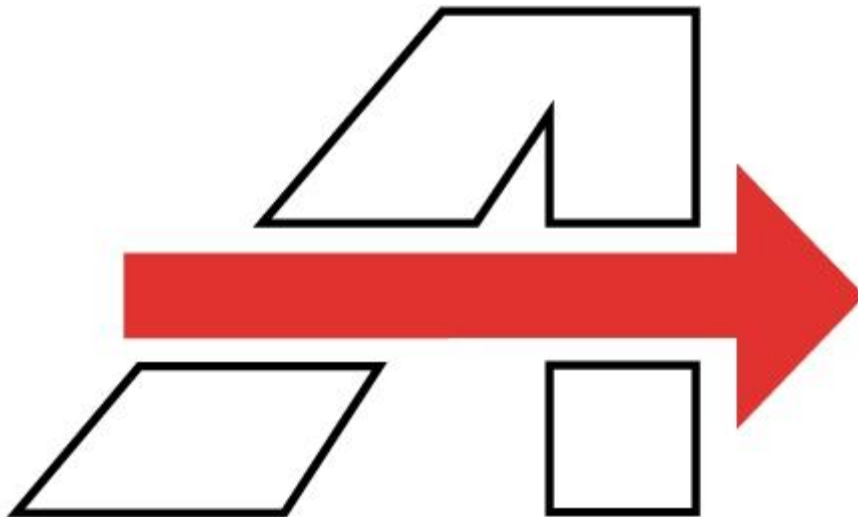




CONTRACT WORKS PROPOSAL FORM



Effected through

Advance Underwriting Ltd
P O Box 186
Ipswich
Suffolk
IP4 4HP

Tel: (01473)711475
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Email :enquiries@advanceunderwriting.co.uk
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Effected With

Lemma Europe Insurance Company Ltd
85 Main Street
P O Box 1267
Gibraltar

Tel: +350 200 41466
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PROPOSAL FORM FOR CONTRACT WORKS

The following basic information **MUST** be supplied and the declaration signed.

1. Full Name of Proposer(s)	
2. Full Business Address	
3. Full description of Trade/Business	
4. Give details of any company(ies) owned or managed by any/each of the above named Proposer(s) previous to this Proposal	
5. Number of years in business or experience in the type of work	
6. Are you or have you ever been insured in connection with the classes of insurance or risks proposed? If so state name of Insurer and details	
7. State the conditions of contract (if any) under which work is normally undertaken	
8. If sub-contractors interests are required to be insured state the nature of work sub-contract	
9. State the estimated proportion of your work undertaken – (a) As main contractor (b) As sub-contractor	
10. Has any Insurer ever declined cover or imposed terms on you for this class of insurance? If so give full details including name of Insurer	
11. Commencement date of insurance –	

Declaration

I/We the undersigned, hereby declare that all the above particulars and answers are true and complete in every respect that no material fact has been suppressed or withheld, and I/We further declare that if such statements and particulars are in the writing of any person other than the undersigned, such person shall be deemed to have been my/our agent for the purpose of completing such, and I/We agree that this Proposal and Declaration shall be the basis of the Contract between me/us and the Underwriters and shall be deemed to be incorporated in such Contract. I/We further agree to accept the standard form of Policy issued by the Underwriters for the class(es) of Insurance.

Proprietor/Director/Other (delete as appropriate)



CONTRACT WORKS AND CONTRACTORS MACHINERY INSURANCE

<p>1. (a) State maximum limit required for any one contract site (b) State LOSS limit required for any one site if lower than figure (a) above</p>	
<p>2. What is your estimate of the maximum value of contracts to be taken in any one year in the following categories?</p> <p>(a) Private dwelling houses</p> <p>(b) Flats, offices, shops, schools, hospitals, factories</p> <p>(i) not exceeding two storeys (ii) not exceeding four storeys</p> <p>(c) Single storey buildings other than (a) and (b) above not exceeding 4 metres in height</p> <p>(d) Any other work – please describe (see Q3 below)</p>	
<p>3. Are any of the following types of work envisaged? If so please give details –</p> <p>(a) Construction or alteration of buildings exceeding 4 storeys</p> <p>(b) Bridges, Flyovers or Viaducts</p> <p>(c) Tunnels or Pipelines</p> <p>(d) Dams or Reservoirs</p> <p>(e) Roadworks (including surfacing) or sewers (other than incidental to housing contracts)</p> <p>(f) Any other work in on above or adjacent to tidal waters, rivers, streams, lakes or canals</p>	
<p>4. (a) Is any work undertaken for your own account? (b) Is insurance required for building(s) purchased for redevelopment? If so please give details</p>	
<p>5. (a) Do you require to insure property in transit? (b) Do you require to insure property in store designated for an accepted contract?</p>	
<p>6. Do you require the cover to include damage to the works resulting from defective design, plan, specification, materials or workmanship</p>	



7. (a) **OWN PLANT**
- (i) Total replacement value of plant owned
 - (ii) Value of largest item operated
 - (iii) Type(s) of plant operated
- (b) **PLANT HIRED IN**
- (i) State the conditions of hire applicable
 - (ii) State the estimated hire charges payable
 - (iii) Estimated value of plant hired in at any one time
 - (iv) Type(s) of plant hired in
- (c) **OTHER EQUIPMENT**
- (i) Replacement value of huts temporary works and tools
 - (ii) Replacement value of employees tools and other personal effects (excluding motor vehicles, gold and silver articles, watches, jewellery or money)
 - (iii) Estimated value of non-ferrous metals (if any) stored on site or elsewhere
- (d) **SITE AND PREMISES SECURITY**
- Please provide full details of your standard precautions to prevent the theft of plant and equipment
- (e) Do you comply with the requirements of the 1992 Joint Code of Practice when on site?
If not, give details

(Please continue on a separate sheet if necessary)

CLAIMS AND LOSS HISTORY

Give below particulars of any loss, damage or injury sustained by you or others during the past five years in connection with the risk(s) to be insured. (If non state 'NONE')

Contract Works Own and hire-in Machinery	Amount of excess (if any)	Annual Turnover	Brief details of claim(s)	Amount(s) paid	Amount(s) outstanding	Totals
19						
19						
19						
19						

DATED:

NAME:

SIGNATURE:

POSITION:

NAME OF COMPANY: