

Contractors “All Risk” Proposal Form

Instructions

- Please provide a full answer to every question.
- A Partner/Director/Principal must sign and date this form and any separate sheets on behalf of the firm having consulted to ensure that the answers given are true and complete.

Proposer Details

Please note: If there are additional Insured's that cover is required for under this policy, you should answer all questions on this proposal form in relation to all parties to be insured under this policy.

1. Company Name:

2. Address (including associated or subsidiary companies) requiring cover under this policy:

3. Telephone Number:

Contact Name:

4. Date business established:

5. Please provide a description of your business activities:

6. Pleaser provide details of your estimates for the forthcoming year:

Maximum contract period	
Average contract period	
Projected turnover for the forthcoming 12 month period	£
Maximum contract price	£
New replacement value of plant and equipment	£
Current market value of all plant and equipment	£
Projected hiring charges for the forthcoming 12 month period	£
Value of hand held tools	£
Number of properties working on at any one time	
Average value of each premises	£

Please return completed form to:-

Expert Insurance Group Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479

PL Expert, EL Expert and Expert Insurance Group is a trading style of Affinity Select Insurance Services Limited Authorised & regulated by the Financial Services Authority Registered in England No 3565404 w: www.ictinsurance.com t: 01825 745 410 e: enquiries@ictinsurance.com

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7. Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

Yes No

If Yes, please provide full details

8. Has any claim, or are you aware of any circumstance that may give rise to a claim, whether successful or not been made against you or your predecessors in business or any past or present principal, partner, director or employee (whether insured or not)?

Yes No

If Yes, please provide full details:

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed.....

Title.....
(to be signed by Partner, Director or Principal or equivalent)

Firm(s).....

Date

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