



geo

CONSTRUCTION
LIABILITY &
CONTRACT
WORKS

QUOTE FORM

Broker Details

Broker Name / Reference

Broker Contact Number

E-Mail

Date

If you have any queries, please contact our New Business Team.

Telephone: **0344-344-1336** E-Mail: **new@geounderwriting.com**

Basic Details

Proposer's Name

Correspondence
Address

Business
Description

Year established

Renewal date

Target premium

Current Insurer

Cover required

Employers Liability Limit

£10m

Other

Public / Products Liability Limit

£1m

£2m

£5m

£10m

Contractors All Risks

Yes

No

Employers' Reference Number(s)

Company Name

Address

ERN

Exempt

Yes

No

Company Name

Address

ERN

Exempt

Yes

No

Company Name

Address

ERN

Exempt

Yes

No

We are required to supply data to our Insurers to enable them to supply data to the Employer's Liability Database on all Employer's Liability policies.

We must also supply the names of all subsidiary companies under a policy and the Employers Reference Number (ERN), which is also known as the Employers PAYE reference, for each company.

Financial Estimates

Category of Work	Wages - Own Premises (£)	Wages - Work Away (£)
Clerical / Managers / Non-manual Directors		
Woodworking Machinists		
Direct Manual Employees including manual Directors		
Labour Only Subcontractors		
Bona Fide Subcontractors		
Manual Partners / Principals		
Turnover - Contracting		£
Turnover - Supply of goods only		£

Contractors All Risks

Maximum value any one contract	£
Own Plant, total sum insured	£
Own Temporary Buildings, total sum insured	£
Hired in Plant and Temporary Buildings annual hiring charges	£
Hired in Plant and Temporary Buildings, maximum value any one item	£
Hired in Plant and Temporary Buildings, maximum limit any one loss	£
Employees Tools, total sum insured (max. any one employee - £5,000)	£

Details of Work

1. % of work involving use of heat equipment	%	
2. Work at height (in metres)		
a. less than 10m	%	
b. 10m – 15m	%	
c. above 15m	%	
3. % of work at private dwelling houses	%	
4. % of work at shops and offices	%	
5. Excavations / Depth work (in metres)		
a. to 1 m depth	%	
b. 1m – 2m depth	%	
c. 2m – 3m depth	%	
d. 3m – 5m depth	%	
e. 5m – 8m depth	%	
6. Builders – % of “new build” work	%	
7. % split in trades if “multi-trade”		
Trade Activities	%	
Trade 1		
Trade 2		
Trade 3		
Trade 4		
8. Is any work carried out at high risk locations (power stations, nuclear establishments / oil, gas or chemical industries / offshore / aircraft or watercraft / railways or airports)?	Yes	No
If yes, please provide details		

9. Is any work carried out overseas?

Yes

No

If yes, please provide details

Claims Information

Please provide full details of all claims / incidents in the last 5 years. If no claims, please state "none".

1. Employers' Liability Claims

Date	Circumstances	Paid / Reserve	Remedial action taken
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2. Public and Products Liability Claims

Date	Circumstances	Paid / Reserve	Remedial action taken
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Date	Circumstances	Paid / Reserve	Remedial action taken
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3. Contractors All Risks Claims

Date	Circumstances	Paid / Reserve	Remedial action taken
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Construction Health and Safety Questionnaire

A. Health and Safety Management

- | | | |
|---|-----|----|
| 1. Is there a Health & Safety policy statement tailored to the activities and kept up to date? | Yes | No |
| 2. Is there a trained Safety Officer responsible for Health & Safety issues within the business | Yes | No |
| 3. Is formal training given to this person? | Yes | No |

If yes, please give details including qualifications:

- | | | |
|--|-----|----|
| 4. Is Health and Safety training given to all staff throughout their employment? | Yes | No |
| 5. Is a record kept of all Health and Safety training given to staff? | Yes | No |
| 6. Are there procedures to record and follow up accidents? | Yes | No |

If yes, please give details:

- | | | |
|---|-----|----|
| 7. Have all the required Risk Assessments been carried out and recorded? | Yes | No |
| 8a. Does the Proposer supply and enforce use of Personal Protective Equipment where required? | Yes | No |

If yes, please give details:

- | | | |
|--|-----|----|
| 8b. Do employees sign for PPE and are records kept? | Yes | No |
| 9. Is the Proposer a member of any trade association that provides Health and Safety information and training? | Yes | No |

If yes, please provide the name of the association:

B. Fire Risk Management

- | | | |
|---|-----|----|
| 1. Is there any work involving the application of heat? | Yes | No |
|---|-----|----|

If yes, please give details including the percentage of work on site involving the application of heat and the form of heat application (eg, blow lamps, welding / cutting / grinding equipment, hot air stripper, etc)

- | | | |
|--|-----|----|
| 2. Is a permit to work with heat required? | Yes | No |
|--|-----|----|

C. Construction

- | | | |
|---|--|--|
| 1. For what proportion of work is the Proposer the main contractor? % | | |
|---|--|--|

- | | | |
|--|-----|----|
| 2. Are the services of bona fide sub contractors utilised? | Yes | No |
|--|-----|----|

If yes, please give details of work sub-contracted

- | | | |
|---|--|--|
| 3. How does the Proposer vet the quality of sub-contractors work / Health and Safety? | | |
|---|--|--|

- | | | |
|---|-----|----|
| 4. 4 Are sub-contractors' insurance arrangements checked? | Yes | No |
|---|-----|----|

D. Hazardous Activities

1. Please advise what safety equipment is used and general precautions taken in respect of any work at height (eg, on ladders, roof, platforms, etc)

2. Scaffolding – where used is this erected by the proposer sub-contractors? Yes No

3. When would scaffolding be used and what types are used (e.g. tower, tied, etc)?

4. Scaffolding inspection – how often is this done? By whom and are records kept?

5a. What work is carried below ground level? What precautions and controls are undertaken for the identification of underground pipes, cables or other services which could be at risk or under the site?

5b. Are written records of the precautions and controls taken kept? Yes No

6a. Do any operations or processes involve actual or potential exposure of employees to respirable crystalline silica (RCS)? This includes situations where exposure to RCS is properly controlled. Yes No

6b. If yes, has the risk to employees of exposure to RCS been specifically assessed and have suitable control measures been put in place? Yes No

If yes, please provide full details.

- | | | |
|---|-----|----|
| 7. Any processes involving use, carriage, storage, transport or exposure to harmful materials (e.g. asbestos, gases, chemicals, materials giving rise to dust, fumes or vapours)? | Yes | No |
| If yes, please provide full details. | | |
| | | |
| 8. Any instances of occupational disease(s) within the last 5 years (e.g. noise related, asthma, skin disease, RSI, lung disease)? | Yes | No |
| If yes, please provide full details. | | |
| | | |
| 9. Any work undertaken at hazardous locations (e.g. nuclear installations, power stations, petrochemical, oil refineries, gas works), underground or under water? | Yes | No |
| If yes, please provide full details. | | |
| | | |
| 10a. Any work undertaken at airports or railways? | Yes | No |
| If yes, please provide full details. | | |
| | | |
| 10b. Any work undertaken airside (hangars, runways, manoeuvring aprons, close proximity to aircraft)? | Yes | No |
| If yes, please provide full details. | | |
| | | |
| 10c. Any work undertaken trackside or near "open lines"? | Yes | No |
| yes, please provide full details including relevant training and certification, safety measures , etc. | | |

E. Contract Site

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|--|-----|----|
| 1. Is the Proposer fully compliant with the Joint Code of Practice (JCOP) on the protection from fire of construction sites and buildings undergoing renovation? | Yes | No |
| 2. Any work involving the erection of timber framed structures and/or structural insulated panels (SIPs).

If yes, please provide full details. | Yes | No |
| 3. Full site perimeter fencing and boarding in place? | Yes | No |
| 4. Controls in place for access / egress to site of visitors? | Yes | No |
| 5. What arrangements are in place for storing materials on site? | | |
| 6. What arrangements are in place for securing plant, tools and equipment outside working hours? | | |
| 7. Are larger items of plant coded or fitted with tracking devices? | Yes | No |
| 8. Is plant registered with The Equipment Register? | Yes | No |
| 9. Any other security arrangements? Please provide specific details | | |

You are required to make a fair presentation of the risk to insurers which means that you are required to disclose every material circumstance which you, including your senior management and those responsible for arranging this insurance, know or ought to know relating to the risk to be insured.

Materially important information is any information that could influence an insurer's decision to accept your risk including the cost of your insurance. Failure to comply with the duty of fair presentation could mean that your policy is void or that insurers are not liable to pay all or part of your claim(s).

By submitting this quotation, you are confirming that there are no other material facts to disclose other than those shown above. If you are in any doubt as to what constitutes a material fact or circumstance, you should consult your insurance broker.

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