your application now or at renewal, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Similar checks may be made in assessing any claims made.

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

- In assessing your Application, to prevent fraud, check your identity and to maintain its policy records, the insurer may:

Search files made available to it by credit reference agencies who may keep a record of that search. The insurer may also pass to credit reference agencies information it holds about you and your payment record. The information will be used by other credit lenders for making credit decisions about you and the people with whom you are financially associated for fraud prevention, money laundering prevention and for tracing debtors. The insurer may ask credit reference agencies to provide a credit scoring computation.

Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

- Use information relating to you and your Company are supplied to us by other third parties.

Credit Searches and Accounting

In assessing your Application, to prevent fraud, check your identity and to maintain its policy records, the insurer may search files made available to it by credit reference agencies who may keep a record of that search. The insurer may also pass to credit reference agencies information it holds about you and your payment record. The information will be used by other credit lenders for making credit decisions about you and the people with whom you are financially associated for fraud prevention, money laundering prevention and for tracing debtors.

The insurer may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

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 Application you will signify your consent to such information being processed by the insurer or its agents.

Marketing

Aviva group, its agents and business partners may use your information to keep you informed by post, telephone, facsimile, e-mail, text messaging or other means about products and services that may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. By providing us with your contact details, you consent to being contacted by these methods for these purposes. If you do not wish to receive marketing information, please write to Norwich Union, FREEPOST, Mailing Exclusion Team, PO Box 6412, Derby, DE1 1SB.

Fraud Prevention and Detection

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

- Share information about you with other organisations and public bodies including the Police;
- Undertake credit searches and additional fraud searches;
- 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.

We can supply on request further details of the databases we access or contribute to by contact us at Camberford Law.

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

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

Claims History

- 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.
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other 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 the policy.

I/We understand the contents of this completed application and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and 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.

CAMBERFORD LAW PLC

HEAD OFFICE:

Lygon House
50 London Road
Bromley, Kent
BR1 3RA

CITY OFFICE:

2 Royal Exchange
London
EC3V 3DG

T 020 8315 5000
F 020 8460 2118
@ electrical@camberfordlaw.com

www.camberfordlaw.com/electrical