

PROJECT MANAGERS LIABILITY PROPOSAL FORM



Effected through

Advance Underwriting Ltd
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Suffolk
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Effected with

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Gibraltar

Tel: +350 200 41466
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Authorised and Regulated by the Financial Services Authority



PROJECT MANAGERS LIABILITY PROPOSAL FORM

A specimen of the policy is available on request

Please complete the proposal form carefully and accurately. All material facts should be disclosed at commencement of the contract and during the contract should your circumstances change. A material fact is one which could affect acceptance of the risk by the insurer, such as a loss not claimed for, or change of overnight location or new trailer purchased. *Failure to disclose such information may affect the outcome of a claim on the policy.* If there is any doubt as to what is a material fact, then please contact us for advice. It is your responsibility to give accurate and truthful information. Before returning the form to us please check the answers you have given.

This insurance is underwritten by Lemma Europe Insurance Company Limited, registered address (Reg No 96577) 57/63 Line Wall Road, Gibraltar. Lemma Europe Insurance Company Ltd is also registered with the Financial Services Authority (FSA) 25 North Colonnade, Canary Wharf, London E14 5HS under Firm Number 477453. This can be verified by visiting the FSA web site www.fsa.gov.uk/register or by phoning them on 0845 606 1234

For a summary of cover, please refer to our Key Facts Document.

We reserve the right to survey the property to be insured and to discontinue cover if we do not receive a satisfactory survey report, should a survey be necessary.

PLEASE ANSWER ALL QUESTIONS IN CAPITALS OR BY TICKING BOXES AS APPROPRIATE

Insurance required for a period of 12 months commencing

Please note that cover does not commence until this proposal has been accepted by the underwriter

THE PROPOSER

1. Full names of Proprietor / Partners / Directors

a

b

c

d

Trading as (*trading name*)

Date business established

2. Address for correspondence (*inc Postcode*)

Postcode

Telephone



INFORMATION ABOUT THE BUSINESS

3. Please give a full description of your business and method of working

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|---|---------------|--|----------------------------|--|
| 4. No of Employees/Labour Only Subcontractors | Manual | | Clerical/non manual | |
|---|---------------|--|----------------------------|--|

NOTE – A MAXIMUM OF 4 LABOUR ONLY SUB CONTRACTORS (LOSC) IS ALLOWED

| | | | | | | |
|-----------------------------------|----|---|--|----|---|--|
| 5. Your estimated annual turnover | UK | £ | | EU | £ | |
|-----------------------------------|----|---|--|----|---|--|

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|---|-----|--|----|--|
| 6. Do your activities involve your employees/ LOSC working at height? | Yes | | No | |
|---|-----|--|----|--|

If **YES** please state maximum height worked

| | | | | |
|---|-----|--|----|--|
| 7. Do your activities involve your employees/ LOSC excavating or working underground? | Yes | | No | |
|---|-----|--|----|--|

If **YES** please state **to what depth**

| | | | | |
|---|-----|--|----|--|
| 8. Do you/your employees/LOSC use any form of heat or naked flame away from the premises? | Yes | | No | |
|---|-----|--|----|--|

| | | | | |
|--|-----|--|----|--|
| 9. Do you ensure that Bona Fide Subcontracting firms engaged have adequate insurance | Yes | | No | |
|--|-----|--|----|--|

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|--|-----|--|----|--|
| 10. Do you supply goods/services to the nuclear, aerospace, marine or offshore industries? | Yes | | No | |
|--|-----|--|----|--|

| | | | | |
|---|-----|--|----|--|
| 11. Does your business involve hazardous or toxic materials or waste? | Yes | | No | |
|---|-----|--|----|--|

If you have answered Yes to any of the questions 6– 11 please give a full explanation below.

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INFORMATION ABOUT YOU

| | | | | |
|---|-----|--|----|--|
| 12. In respect of this insurance and any other business in which you, partners or directors of your business are or have been engaged, has any insurer declined to accept or renew insurance, cancelled cover or imposed special terms? | Yes | | No | |
|---|-----|--|----|--|

| | | | | |
|---|-----|--|----|--|
| 13. In respect these premises, have any accidents, losses or claims arisen during the last 5 years, whether insured or not? | Yes | | No | |
|---|-----|--|----|--|

| | | | | |
|--|-----|--|----|--|
| 14. In respect any business insurance and in respect of you, partners and directors of your business, have any accidents, losses or claims arisen during the last 5 years, whether insured or not? | Yes | | No | |
|--|-----|--|----|--|

15. Have you or any director or partner of the Business ever

| | | | | |
|--|-----|--|----|--|
| - been convicted of any criminal offence, or during the last 5 years, been formally cautioned by the police? <i>(Convictions regarded as spent under the Rehabilitation of Offenders Act 1974 need not be disclosed)</i> | Yes | | No | |
|--|-----|--|----|--|

| | | | | |
|---|-----|--|----|--|
| - been declared bankrupt or had an interest in a business declared bankrupt or made any arrangement with creditors? | Yes | | No | |
|---|-----|--|----|--|

If you have answered Yes to any of the questions 12 – 15 under “Information about You” please give a full explanation below



GIVE ANY ADDITIONAL INFORMATION HERE

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IMPORTANT POLICY INFORMATION

COMPLAINTS

Although we aim to please at all times, things sometimes go wrong. We would rather you told us when you are dissatisfied. If you are dissatisfied you can write in the first instance to :

Underwriting Director, Advance Underwriting P O Box 186 Ipswich Suffolk IP4 4HP

If you remain dissatisfied you should then write to:

The Complaints Manager Lemma Europe Insurance Company Ltd, 85 Main Street Gibraltar

Tel: +350 41466

Fax: +350 47450

DECLARATION

I/we have read and agree the information provided. I/We declare that, to the best of my/our knowledge and belief ALL MATERIAL FACTS HAVE BEEN FULLY AND ACCURATELY DISCLOSED and that I/we agree to accept the terms and conditions contained in the document of insurance. I/we realise that failure to do so may result in this insurance being void. Material facts are those which may affect the assessment of the risk to be insured. If there is any doubt whether something is a material fact, full details are to be sent with this form.

I/We agree that this proposal shall be the basis of the contract between me/us and Lemma Europe Insurance Company. I/we undertake to inform Lemma Europe Insurance Company of any material alteration to these facts occurring before the Policy is issued and throughout the currency of the Policy.

| Signature(s) | Date | | |
|--------------|------|--|--|
| | | | |

Please note — no cover is in force until this Client Declaration has been signed by the Proposer and continued cover is subject to acceptance by Lemma Europe Insurance Company.