

# CONSTRUCTION INSURANCE QUESTIONNAIRE

## SECTION 1 – GENERAL INFORMATION

Proposer (including all Associated/Subsidiary Companies) :

Postal Address (inc Post Code) :

Telephone Number :

Facsimile Number :

Email Address :

Website :

Business Description/Activities :

Date Company Established :

Membership(s) of Trade  
Associations :

Please provide brief details of your three largest completed or current contracts carried out in last 2 years including value/duration and type of work?

(1)

(2)

(3)

SECTION 2 – RISK MANAGEMENT/HEALTH & SAFETY

Is there a written Health & Safety policy statement in place? Yes/No  
If yes, is it kept up to date? Yes/No

Are risk assessments/method statements undertaken and recorded? Yes/No

Is there a specified trained individual responsible for Health & Safety? Yes/No  
If yes, who and position in the company?

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Is Health & Safety training provided? Yes/No

Is this done internally or via external consultants (if external, please advise name of company)?

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Are records maintained of each employees training? Yes/No

Is safety clothing and personal protective equipment provided? Yes/No

Is it free issue? Yes/No

Is all machinery adequately guarded and subject to a planned maintenance programme? Yes/No

Is all lifting equipment inspected on a regular basis in order to comply with statutory regulations? Yes/No

Is there any manual handling? Yes/No  
If yes, has full training been provided? Yes/No

Do you use heat away from your premises? Yes/No  
If yes, please advise approximate % in relation to turnover? %

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What type of heat is used?

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What height do you work to externally? ----- metres

What height do you work to internally? ----- metres

Do you use cherry pickers, scaffolding, scaffolding towers, ladders?. If so, please advise type used

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What depth do you work to? ----- metres

SECTION 3 – FINANCIAL INFORMATION

Turnover – Current Year £

Turnover – Estimate for forthcoming year £

<u>Wageroll</u>	<u>Number</u>	<u>Amount (£)</u>
Non Manual Directors	( )	£
Manual Working Directors	( )	£
Clerical/Administrative Employees	( )	£
Direct Manual Employees (PAYE)	( )	£
Payments to Labour Only Sub-Contractors	( )	£

Please advise your Employers Reference Number (ERN)

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(N.B - The ERN is the PAYE tax code given to a company for your employees' income tax and national insurance contributions)

Payments to Bona Fide Sub-Contractors £

Please advise type of trades used?

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Is a check carried out that all Bona Fide Sub-Contractors have adequate Public Liability Insurance in place?

Yes/No

Plant

Estimated Value of all Own Plant £

Maximum Value of any one item of Own Plant £

Type of Plant Owned?

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Estimated annual Hired-In Plant Fees £

Maximum Value of any one item of Hired-In Plant £

Type of Plant Hired-in?

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Is Plant Hired-In under CPA Conditions or similar?

Yes/No

**SECTION 4 – INSURANCE COVER/REQUIREMENTS**

**Employers Liability**

Renewal Date ( / / )  
Limit of Indemnity £10,000,000  
Name of Current Insurers?  
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**Public/Products Liability**

Renewal Date ( / / )  
Limit of Indemnity £  
Policy Excess £  
Name of Current Insurers?  
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**Contractors 'All Risks'**

Renewal Date ( / / )  
Contract Site Limit £  
Policy Excess £  
Name of Current Insurers?  
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Expiring Premium £

**SECTION 5 – CLAIMS EXPERIENCE**

Has there been any claims, accidents, losses in the past 3 years? Yes/No

If yes, please provide details :

<u>Date</u>	<u>Details of Incident</u>	<u>Amount (£)</u>
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