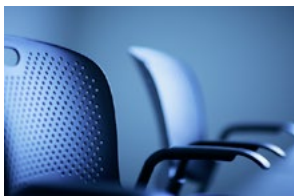




Liability Proposal Form Facilities Management

Underwritten by QBE Insurance (Europe) Limited





Liability Proposal Form for the Facilities Management Industry

Underwritten by QBE Insurance (Europe) Limited



PLEASE COMPLETE AND RETURN TO:

Sutton Specialist Risks Ltd, Bull Wharf, Redcliff Street, Bristol BS1 6QR

Tel: 0117 930 0100 Email: info@ssr.co.uk Website: www.ssr.co.uk

DISCLOSURE:

In completing this Proposal Form it is very important that you disclose fully & accurately all material facts, as failure to do so may result in this insurance being declared void.

Material facts are those which may effect an Insurers assessment of the risk to be insured. If you have any doubt as to whether something is a material fact you should provide full details on this proposal form.

IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL AND WHERE APPLICABLE TICK THE APPROPRIATE BOX

A YOUR DETAILS

1. **Full name of Proposer** including any trading names and all subsidiaries:

ERN Number

Subsidiary company names

ERN Number

2. **Address:**

Postcode (Must be provided)

3. **Telephone:**

4. **Email:**

5. **Website:**

6. **Date established:**

If trading for less than 12 months, please provide full details of the relevant experience of the directors/principals, including the names of the previous companies worked for:

7. **Tick any trade association or regulatory body you are a member of:**

BIFM (The British Institute of Facilities Management)

FMA (The Facilities Management Association)

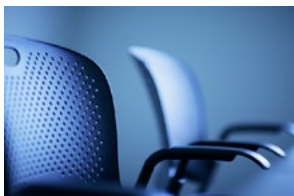
ISO 9001

Safe Contractor

CHAS Accreditation

Investors in People

Other (please confirm)



B YOUR BUSINESS

8. Business Description (give the fullest possible description of all activities undertaken):

(Note: cover will only apply to the business defined above)

C YOUR INSURANCE REQUIREMENTS

9. Public Liability/Products Liability incorporating:

incorporating as standard:

- Failure to perform (inefficacy)
- Defective workmanship
- Treatment risks
- Damage to property being cleaned
- Damage to third party plant being operated
- Damage to property being worked upon (where third party property damage has occurred)
- Failure to secure premises
- Legionella (£1m limit)
- Terrorism cover (up to the PL limit selected)
- Temporary removal of customers goods
- Liability arising from accidental exposure to asbestos products

Limit of Indemnity (tick required option) £1m £2m £5m Other £

10. Optional Extensions:

	Standard limits	Yes	No
Fidelity Bonding	£100,000	<input type="checkbox"/>	<input type="checkbox"/>
Loss and/or Consequential Loss of Keys	£75,000	<input type="checkbox"/>	<input type="checkbox"/>
Financial Loss including Products	£250,000	<input type="checkbox"/>	<input type="checkbox"/>
North America (Products)	£1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
Misuse of Telephones	£50,000	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Extinguishing Gas	£10,000	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Metered Water	£10,000	<input type="checkbox"/>	<input type="checkbox"/>
Trace and Access	£100,000	<input type="checkbox"/>	<input type="checkbox"/>
Damage to that part worked upon	PL Limit	<input type="checkbox"/>	<input type="checkbox"/>
Heat work away extension	PL Limit	<input type="checkbox"/>	<input type="checkbox"/>

Please note higher limits are available upon request

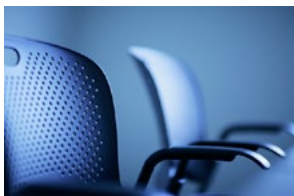
11. Is Employer's Liability cover required?

12. Professional Indemnity and Directors and Officers Liability

Free limits of £100,000 are automatically provided for both these covers subject to eligibility, is this sufficient to meet your requirements? (If no, please note a separate proposal form will also need completing)

Professional Indemnity

Directors and Officers Liability



C YOUR BUSINESS PLANS

13. a. Estimated total Turnover for the next 12 months

b. Amount of your turnover relating to pure retail/wholesale

14. Total number of employees

15. Clerical and other non-manual wages :

Type of Work	Directors, principals & partners wages (£)	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)
Clerical, administrative, managerial and all other non- manual work	£	£	£

16. General Maintenance Information and wages details:

Please now complete one or more of the following sections as appropriate, then go to question 17

Section A General Maintenance

Section B Electrical, Plumbing, Heating, Ventilation and Air Conditioning

Section C Security and Fire Protection

Section D Cleaning and Pest Control

ie. If involved in electrical work and fire protection complete sections B & C

If involved in general maintenance and cleaning complete sections A & D

A: General Maintenance Information and manual wages details

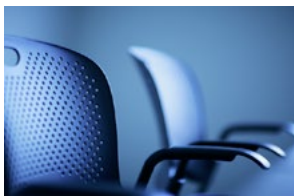
Type of Work	Directors, principals & partners wages (£)	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)
Confined space work	£	£	£
Lift Maintenance	£	£	£
General Maintenance, painting/decorating, gardening & grounds maintenance (excluding tree felling/chainsaw use)	£	£	£
Catering work	£	£	£
Work involving tree felling and/or the use of chainsaws	£	£	£
Minor building works to include ground works to 2m (excluding structural work)			
Minor building works to include ground works below 2m (excluding structural work)			
Building works including structural work			
Roofing work	£	£	£
Any other type of maintenance or general activity (please describe what work this entails)			
1:	£	£	£
2:	£	£	£
3:	£	£	£

Are you required to perform gritting/snow clearance work?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please confirm whether this is only performed upon the instruction of a third party?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



B: Electrical, Plumbing, Heating, Ventilation and Air Conditioning Information and manual wages details

Type of Work	Directors, principals & partners wages (£)	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)
Electrical contracting	£	£	£
Heating, Ventilation and Air Conditioning	£	£	£
Plumbing	£	£	£
Any other type of Electrical, Plumbing, Heating, Ventilation and Air Conditioning activities (please describe what work this entails)			
1:	£	£	£
2:	£	£	£
3:	£	£	£

Tick any trade association your business or the sub contractors you use are members of:

- NICEIC ECA NAPIT
 SELECT B&ES OTHER (Please state below)

C: Security and Fire Protection Information and manual wages details

Type of Work	Directors, principals & partners wages (£)	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)
Fire prevention and security alarm installation	£	£	£
Front of house/manned guarding	£	£	£
Door supervision, stewarding or close protection work	£	£	£
Any other type of Security or Fire Protection activity (please describe what work this entails)			
1:	£	£	£
2:	£	£	£
3:	£	£	£

Tick any trade association your business or the sub contractors you use are members of:

- SIA Approved Contractor SSAIB IPSA
 BSIA NSI (& ICON) BAFE
 BFC OTHER (Please state below)

Do you provide guard dog security?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, do you comply with the Guard Dogs Act of 1975 and any amending legislation?

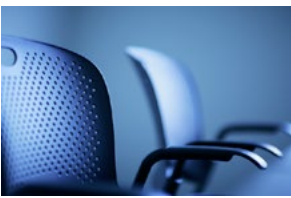
<input type="checkbox"/>	<input type="checkbox"/>
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Are all relevant employees licensed by the Security Industry Authority?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Do you vet your security guards in accordance to either BS7499 or BS7858?
(please note that if you provide security guards, this is a policy condition)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



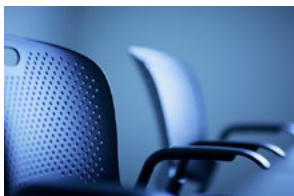
D Cleaning and Pest Control Information and manual wages details

Type of Work	Directors, principals & partners wages (£)	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)
Pest Control	£	£	£
Cleaning (internal)	£	£	£
Drain cleaning/water treatment	£	£	£
Pressure washing above 2000 PSI	£	£	£
Window cleaning ground level and reach & wash	£	£	£
Window cleaning above ground level including use of Mobile Elevated Work Platforms?	£	£	£
Window cleaning by way of rope access/ cradles	£	£	£
Any other type of cleaning activity (please describe what work this entails)			
1:	£	£	£
2:	£	£	£
3:	£	£	£

Tick any trade association your business or the sub contractors you use are members of:

- BICS
 NPTA
 BPCA
 OTHER (Please state below)

- | | Yes | No |
|--|--------------------------|--------------------------|
| Do you undertake work involving crop spraying? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you use firearms? | <input type="checkbox"/> | <input type="checkbox"/> |



D GENERAL QUESTIONS

17. Vetting

Do you obtain proof of address for all new employees?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you obtain proof of ID for all new employees (copy of passport)?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

18. Height work

In respect of work at height are all employees fully trained and issued with the appropriate safety equipment and is this documented?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Do your ladders comply with the relevant BS standard?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Do you undertake any work above 16m using slings/cradles/abseiling/rope access methods?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, what percentage of this work is undertaken by Bona Fide Sub Contractors

<input type="text" value=""/>	%
-------------------------------	---

19. Asbestos

Do you undertake any work which requires you to hold a license under the Control of Asbestos Regulations of 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

20. Depth work

Do you undertake work at a depth exceeding two metres?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes then please give full details including the percentage of your turnover and wages for this work;

<input type="text" value=""/>	%
-------------------------------	---

Details:

21. Heat work

Do you undertake any work which involves the use of LPG blow lamps, LPG cutting equipment, Oxyacetylene, Arc, MIG or TIG welding (away from your own premises)?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, please give full details including:

a) percentage of your turnover and wages for this work?

<input type="text" value=""/>	%
-------------------------------	---

b) what proportion of the work is undertaken by bona fide sub contractors?

<input type="text" value=""/>	%
-------------------------------	---

c) is the heat work specifically in relation to certain activities, if so which?

Details:

22. Hazardous Locations

Do you undertake work (or supply goods) on-board ships, offshore, airside, at chemical or petrochemical works, nuclear installations, bulk oil or gas storage facilities (other than retail shops or offices)?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, please give full details including:

a) percentage of your turnover and wages for this work?

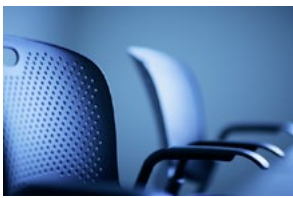
<input type="text" value=""/>	%
-------------------------------	---

b) what proportion of the work is undertaken by bona fide sub contractors?

<input type="text" value=""/>	%
-------------------------------	---

c) which hazardous locations do you work at?

Details:



23. Rail side work

Yes No

Do you work on or alongside railway tracks being designated 'green' or 'red' as defined by the office of Rail Regulation?

If yes to either of the above questions, are your staff required to hold PTS cards to perform rail side work?

24. Overseas work

Do you carry out any work overseas?

If yes, what percentage of your total turnover relates to work in:

Republic of Ireland

 %

Europe

 %

North America / Canada

 %

Rest of World other than North America and Canada (Please specify which regions below)

 %

Details:

E HEALTH AND SAFETY QUESTIONS

Yes No

25. Do you have a written Health & Safety Policy as required by the 1974 Health & Safety at Work Act?

26. Are all employees issued with suitable protective clothing and equipment and do they sign to confirm receipt?

27. Are risk assessments and method statements carried out for all contracts?

28. Do you carry out COSHH assessments where applicable?

29. Do you use, handle, store or transport any hazardous substances such as explosives, toxic or corrosive chemicals, siliceous materials, gases, asbestos, isocyanates, radioactive, substances or any materials giving rise to dust, fumes or vapours?

30. If you have answered no to questions 25 – 28 or yes to question 29, please provide a full explanation:

Details:



F YOUR BUSINESS HISTORY & CLAIMS EXPERIENCE

Yes No

- 31. Have you or any director or partner ever had any claim made against you in the last 5 years (whether insured or not), in respect of the insurances for which you are now proposing?**

If YES, please provide the following details, including the present position on any claims outstanding against you:

Years	Brief details & type of claim	Amount paid (£)	Amount outstanding (£)

- 32. Have you or any director or partner ever:**

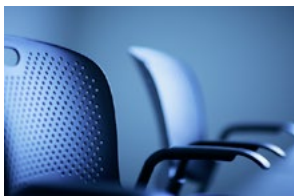
- a) Been prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to the health & safety of your employees?
- b) Been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?
- c) Been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

If you have answered YES to any of these questions, please provide full details below:

- 33. Are you aware of any incidents which have given or may give rise to a claim for financial loss?**

- 34. Has any insurer ever declined to insure you, cancelled or refused to renew your insurance?**

If you have answered YES to either of these questions, please provide full details below:



35. Professional Indemnity Insurance Declaration

AFTER ENQUIRY, there have been no known or reported losses or circumstances which could give rise to a claim
AND
the percentage of Turnover relating to pure design, advice, surveying,
training & consultation carried out for a fee does not exceed 10%.

PLEASE TICK HERE TO CONFIRM THIS DECLARATION IS CORRECT

36. DIRECTORS' & OFFICERS' LIABILITY INSURANCE DECLARATION

The authorised representative of the firm or company stated above declares that:

1. The firm or company is not a sole trader, partnership or listed on a stock exchange
2. The last consolidated annual accounts had a positive net worth (total assets exceed total liabilities)
3. The firm or company is able to pay its debts as they fall due
4. The firm or company have been trading for not less than 24 months
5. The last audited accounts have an unqualified audit opinion (if applicable)
6. There are no circumstances that might reasonably be expected to give rise to any claim against any of the Directors or Officers of the firm or company
7. There have been no claims against any of the Directors (including past Directors) or Officers of the firm or company or any of its subsidiaries in the last 5 years
8. A full enquiry of all Directors and Officers of the Company and its subsidiaries has been undertaken prior to affirming that the above statements are correct.
9. There are no other facts that may influence the insurer's decision to accept this risk or the terms upon which the risk is accepted.
10. No other Directors and Officers insurance is in force covering the same risk or any part of the risk.

Declaration

As an authorised representative of the firm or company applying for insurance I understand that:

- A. this declaration is made on behalf of the firm or company named above and is deemed to include all their subsidiary companies;
and
- B. by accepting the insurance I am affirming, on behalf of all Directors, officers and the firm or company, that the above statements are true
- C. I am authorised to affirm this statement of fact on behalf of all Directors and Officers of the firm or company and its subsidiaries.

PLEASE TICK HERE TO CONFIRM THIS DECLARATION IS CORRECT



H CURRENT INSURANCES

37. Name of Last/Present Insurer: (must be provided)

39. Policy Number(s) (must be provided)

38. Expiry Date of current Policy

40. Expiring Premium £

IMPORTANT

IT IS UNDERSTOOD AND AGREED THAT WE MAY HOLD DOCUMENTS RELATING TO THIS INSURANCE AND ANY CLAIMS UNDER IT IN ELECTRONIC FORM AND MAY DESTROY THE ORIGINALS. AN ELECTRONIC COPY OF ANY SUCH DOCUMENT WILL BE ADMISSIBLE IN EVIDENCE TO THE SAME EXTENT AS, AND CARRY THE SAME WEIGHT AS, THE ORIGINAL.

DISCLOSURE

Material facts must be disclosed. These are facts which an insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. Please keep copies of all communications in respect of information supplied for the purpose of entering into this contract. If requested a copy of the proposal form will be provided.

ANTI-FRAUD WARNING

It is important that care is exercised in the completion of this form. Some or all of the information which you supply to Insurers in connection with this insurance will be held by the Company on computer and may be passed on to other parties for underwriting and claims handling purposes and to prevent fraudulent claims.

DECLARATION

I/We declare that to the best of my/our knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until this proposal has been accepted by the Company. I/We further agree to provide such declarations of actual wages and turnover at the end of the period of insurance as may be required, and to pay any additional premium due.

Name in capitals:

Signed:

Date:

Position:

THIS PROPOSAL MUST BE SIGNED BY AN AUTHORISED REPRESENTATIVE OF THE COMPANY SUCH AS PARTNER, DIRECTOR OR COMPANY SECRETARY.



August 2016



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