

Electrical Contractors - Demands & Needs Risk Capture

Please complete and check the information in this document carefully as this constitutes our understanding of your Insurance requirements and situation:-

COMPANY INFORMATION	ON				
The Business: (Full name)					
Include partners and tradi	ing names if not a limited Co	ompany			
Address:					
Post Code:		Renewal	date:		
Business Description:					
Contact:		Email:			
Tel No:		Website:			
Date established:		Current in	surers:		
Do the Directors have at le	east 3 years' experience in t	the Electrical		If 'No', please give details below:	Yes/No
Are you certified by NICEI	C or ECA?		Yes/No	If 'Yes', which?:	
Are you a member of any other associations, accreditation or certification body?		Yes/No	If 'Yes', please give	details below:	
Do you have any subsidia	ry companies?		Yes/No	If 'Yes', please give	details below:



Estimates for next 12 Months							
Category		Total Wages	Turnover				
Clerical, Manag	gerial, Supervisory & Non-Manual:	£	£				
Electrical Contracting:		£	£				
Other:		£	£				
Other:		£	£				
Other:		£	£				
Other:		£	£				
Totals:							

Maximum number of employees at any one location:		
Payments to bona fide sub-contractors:		£

Business Activities

Do you:	
handle asbestos or silica	Yes/No
work outside of Great Britain, Northern Ireland, the Channel Islands or the Isle of Man or supply products outside of these territories?	Yes/No
have representation in Northern Ireland or outside of Great Britain, the Channel Islands or the Isle of Man?	Yes/No
Do you perform any of the following activities:	
work in or on docks, harbours or railways, watercraft, chemical or petrochemical works, oil or gas refineries or storage facilities, aircraft, airports or airfields, power stations, nuclear power stations, any installation where nuclear processing is undertaken, towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, flyovers, dams, motorways, quarries, mines or collieries.	Yes/No
Work involving the use of Heat away from your premises other than the use of Soldering equipment and Angle Grinders?	Yes/No
installation of computer mainframes and their cabling?	Yes/No
If 'Yes' to any of the above questions, please provide full details below?	



Cover Requirements

Employers' Liability	Cover required:	Yes/No
Limit of Indemnity:		£ 10,000,000
Have you been allocated an Employer Reference Number (ERN) by HMF	RC?	Yes/No
If 'Yes', please supply your ERN No.:		
Any work undertaken by employees above 20 metres from ground level?		Yes/No
If 'Yes', please provide full details:		
Do you employ an external H&S Organisation or Consultant that provide audit?	Yes/No	
If 'Yes', please provide full details:		

Public & Products Liability	Cover required:		Yes/No
Limit of Indemnity:		£	5,000,000
If you require an increased limit above £5m please indicate amou	nt:	£	
Do you manufacture or modify any equipment or products supplie	d?		Yes/No
Where you use bona fide sub-contractors do you obtain written evidence that bona fide sub-contractors are adequately insured to a minimum of the Public/Products cover held by yourselves?			Yes/No
Do you provide any design, specification, formula or advice separately for a fee (other than testing)?			Yes/No
If Yes, please select Professional Indemnity extension below:			
If 'Yes' to any of the above questions, please provide full details b	elow?		
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Professional Indemnity Extension Required				Cover:			Yes/No
Limit of Indemnity:	£100,000	£250,000	£500,000		£1,000,000		
	turnover relating to pure "professional activities" not involving installation by you, greater % of your total turnover?					Yes/No	



Property All Risks	Cover required:	Yes/No
Is this risk address the same as the postal address?		Yes/No
Risk Address 1:		
Postcode:		

Premises	Details			
What year built?	was the premises		No. of storeys including the basement:	
Are the pre				
i)	Walls (including structure concrete, metal or other		wholly of brick, stone, concrete block, naterials	
ii)			constructed wholly of slate. Tile, concrete, cross at least 80% of the roof area	Yes/No
iii)	Floors (including structutimber	ıral framework) are	constructed wholly of concrete, metal or	
Are the pre	emises in an area with a h	nistory of flooding:		Yes/No
Are the premises heated by a conventional electric, gas, oil or solid fuel central heating system:			Yes/No	
Has the electrical installation at the premises been inspected at intervals not exceeding 5 years by a qualified electrician and have all defects been remedied?			Yes/No	
If 'No' to a	ny of the above questions	s, please provide ful	Il details below:	Yes/No
If buildings cover is required:				Yes/No
 All premises or adjacent properties have not suffered from, or show, any visible signs or damage from subsidence, landslip or ground heave: 				
- Th	ere are no trees or shrub	s over 20ft in height	t within 30ft of the premises:	

Protection Details						
Is a sprinkler system installed?						
Is there an intruder alarm fitted?	Yes/No	Is it maintained to company?	Yes/No			
Method of alarm signalling:			Police response level 1:	Yes/No		
Additional Protections:						



Occupancy Details					
Is the proposer the sole occupier of the premises?	Yes/No				
If No, is the remainder of the premises occupied solely as private dwellings &/or offices?					
Percentage of premises unoccupied:					
Is the proposer's unit self-contained with its own lockable entrance?	Yes/No				

Cover Details					
	Declared value				
Buildings:	£				
Tenants' improvements:	£				
Stock:	£				
Computer equipment:	£				
General contents:	£				
Is cover required for subsidence, heave and landslip?	Yes/No				

Business Interruption	Cover required:	Yes/No
Indemnity period: months		Sum Insured
Estimated Gross Profit:		£
Increased cost of working:		£
Loss of Rent:- receivable:		£

Contractors All Risks				Cover Required:	Yes/No
Contract Works					
Maximum value any one contract:	£50,000	£100,000	£250,000	£500,000	£1,000,000
Maximum period any one contract (not including any maintenance or defect liability period):					months
Maintenance or defects liability period:					months
Is all work completed within the United Kingdom:					Yes/No
If 'No', please provide det	ails:				



Own Plant including temporary buildings					
Total Sum Insured:	£10,000	£25,000	£50,00	0	£100,000
	Maximum value for a	ny one item:		£	

Hired in plant	Maximum value for any one item:	£	100,000	
	Total estimated hiring fees for next 12 months:	£		

Employee's Tools & Personal Effects on site					
Total Sum Insured:	£2,500	£5,000	£10,000		£20,000
	Maximum value for a	ny one item:		£	

Money	Cover Required:	Yes/No
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Goods in Transit		Cover Required:	Yes/No	
No of own vehicles:	Max value any one package:	£	Limit any one transit:	£
Goods sent by carrier:	Max value any one package:	£	Limit any one transit:	£
Estimated annual carrying	s:	•		£

Specified All Risks		Cover Required:	Yes/No
Item Insured	Territory	Limit Any One Item	Sum Insured
Mobile phones, portable computers, Audio visual equipment, photo equipment, survey equipment:	UK/EU/Worldwide	£	£
Machinery, Tools, plant & equipment:	UK/EU/Worldwide	£	£
Stock:	UK/EU/Worldwide	£	£
Miscellaneous other:	UK/EU/Worldwide	£	£

Legal Expenses	Cover Required:	Yes/No
Limit of Indemnity:		£ 100,000
Limit of Indemnity:	or	£ 250,000



Terrorism Extension	Cover Required:	Yes/No
Is Terrorism cover required on Contract Works (Contract Works, Own Plant, Tools)?	Hired in Plant &	Yes/No

eneral Information				
ave you had any claims	in the past 5 years under any of the se	ections?		Yes/No
'Yes', please provide for	ull details including the costs involved:			
Date	Details	Paid	O/S	Date settled
on-Standard / Other R	equirements			
lease provide details of	any other needs or requirements:			



You, your partners, de-facto directors, shadow directors, officers, trustees or management committee members have never			
been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or an individual voluntary arrangement?	Yes/No		
been a principal director or partner in, any business, which is or has been the subject of winding up or administration order, receivership proceedings or a Company Voluntary Arrangement	Yes/No		
been the subject of a Country Court Judgement or have any proceedings pending?	Yes/No		
been disqualified from being a company director?	Yes/No		
Been the subject of a Debt Relief Order or have any applications pending	Yes/No		
been convicted or charged (but not yet tried) with or officially cautioned for a breach of any Health and Safety or Welfare of Environmental Protection legislation or been served with a prohibition or improvement order under health and safety legislation?	Yes/No		
been convicted of, or charged (but not tried) or received a police caution in connection with any criminal offences (other than motoring offences)?	Yes/No		
Been prosecuted or received notice of intended prosecution, issued with a simple caution or been served with a prohibition or improvement notice in connection with a breach of health and safety legislation?	Yes/No		
Failed to implement any requirements made by previous insurers as a condition for the provision of insurance cover?	Yes/No		
Been the subject of a United Nations trade embargo, export or import ban, financial sanction, travel ban or been the subject of an asset freeze?	Yes/No		
Traded with an entity which is the subject of a United Nations trade embargo, export or import ban, financial sanction, travel ban or the subject of an asset freeze?	Yes/No		
If the answer to any of the questions is 'Yes' please supply full details below:-			

In respect of the risks you wish to insure, no insurer has ever		
Declined your proposal (i.e. refused to provide an insurance quotation for you	Yes/No	
Refused to offer renewal of, or cancelled your policy	Yes/No	
Imposed special terms or conditions in respect of the risks you wish to insure	Yes/No	



Other Risk Considerations			
Please indicate if you would like quotations / more information on other insurance covers:-			
Directors & Officers Liability:		Yes/No	
Legal Expenses:		Yes/No	
Property & Business Interruption		Yes/No	
Other: please specify:-		Yes/No	
Your answers to the above questions will be used by us to identify your demands and needs and to ensure the selected market is suitable to quote for the renewal of this risk.			
Signature of Proposer:	Name:		
Position in Company:	Date:		

Important Notice:

Insurance policies contain various conditions that you must comply with in order for a claim to be dealt with by your insurers. If you fail to fulfil these conditions you may lose your right to indemnity or payment for a claim. A copy of the policy wording is available on our website www.darwinclayton.co.uk or upon request.

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