 Agricultural Contractor Liability Proposal Form

Contact/

Broker:

Email:

Tel:

1. Policyholder details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** |  | | | | | | | |
| **Trading Name:** |  | | | | | | | |
| **Full Address:** |  | | | | | | | |
|  | | | | | **Post Code:** |  | |
| **Occupation** |  | | | | | | | |
| **VAT no.** |  | | **Company No.** |  | | | | |
| **Employer No.** |  | **No. of Years Established** |  | | **No. of Years Experience** | | |  |

2. Policy Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Quote Deadline:** | DD/MM/YYYY | **Target Premium:** | £ |
| **Holding Broker?:** | Yes / No | **Cover Start Date:** | DD/MM/YYYY |
| **Current Insurer** |  | | |

3. About the Policyholder

Has any insurer cancelled your insurance or refused to renew it??

Yes

No

Have you or any of your directors, officers or business partners ever been convicted (or charged but not yet tried) of any criminal offence (other than motoring convictions)?

Yes

No

Have you or any of your directors, officers or business partners ever been declared bankrupt or insolvent or has any business which you were director or involved in

Yes

No

management gone insolvent or into liquidation, administration, receivership or entered into arrangement with creditors?

4. Claims

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Claim/Accident Date** | **Claim Amount** | **Settled / Outstanding** | **Post Code** | **Type of Loss** |
|  | £ | Settled / Outstanding |  |  |
|  | £ | Settled / Outstanding |  |  |
|  | £ | Settled / Outstanding |  |  |
|  | £ | Settled / Outstanding |  |  |
|  | £ | Settled / Outstanding |  |  |
|  | £ | Settled / Outstanding |  |  |

5. Contractors All Risks

# **Contract Works**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nature of Occupation** |  | | | | |
| **Annual Contract Value** | £ | | **Maximum Contract Value** | | £ |
| **Contract Works Sum Insured** | £ | | | | |
| **Nature of contract conditions** | Please select: | JCT (Clause) 21.2.1/6.5.1 or | | | Other  (please specify) |
| **If JCT Please state parties and relationships** | Parties: | | | Relaionships: | |

# **Own Construction Plant, Tools & Temporary Buildings**

|  |  |
| --- | --- |
| **Sum Insured** | £ |

# **Hired-In Property**

|  |  |
| --- | --- |
| **Sum Insured** | £ |

# **Employee Personal Tools & Effects**

|  |  |
| --- | --- |
| **Sum Insured Total (All Employees)** | £ |
| **Any One Employee Limit** | £ |

# **Public Authorities Extension**

|  |  |
| --- | --- |
| **Sum Insured** | £ |

6. Employers Liability

# **Cover Required**

|  |  |
| --- | --- |
| **Employers Liability Limit** | £ |

Partners and Proprietors Cover required (non-limited companies)?

Yes

No

# **Business Questions**

Are any/have any of your employees been exposed to asbestos?

Yes

No

Do you have a written health and safety policy?

Yes

No

Have you conducted a health and safety assessment??

Yes

No

Do you always complete written method statements and risk assessments specific to the task before commencing work and before any amendments to the work??

Yes

No

Do you ensure that the use or wearing of personal protective equipment by any employee (as required by the Personal Protective Equipment at Work Regulations 1992) is enforced and that a formal record is maintained of personal protective equipment supplied to and received by employees??

Yes

No

Do you or any of your employees use industrial machinery??

Yes

No

# **Trade / Work Type**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claim/Accident Date** | **Annual Wage Roll** | **Max. No of Employees** | **Employment Status (PAYE, Labour Only, Etc.)** |
| **Clerical / Non-Manual** | £ |  |  |
| **Directors / Non-Manual** | £ |  |  |
| **Directors / Manual** | £ |  |  |
| **Manual (describe types of manual below)** | | | |
|  | £ |  |  |
|  | £ |  |  |
|  | £ |  |  |
|  | £ |  |  |
|  | £ |  |  |

# **General / Legal**

Have you or any of your directors, officers or business partners ever been prosecuted under the Health and Safety at Work Act or other

No

Yes

legislation relating to health and safety at work or corporate manslaughter?

# **Locations**

Do you or any of your employees work overseas?

Yes

No

Do you or will you work at the following locations:

Power stations or nuclear installations

Yes

No

Refineries, bulk storage or production premises in the oil, gas or chemical industries

Yes

No

On aircraft, hovercraft, aerospace systems or watercraft (other than on watercraft in docks, harbours, boatyards or inland waterways where

Yes

No

the work does not involve the use of heat)

Airside at airports

Yes

No

Railway red zones

Yes

No

# **Work Methods**

Do you or will you engage sub-contractors who are not employees to do work on your behalf?

Yes

No

Do you or will you or your employees ever work at a height of more than 5 metres above floor level?

Yes

No

Do you or will you or your employees use heat away from your premises (including welding or cutting equipment, blow lamps, blow torches,

Yes

No

hot air guns and asphalt, bitumen, tar or pitch heaters)??

Do you or will you or your employees make excavations?

Yes

No

# **Trade Details**

|  |  |
| --- | --- |
| **Limit of Indemnity** | £Xm (Specify either: £1m, £2m, £5m or £10m) |

**Products Cover required?**

Yes

No

If **Yes**’, please provide details:

Are any of your products, to your knowledge, intended to be used in the structure, machinery or controls of any aircraft, other aerial device, hovercraft, offshore installation, offshore rig, or offshore platform?

Yes

No

Do your products include any industrial or agricultural chemicals?

Yes

No

Do your products include any pharmaceuticals, alternative medicines, health products, dietary supplements, medical products, blood products,

Yes

No

cosmetics or beauty aids?

Do your products include any firearms, munitions, explosives, fireworks or other pyrotechnics?

Yes

No

**Financial Loss Cover required?**

Yes

No

# **Areas**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **If you undertake work outside of, or export products beyond, the UK please indicate the split of your turnover between the following territories:** | | | | | | | |
| **UK %** |  | **EU %** |  | **USA/Canada %** |  | **Rest of World %** |  |

Have you exported goods to the USA or Canada in the past, but have since ceased?

Yes

No

Include USA/Canadian Court Awards?

Yes

No

# **Imports**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **If you import products or materials from outside of the UK please indicate from where they are sourced:** | | | | | | | |
| **UK %** |  | **Other EU %** |  | **USA/Canada %** |  | **Rest of World %** |  |

Do you maintain your full rights of recourse against any supplier?

Yes

No

Do all of your products comply with CE/BS Standards?

Yes

No

# 

# **Business Activity**

|  |  |  |
| --- | --- | --- |
| **Business Activity (Describe)** | **Turnover** | **Maximum number of people involved including directors and partners** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| **Estimated payments to bona-fide subcontractors: Work type (describe)** | **Payments** | **Maximum number of people involved** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |