

Contractors "All Risks" Insurance Proposal Form

Proposers Details	
Name of Insured/Proposer	
Business Name	
Address	
Postcode	
Phone	
Email Address	
Web address	

Please provide a description of your Business	
Date business established	

1. Please provide details of your estimates for the forthcoming year:

Maximum contract period (months)	
Average contract period (months)	
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	
The average value of each premises	£

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 Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?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

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3. Has any claim, or are you aware of any circumstances 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 been misstated 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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