

Flooring Trades - Demands & Needs Risk Capture

COMPANY INFORMATION

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

The Proposer: (Please include details of subsidiary companies)				
Include partners and tradi	ng names if not a limited Con	npany		
Address:				
Post Code:		Renewal Date:		
Business Description:				
Contact:		Email Address:		
Telephone No:		Website:		
Date established:		Current Insurers:		
Is this a new Company:		No of years trading:		
Do the Directors have at le	east 3 years' experience in th	e Flooring Industry?	If 'No', please give details below:	Yes/No
Are you a member of the 0	CFA - Contract Flooring Asso	ciation.?	Yes/No	
Are you a member of any accreditation/certification be		Yes/No	If "Yes", please give	e details below:
Do you have any subsidia	ry companies?	Yes/No	If 'Yes', please give	details below:



Estimates for next 12 Months			
Category	Wages		
Clerical, Managerial, Supervisory & Non-Manual Wages	£		
Apprentices Wages	£		
All other Manual Wages including Labour Only Sub Contractors Wages	£		
Work Away Wages	£		
Total			
Category	Turnover		
Supply Only Turnover (Retail)	£		
Supply Only Turnover (Warehousing)	£		
Turnover in respect of Professional Services (P.I.)	£		
All Other / Contracting Turnover	£		
Total	£		

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

Business Activities

Do you handle asbestos or silica	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
Does the business undertake any work outside of Great Britain, Northern Ireland, the Isle of Man and the Channel Islands	Yes/No
If 'Yes' to any of the above questions, please provide full details below?	Yes/No



Cover Requirements

Employers' Liability	Cover required:	Yes/No
Limit of Indemnity:		£ 10,000,000
If you require an increased limit above £5m please indicate amount:		
Have you been allocated an Employer Reference Number (ERN) by HMI	RC?	Yes/No
If 'Yes', please supply ERN for all companies:		
Do you employ an external H&S Organisation or Consultant that provide audit?	an annual independent	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 amount	nt:	£	
Do you have representation in Northern Ireland or outside Great E Isle of Man?	Britain, the Channel Islands or the		Yes/No
If Yes, please provide details:			
Do you manufacture or modify any equipment or products supplie	d?		Yes/No
If 'Yes', please provide full details:			
Do you provide any design, specification, formula, or advice separately for a fee (other than testing)?			Yes/No
If Yes, please complete Professional Indemnity questions.			
Do you use heat application equipment away from your premises (other than Hot Air Welding Guns and Seaming Irons):			Yes/No
Where you use bona fide sub-contractors do you obtain writt contractors are adequately insured to a minimum of the Public/Pro			Yes/No

Professional Indemnity Extension Required			Cover:		Yes/No		
Limit of Indemnity:	£100,000	£250,000	£500	0,000	£1,000,000	Other:	
Limit of indefinity.							



Is your turnover relating to pure "professional activities" not involving installation by you, greater Yes/No than 25% of your total turnover. **Property All Risks** Yes/No Cover required: Is this risk address the same as the postal address? Yes/No Risk Address 1: Postcode: **Premises Details** What year was the premises No. of storeys including the basement: built? Are the premises constructed as follows:-Walls (including structural framework) are wholly of brick, stone, concrete block, concrete, metal or other non-combustible materials ii) Roof (excluding structural framework) are constructed wholly of slate. Tile, concrete, Yes/No metal or other non-combustible materials across at least 80% of the roof area iii) Floors (including structural framework) are constructed wholly of concrete, metal or timber Yes/No Are the premises heated by a conventional electric, gas, oil or solid fuel central heating system: Has the electrical installation at the premises been inspected at intervals not exceeding 5 years Yes/No by a qualified electrician and have all defects been remedied? Yes/No If buildings cover is required: All premises or adjacent properties have not suffered from, or show, any visible signs or damage from subsidence, landslip or ground heave: There are no trees or shrubs over 20ft in height within 30ft of the premises: If 'No' to any of the above questions, please provide full details below: Yes/No Are the premises in an area with a history of flooding: If Yes, please supply details:



Protection Details				
Is a sprinkler system installed?				Yes/No
Is there an intruder alarm fitted?	Yes/No	Yes/No Is it maintained by an NSI or SSAIB approved 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:	£
Stock:	£
Computer equipment:	£
General contents:	£
Tenants' improvements:	£
Other (e.g., Loss of Rent Payable):	
Is cover required for subsidence, heave and landslip?	Yes/No

Money	Cover Required:	Yes/No

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



£

£

Contractors All Risks		Cover Required:	Yes/No		
Contract Works					
Maximum value any one contract:	£250,000	£500,000	£1,000,000	Other:	
Maximum period any one	contract (excluding	any maintenance or d	efect liability period):	months	
Maintenance or defects li	ability period:			months	
Is all work completed with the United Kingdom:			Yes/No		
If 'No', please provide de	tails:				
Own Plant Total Sum Insured: £					
Maximum value for any one item:			£		
Hired in plant Maximum value for any one item:		£			

waximum any one employee.			L		
Goods in Transit			Cover Required:	Yes/No	
No of 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	ngs:	£			

Total Sum Insured:

Total estimated hiring fees for next 12 months:

Employee's Tools & Personal Effects on site

Specified All Risks	Cover Required:	Yes/No	
Item Insured	Territory	Limit Any One Item	Sum Insured
	Delete as applicable		
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

General Information					
Have you h	Have you had any claims in the past 5 years under any of the sections?			Yes/No	
If 'Yes', ple	If 'Yes', please provide full details including the costs involved:				
Date	Details	Paid	O/:	S	Date settled

Any other additional material info	rmation or requirements		
Please provide details:			



You, your partners, de-facto directors, shadow directors, officers, trustees or manager members have never	ment committee
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:-	

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.

Darwin Clayton (UK) Limited is Authorised and Regulated by the Financial Conduct Authority