



Asbestos Proposal Form

Company Details	02
LIABILITY - Asbestos Removal Contractors	04
LIABILITY - Asbestos Surveyors & Laboratory	08
Contractors All Risks and Plant	12
Professional Indemnity	17
Directors and Officers Liability	23
Directors & Officers and Professional Indemnity Declaration	24

Asbestos Insurance Scheme Company Details

Please complete in **BLOCK CAPITALS**.
Insurance will not be in force until this proposal is agreed by Underwriters

Proposers Full Name including names of all subsidiary's and company numbers where relevant

Business Description in full (*Details of all activities undertaken*)

Employee Reference Number (*Available from your Payroll or Company Secretary*)

Postal Address

Postcode



Web Site Address

Email Address

General Questions

Have you or any Principals or Directors in the business or any company in which you or such Principal or Director have or had an interest:

- 5.1. Ever been refused insurance or had any special terms or conditions imposed by an Insurer? YES NO
- 5.2. Ever been convicted of or is any prosecution pending for any offence involving fraud, arson, theft, wilful damage or handling stolen goods YES NO
- 5.3. Ever been declared bankrupt, the subject of bankruptcy proceedings, insolvency, winding up etc? YES NO
- 5.4. Ever been prosecuted or awaiting intended prosecution under any Health & Safety At Work Act? YES NO

Terrorism: Please note that the policy excludes losses from acts of terrorism



LIABILITY - Asbestos Removal Contractors

Do you require a Quotation for, (Please tick)

- a) Employers Liability
- b) Public Liability
- c) Products Liability
- d) Pollution Liability
- e) Financial Loss Extension (£500,000 any one period)

For Public, Products & Pollution Liability, state limit of indemnity required

- £5,000,000
- £10,000,000
- £15,000,000
- £20,000,000
- Other

Please indicate level of Excess required

- £2,500
- £5,000
- £10,000

1) Date from which insurance is required

2) Date Business established:

3) Previous company names in last 5 years and status:



4) Have you or do you anticipate working outside of the UK? YES NO

If YES please give details

5) Are you a member of a trade association? YES NO

If YES please give details

6) Do you obtain most recent medical certificates for all new operatives and maintain regular medicals for existing operatives in line with HSE Requirements? YES NO

7) Who is responsible for training coordination and record keeping within your company?

8) Do you have a written Health & Safety Policy and up to date working procedures manual? YES NO

9) Do all of your employees enter into a contract of employment in the United Kingdom? YES NO

If NO state number and nationality of foreign employees

10) Are any of the following used in connection with your business?

- | | | |
|--|------------------------------|-----------------------------|
| a) Woodworking or Power Driven Machinery | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b) Lifts, Cranes, Hoists or other Lifting Apparatus | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c) Slings or Cradles | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d) Scaffolding | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e) Any Other Mechanical Plant | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f) Processes involving a noise level in excess of 85 dB(A) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- If YES are noise assessments carried out YES NO



- g) Radioactive substances or other sources of ionising radiation's YES NO
- h) Heat (oxy-acetylene or similar welding or cutting equipment, blow lamps, blow torches, flamed guns, hot air guns or other heat producing equipment) YES NO
- i) Explosives YES NO

If YES please give details

11) Employers Liability Information

Description of staff and employment status	Estimated Annual Payments For Forthcoming Period	
	Work at your premises	Work away from your premises
Clerical & Admin Works	£	£
PAYE STAFF		
Asbestos Removal Operatives - Non-notifiable	£	£
Asbestos Removal Operatives - Notifiable	£	£
Asbestos Removal Supervisors	£	£
Management Surveys	£	£
Refurbishment & Demolition Surveys	£	£
Thermal Insulation ex Asbestos	£	£
Soft Strip Demolition ex Asbestos	£	£
	£	£
	£	£
Labour Only Sub Contractors		
Asbestos Removal Operatives	£	£
Asbestos Removal Supervisors	£	£
Management Surveys	£	£
Refurbishment & Demolition Surveys	£	£
Thermal Insulation ex Asbestos	£	£
Soft Strip Demolition ex Asbestos	£	£
Others (please fully detail)	£	£
	£	£
	£	£

12) Public/Products/Pollution/Financial Loss Liability Information

Annual Turnover Breakdown

Description of Work	Gross Income	% of Activities
1. Asbestos Removal Work	£	%
2. Thermal Insulation Work ex Asbestos	£	%
3. Soft Strip Demolition ex Asbestos	£	%
4. Mechanical Demolition ex Asbestos	£	%
5. Surveying	£	%
6. Bonafide Subcontractor Payments	£	%
Total Turnover Estimate for forthcoming Period	£	100%



13) Have you had any claims made against you during the under noted period?

YES NO

If YES please give details

Claims Information

Type	Year	Date of Loss	Paid (£)	Outstanding (£)

14) Are any of the Directors / Partners or Principals AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm / Company or its predecessors in business or any of its present or former Directors, Partners or Principals.

YES NO

If YES please give details

15) Please state name of present and previous insurers over the last 5 years and policy numbers if available

16) Has the Insurer ever declined your proposal, refused to renew or cancelled your policy, increased your premium other than due to market capacity reasons, or imposed special terms?

YES NO

If YES please give details



LIABILITY - Asbestos Surveyors & Laboratory

Do you require a Quotation for, (Please tick)

- a) Employers Liability £10,000,000
- b) Public Liability
- c) Products Liability
- d) Pollution Liability
- e) Financial Loss Extension (£500,000 any one period)

For Public, Products & Pollution Liability, state limit of indemnity required

- £5,000,000
- £10,000,000
- £15,000,000
- £20,000,000
- Other

Please indicate level of Excess required

- £2,500
- £5,000
- £10,000

1) Date from which insurance is required

2) Date Business established:

3) Previous company names in last 5 years and status:

4) Have you or do you anticipate working outside of the UK?

YES NO

If YES please give details



5) Are you a member of a trade association or UKAS? YES NO
If YES please detail organisation

6) Are all of your surveyors / analysts qualified for their duties as defined by UKAS,LAB 30 & RG8? YES NO

7) Who is responsible for training coordination and record keeping within your company?

8) Do you have a written Health & Safety Policy and up to date working procedures manual? YES NO

9) Do all of your employees enter into a contract of employment in the United Kingdom? YES NO

If NO state number and nationality of foreign employees

10) Are any of the following used in connection with your business?

- a) Woodworking or Power Driven Machinery YES NO
- b) Lifts, Cranes, Hoists or other Lifting Apparatus YES NO
- c) Slings or Cradles YES NO
- d) Scaffolding YES NO
- e) Any Other Mechanical Plant YES NO
- f) Processes involving a noise level in excess of 85 dB(A)
If YES are noise assessments carried out YES NO
- g) Radioactive substances or other sources of ionising radiation's YES NO
- h) Heat (oxy-acetylene or similar welding or cutting equipment, blow lamps, blow torches, flamed guns, hot air guns or other heat producing equipment) YES NO
- i) Explosives YES NO

If YES please give details



11) Employers Liability Information

YES NO

If YES please give details

Description of staff and employment status	Estimated Annual Payments For Forthcoming Period	
	Work at your premises	Work away from your premises
Clerical & Admin Works	£	£
PAYE STAFF		
Management Surveys	£	£
Refurbishment & Demolition Surveys	£	£
Bulk Analysts	£	£
Fibre Counting / Clearance Testing	£	£
Project Supervisors	£	£
Others (please detail)	£	£
	£	£
	£	£
Labour Only Sub Contractors		
Management Surveys	£	£
Refurbishment & Demolition Surveys	£	£
Bulk Analysts	£	£
Fibre Counting / Clearance Testing	£	£
Project Supervisors	£	£
Others (please detail)	£	£
	£	£
	£	£

12) Public/Products/Pollution/Financial Loss Liability Information

Annual Turnover Breakdown

Description of Work	Gross Income	% of Activities
1 Management Surveys	£	%
2 Refurbishment & Demolition Surveys	£	%
3 Bulk Analysis / Laboratory Testing	£	%
4 Fibre Counting, Clearance Testing	£	%
5 Project Supervision	£	%
6 Asbestos Consultancy	£	%
7 All Other Work	£	%
Total Turnover Estimate for forthcoming Period	£	100%



| Contractors All Risks and Plant

1) Inception Date Required

2) Cover

a) Fully describe your business activities.

b) Estimated annual contracting turnover

c) Maximum value any one contract

d) Maximum contract period

d) Average contract period

About Your Work Activities:

a) What conditions of contract do you usually use? e.g. JCT etc



b) Please provide details of the three largest contracts you have completed in the last 24 months including contract price, duration and a brief description:

Description	Price	Duration (Months)

c) Please provide details of the three largest contracts you will complete or expect to start in the next 12 months including contract price, duration and a brief description:

Description	Price	Duration (Months)

d) Will you work on any speculative building project? If so what percentage of your annual turnover if this expected to be?

e) Where Labour & Materials Sub-Contractors (bona Fide Sub-Contractors) are used, do you check that they are insured for public/products liability insurance in respect of all work they undertake on your behalf during the duration that they work for you? YES NO

f) Do you follow the Joint Code of Practice for Fire Protection on Construction Sites? YES NO



- g) Do you propose to undertake any contracts involving non-standard* construction (other than timber framed construction referred to below)? YES NO

*By non-standard construction we mean buildings not built of brick, stone or concrete and roofed with slates, tiles, metal, concrete, asphalt or sheets or slabs composed entirely of non-combustible mineral ingredients and plastic roof lights. If the building is made of metal or composite panels insulated with materials other than polystyrene, we would regard this as standard construction.

- h) What precautions/security arrangements are taken to minimise the risk of fire, theft and malicious damage?

Does any part of your trade or business involve work in connection with:

- a) Work overseas? YES NO
- b) Works on nuclear plant/power station Gas or chemical works, oil refineries/Bulk oil storage Facilities, offshore structures, airfields/airports or Railway property? YES NO
- c) The use of welding equipment or the use of naked flames? YES NO
- d) Quarrying, tunnelling or mining? YES NO
- e) Piling, ground stabilisation, underpinning or Dewatering? YES NO
- f) Towers, steeples or chimney shafts? YES NO
- g) Bridges, viaducts, flyovers or underpasses YES NO
- h) Docks, harbours, piers or wharfs? YES NO
- i) Dams reservoirs, lakes, rivers, water diversion, Flood protection or sea defences? YES NO

If you have answered **YES** to any of the above, please give details below:



Work involving Timber Frame Structures:

Do you undertake work:

- a) Involving timber frame structures (other than roof trusses)? YES NO
- b) How long have you been using timber frames as a construction method?
- c) What is the maximum number of storeys you build using timber frame construction?
- d) What percentage of your turnover relates to Timber frame construction?
- e) In the last 24 months what was your maximum contract price relating to timber frames?
- f) In the next 12 months, what is the maximum contract price relating to timber frame construction that you expect to start?
- g) Are you a member of the Structural Timber Association? YES NO
- h) Please provide details of the type of timber frame construction method you use below:

3) Extensions

Is cover required for the following?

- a) Owned plant? YES NO
NB. Policy basis is indemnity whether NRV or market value is declared
Please state either:
Total new replacement value
or
Total market value

- b) Hired in Plant? YES NO
Maximum hired in
Estimated annual fees

- c) Employees Tools & Effects? YES NO
(Limit per employee is set at £1000)
Number of employees

- d) Site Huts? YES NO
Total market value
Limit any one item



Do you hire out any plant? YES NO

If YES what percentage of your turnover does this reflect?

(Please also attach a copy of hiring conditions)

4) Security

4.1. Is insured Plant & Equipment kept in a locked building, compound or yard when not in use?

YES NO

4.2. If No, please confirm what security arrangements are in place.

Please give details below of all losses and claims during the last five years whether insured or not



Asbestos Surveyors & Consultants Professional Indemnity

1) During the past 10 years has the name of the business changed or has any other business been purchased or any merger / consolidation taken place?

(If YES Please give full details)

2) Please give details of all Partners, Principals & Directors of the business

Name & Position	Years of Experience	Qualifications

3) Does any Partner, Principal or Director have a managerial, financial or controlling interest in any other business.

If YES Please give details:



4) Has any Partner, Principle, Director or Employee ever been the subject of disciplinary action by authorities as a result of their professional activities?

YES NO

If YES Please give details:

5) If you are currently insured for Professional Indemnity, please give the following details

Name of Insurer:	
Current Limit of Indemnity:	£
Current Excess:	£
Expiry Date:	
Retroactive date on Policy:	
Current Premium:	£

6) Please detail Limits of Indemnity and Excess Required:

Limit of Indemnity	Excess
a) £	£
a) £	£
a) £	£

7) Please detail the split in fees received annually by the following categories:

Description of Work	Last Complete Financial Yrs Fees	Current Financial Years Fees
i) Management Surveys	£	£
ii) Refurbishment & Demolition Surveys	£	£
iii) Bulk Analysis / Laboratory Testing	£	£
iv) Fibre Counting, Clearance Testing	£	£
v) Project Supervision	£	£
vi) Asbestos Consultancy	£	£
viii) Other (please detail separately each activity)	£	£
ix) Payments to Sub Contractors	£	£



8) Do you carry out any work outside of the UK? YES NO
 (If YES Please give full details on the 'Additional Information' Section)

9) Please state total number of staff you have in the following categories, EXCLUDING Partners, Principals & Directors:

Description of Staff	No of Staff	Minimum Qualifications Held
Clerical Office Staff Only		
Surveyors		
Bulk Analysts		
Fibre Counting / Clearance Testing		
Project Supervisors		
Others (please detail)		

10) Do you use Bona Fide Sub Contractors or external consultants: YES NO
 (If YES Please give full details below)

Name	Type of Work Carried Out	Annual Payments
		£
		£
		£
		£
		£
		£

11) Please give details of how you vet the quality of Sub Contractors that you use and do you check they carry their own Professional Indemnity cover to at least the equivalent of your own?

12) Is cover required for any Partner, Principal or Director for work they carried out with a previous firm then please give details below:

Name	Previous Firm	Period with Firm	Position Held



13) Please give details of your 5 largest contracts carried out over the past 5 years.

N.B: This question asks you to describe certain aspects of some of your largest contracts. Please take time to give as much information as possible, which will reduce the need for further questions later on. In particular, when describing your role in the contract, explain what you did and what you took responsibility for.

Clients Name	Your role in the contract	Your Fee Charged

14) Do you work in, on or about or in connection with any of the following:-

- (i) Airports or Aircraft YES NO
- (ii) Petrochemical, Oil & Gas Industry's YES NO
- (iii) Towers, Steeples, Bridges or Chimney Shafts YES NO
- (iv) Blast Furnaces, Viaducts, Dams or Reservoirs YES NO
- (v) Mines, Shipyards, Docks, Harbours, Piers or Jetties YES NO
- (vi) Railways or Railway Installations YES NO
- (vii) Nuclear Power Plants or Nuclear Installations YES NO

if **YES**, please give details



15) Do you ensure that such firms or persons have entered into a binding contract accepting full responsibility for their own professional neglect, error or omission and do you ensure that they carry and maintain in force Professional Indemnity Insurance:

YES NO

if YES, please give details

16) Have you had any claims made against you arising out of the performance of your business activities or has anyone threatened to bring such a claim?

YES NO

if YES, please give details

17) Are you aware of any circumstance(s), which may lead to a claim against you in the future (including complaints or criticisms of your activities)?

YES NO

if YES, please give details



18) Have you suffered from any loss involving fraud, dishonesty or malice or do you have any grounds for suspecting that you may suffer loss through fraud, dishonesty or malice? YES NO

if YES, please give details

19) Has the Insurer ever declined your proposal, refused to renew or cancelled your policy, increased your premium other than due to market capacity reasons, or imposed special terms? YES NO

if YES, please give details



Directors and Officers Liability

1) Please provide the latest annual turnover figure (excluding any inter-group sales) or the latest annual charitable income

£

2) Please advise the total number of employees

Full time

Part-time

3) (a) Have any claims ever been made against:

(i) any past or present Director, Officer, Partner, Trustee, Governor, Committee Member or employee acting in a managerial/supervisory capacity (including all employees with regard to employment related disputes)

YES NO

(ii) the Proposed Policyholder or its subsidiaries?

YES NO

(b) Are there any circumstances or incidents which may give rise to a claim?

YES NO



Directors & Officers and Professional Indemnity Declaration

In signing this Declaration form it is important you check that each statement listed below is accurate and correct for your company. If you have any doubt as to whether you are able to confirm each statement please contact your insurance broker as inaccurate or incorrect information may result in this insurance being declared void.

Company Name:

The authorised representative of the company stated above declares that:

- 1) In respect of the Company's Business Activities:
 - a) these fall solely and exclusively within one or both of the following industry sectors:
 - i) the security and fire protection industry
 - ii) the cleaning contractors industry.
- 2) In respect of Directors' and Officers Liability Insurance:
 - a) the company is not a sole trader, partnership or listed on any stock exchange and is registered with Companies House
 - b) the last consolidated annual accounts had a positive net worth (total assets exceed total liabilities)
 - c) the company is able to pay its debts as they fall due
 - d) the company has been trading for not less than 24 months
 - e) the last audited accounts have an unqualified audit opinion (if applicable)
 - g) there are no circumstances that might reasonably be expected to give rise to any claim against any of the Directors or Officers of the company
 - h) there have been no claims against past or present Directors or Officers of the company or any of its subsidiaries in the last 5 years
 - i) 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
 - j) 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
 - k) no other Directors' and Officers' insurance is in force covering the same risk or any part of the risk.
- 3) In respect of Professional Indemnity:
 - a) After Enquiry there have been no known or reported losses or circumstances which may reasonably be expected to give rise to a claim
 - b) the percentage of Turnover relating to pure design, advice, surveying, training & consultation carried out for a fee does not exceed 10 %
 - c) no other Professional Indemnity insurance is in force covering the same risk, or any part of the risk.



Declaration

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

- a) this declaration is made on behalf of the company named above and is deemed to include all subsidiary companies; and
- b) by accepting the insurance I am affirming, on behalf of the company and in respect of the Directors and Officers insurance on behalf of all Directors, Officers and the company, that the above statements are true and that CNA has accepted this Declaration as the basis for the policy and will be considered as being incorporated into the policy as a condition precedent to inception; and
- c) I am authorised to affirm this Declaration on behalf of the company and its subsidiaries (if any) and in respect of the Directors and Officers insurance on behalf of all Directors and Officers of the company and its subsidiaries (if any).

Signature

Date.....

Position within the Company:

NB - Signatory is required to be an authorised representative of the Company



IMPORTANT NOTICE

- 1) Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
- 2) For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE declare that I/WE have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Name

Position

Signature

Date.....

Law Applicable to Contract : If the proposer shown on this Proposal Form is a private individual or a sole trader then they are free to choose the law applicable to this Insurance Contract. This Contract will be subject to English Law (or Scottish Law where applicable)

