

LIABILITY INSURANCE PROPOSAL FOR CONTRACTORS

Please complete All Sections of the Proposal Form

1. Name of Proposer (Your name in full):

2. Company Name (If applicable):

3. Is the Company registered in the United Kingdom?

Please circle as appropriate
Yes / No

If No, please state which country Company is registered:

4. Nationality:

5. Telephone No:

<input type="text"/>	<input type="text"/>
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6. Fax No:

7. E-mail address:

<input type="text"/>	<input type="text"/>
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8. Full Address including Postcode where you conduct your business activities from?

9. The Business for which this insurance is required:

Please select a Category/Categories below or please give full job description in the 'Other' section:

Clerical	ROV Pilot	Other please specify below
Supervisor	Wind Farm Rigger/Cable Work	
Consultant	Wind Farm Engineer	
Surveyor	Derrickman	
HSE	Rope Access Work	
Oil Platform Rigger	Barge Master	

It is important that you provide a full business description below in addition to the above:-

10. Manual Work:

Do you undertake any MANUAL work?

Please circle as appropriate
Yes / No

If **Yes**, please provide full details/description of this work and details of tools that will be used and including any **Heat Work or Work at Height?**

11. For how many years has the business been established?

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12. Cover Required	Please circle as appropriate	Indemnity Limit Provided
Employers Liability	Yes No	£10,000,000 any one occurrence and or series of occurrences arising out of any event Onshore £5,000,000 any one occurrence and or series of occurrences arising out of any event Offshore
Public/Products Liability	Yes No	£5,000,000 any one occurrence <i>(alternatives are available on request)</i>

Should you require Employers Liability cover, please provide us with the following information. Please note we are unable to bind cover without the Employers' Reference Number.

13. Employer Reference Number (ERN) also referred to as Employee PAYE Reference for both the Insured and their Subsidiaries, This is not required if Public Liability insurance is required alone: Please enter this number below:-

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14. Claims

Have there been any incidents in the last 5 years which have Or could have, given rise to any claims?

Please circle as appropriate
Yes / No

If Yes, please give details below:

Year	Description/Circumstances	Amount Paid	Amount Outstanding

15. Offshore Work

Does your work involve work on Vessels and/or Windfarms?
Does your work involve work on Oil rigs and/or Oil platforms?

Please circle as appropriate
Yes / No
Yes / No

If Yes to working on Oil Rigs and/or Oil Platforms, please provide details of the maximum number of days spent offshore in any one year and describe FULLY the work undertaken:

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16. Does any of your work involve USA/CANADA

Please circle as appropriate
Yes / No

If Yes, please advise: Names of People to be Covered / Scope of Work / Location / Duration below:

Names of people to be Covered:	
Scope of Work:	
Location:	
Duration:	

17. Other than yourself, do you have any other Employees working either Offshore or Onshore? Yes / No **Please circle as appropriate**

If Yes, are they working Offshore, Onshore or both and please state their Full Names and Full Job Titles:

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18. Wages:

Please provide details of Wages paid:-

Principal:		£
Others:	Wages Offshore	£
	Wages Onshore	£

19. Turnover:

Please provide the estimated turnover for the forthcoming year:	£
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20. Do you use Sub-Contractors?

Please circle as appropriate
Yes / No

If 'No' carry on to section 21.

If Yes, do you check they hold their own Insurance and are therefore not to be covered under your Policy?

Please circle as appropriate
Yes / No

How often do you use Sub-Contractors and please advise how many in total at any one time:

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Please advise if the Sub-Contractors you use work:

Please circle as appropriate
Onshore only / Onshore & Offshore

Please advise estimated Turnover relative to the use of Sub-Contractors:

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Type of work undertaken by Sub-Contractors:

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21. Has any Insurer ever declined your Proposal, refused to renew or cancelled your policy or imposed special items?

Please circle as appropriate
Yes / No

If Yes, please give the name of the Insurers, details of their action and their reasons for it:

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22. For whom did you undertake the majority of your work over the last twelve month period?

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23. Who are likely to be your principal employers during the forthcoming twelve month period?

24. Location of work:

25. Period of Insurance

No insurance is in force until this Proposal has been accepted by the Company.

From:

To:

Declaration - Important

You are reminded of the need to disclose any facts which the Company would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant please ask your Broker. Failure to disclose all relevant facts may invalidate your Certificate or may result in your Certificate not operating fully.

I declare that the information given in this Proposal Form is to the best of myself knowledge and belief, correct and complete in every detail and will be the basis of the contract between me and The Underwriters (The Company).

Signed:

On behalf of the Proposer

Position:

Date:

(Please note Underwriters will accept your name typed in for the signature above)

For Office Use Only

HMT Checked INTL

EUSL Checked INTL