



geo

ELECTRICAL
& HVAC
CONTRACTORS
COMBINED

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

If trading less than 12 months, please provide full details of relevant experience of directors / principals

Cover required

Public & Products Liability cover automatically includes Inefficacy, Fidelity Bonding at £10,000, Financial Loss (including Costs and Expenses) up to £500,000 in the aggregate. Cover can also include Professional Indemnity and Directors & Officers Extensions at £100,000 limit of indemnity.

Please confirm the Public & Products Liability, Limit of Indemnity requirements	£1m	£2m	£5m
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Is cover required for Employers Liability? (Limit of Indemnity £10,000,000)	Yes	No
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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.

1. Please confirm NO Principal, Partner or Director has ever been:

- Prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to Employees Health and Safety.
- Convicted of, or charged (but not yet tried) with a criminal offence other than any motoring offence
- Declared bankrupt / insolvent, or the subject of bankruptcy proceedings; or been concerned with any business which has been wound up, liquidated or dissolved.
- Refused or declined a proposal for insurance or ever had insurance cancelled, renewal refused or had special terms imposed.

2. The Proposer does not:

- Have any other Directors & Officers or Professional Indemnity insurance in force.
- Enter into any agreements which increase the normal legal liabilities or affect liability under statute or common law.
- Handle, store or transport any hazardous substances such as: explosives, gases, isocyanates, toxic or corrosive chemicals, radioactive substance. Asbestos or asbestos containing materials, materials giving rise to dust, fumes or vapours, siliceous materials (containing, consisting of, or resembling silica)
- Undertake any work at, on, or in:
 - a. Refineries, bulk storage or production premises in the oil, gas or chemical industries.
 - b. Oil, petrol, gas or chemical storage tanks, gas and chemical works.
 - c. Power stations or nuclear facilities, pylons, steeples, towers, chimney shafts, reservoirs, dams, water diversion, sub-aqua, collieries, mines, quarries, bridges, tunnels, viaducts, blast furnaces.
 - d. Hospital operating theatres or clean room environments.
 - e. Railways, airports, ships, docks, harbours or port authority sites.
 - f. Mainframe computer sites
 - g. Outside of the United Kingdom

3. Please confirm that the Proposer has completed all required COSHH assessments and keeps assessments up to date.

4. If the Proposer engages any Bona Fide Subcontractors, please confirm:

- Checks are undertaken to ensure that all Bona Fide Contractors hold Public Liability (including Products Liability and Inefficacy if the whole of a service or a complete installation is involved) with a Limit of Indemnity of not less than £1,000,000 covering the work being subcontracted.

6. If the Proposer's business is involved with any protection systems:

- All protection systems are manufactured / installed to the appropriate British / European Standard.

Please tick the box to confirm the above details

If you are unable to confirm the above, please provide full details of any statement which you are unable to confirm.

Financial Estimates

- | | |
|---|---|
| a. Total Estimated Annual Turnover | £ |
| b. Total Estimated Clerical Wages | £ |
| c. Total Estimated Annual Wages including Directors, Employees and Labour Only Subcontractors | £ |
| d. Principal(s) Clerical Wages (if applicable) | £ |
| e. Principal(s) Manual Wages (if applicable) | £ |
| f. Total Estimated Payments to Bona Fide Subcontractors | £ |

Please confirm what activities are undertaken by Bona Fide Subcontractors

Details of Work Away

- | | |
|--|---|
| a. Percentage of work away involving the use of heat equipment | % |
|--|---|
- What forms of heat equipment are used (e.g. blow lamp / grinding equipment / hot air gun, etc)

- | | | |
|--|-----|----|
| Is a permit to work with heat required? | Yes | No |
| b. Percentage of work undertaken below ground level (excluding in basements) | % | |
| c. Percentage of work undertaken above 16 metres height | % | |
| d. Percentage of work undertaken at private dwelling houses | % | |
| e. Percentage of work undertaken at shops and offices | % | |

Please complete the appropriate pages for the Propser's business activities:

- Electrical Contractors and associated activities – pages 6-7**
- Alarms and associated activities – page 7-8 **
- Fire Protection Systems and Products – page 9 **
- If Property Damage cover is required – page 10-11
- If Business Interruption / Contract Works cover is required – page 11-12

Please also complete the Claims Information & Construction Health and Safety Questionnaire.

**** PLEASE NOTE - The percentage split across all business activities undertaken by the Proposer should be 100% in total, not per classification of risk.**

Electrical Contractors and associated activities

Electrical Contracting

Electrical Contracting - Domestic	%
Electrical Contracting - Commercial	%
Electrical Contracting - Industrial non-hazardous locations	%
Electrical Contracting - Hazardous locations	%
Electrical Contracting - Hi-tech (e.g. computer rooms, internal fibre optic cabling)	%
Portable Appliance Testing - testing and certification work	%
Installation, Testing or Repair of Electrical Appliances - audio / visual (domestic & commercial)	%

Aerial and Satellite Dish Erectors

Installation work under 16 metres	%
Installation work above 16 metres	%

Cabling Contractors

Excluding excavations (mostly internal work and not involving work at height)	%
Including excavations, to a maximum depth of 3 metres	%
Working externally to 16 metre height limit (excluding work on pylons)	%

Heating, Ventilation and Plumbing Contractors

Domestic	%
Commercial	%
Industrial	%

Manufacturing and / or Supply Activities

Retail / Wholesale only	%
Manufacture of electrical products (please provide product details below)	%
Supply / Distribution of electrical equipment and apparatus (please provide product details below)	%
Supply / Hire of electrical power motors and generators	%
Supply / Alteration / Repair / Installation of medical or surgical equipment	%
Installation / Service / Repair of electrical industrial appliances	%
Please provide full details of products manufactured or supplied:	

Please provide full details of any other activities:

Alarms and associated activities

Alarm Installation, Servicing and Repair

Fire Alarms	%
Intruder Alarms	%
CCTV and Access Control, Retail Tagging, Public Address Systems	%
Temperature Alarms	%
Nurse and Warden Call	%
Vehicle Alarms	%

Central Monitoring Station

Operation of Own Central Station	%
Operation of Third Party Central Station	%

Other Contracting Activities

Installation, maintenance and repair of grilles, screens, gates and barriers	%
Installation, maintenance and repair of locks / safes	%

Cabling Contractors

Retail / Wholesale only	%
Manufacture of assembly of grilles, screens, gates and barriers	%
Assembly of intruder alarms (from bought in components) for domestic, shop or office applications	%
Assembly of intruder alarms (from bought in components) for commercial or industrial applications	%
Manufacture of intruder alarm systems or components	%
Assembly of fire alarms (from bought in components) for domestic, shop or office applications	%
Assembly of fire alarms (from bought in components) for commercial or industrial applications	%
Manufacture of fire alarm systems or components	%
Please provide full details of any other activities:	

Fire Protection Systems and Products

Installation, Servicing and Repair

Portable Fire Extinguishers	%
Smoke Alarms	%
Sprinklers and Wet Risers	%
Dry Risers	%
Fixed Fire Extinguishing Systems	%
Fixed Fire Extinguishing Systems (on ships)	%
Intumescent and Passive Fire Protection Products (excluding spraying)	%
Intumescent and Passive Fire Protection Products (including spraying)	%
Breathing Equipment	%
Safety Signs	%

Other Activities

Fire Extinguishing Training	%
Fire Safety Inspections (as a standalone activity)	%
Please provide full details of any other activities:	

Commercial Property - All Risks

Premises address (if different to correspondence address)

Is cover required in respect of:

Subsidence	Yes	No
Terrorism	Yes	No

Please confirm the sums insured required for:

a. Buildings	£
b. Customers' Goods at the Proposer's Premises	£
c. Contents / Stock	£

If there is more than one premises, please advise details separately for each location.

The Policy contains as standard the following limits for specified property within the Contents Sum Insured. These limits are not in addition to the Contents Sum Insured, therefore if cover is required, please ensure the Sum Insured stated above is adequate to include:

	Standard Limit	Amended Limit
a. Non-ferrous metals	£10,000	
b. Electronic business equipment and computers	£5,000	
c. Portable Electronic Equipment	£5,000	
d. Portable Tools (within the UK)	£5,000	
e. Goods in Transit (within the UK and limit any one load)	£10,000	

Details of Property

How are the premises occupied? (e.g, office, warehouse, etc)

Please confirm as correct that the premises:

1. are self contained and occupied solely by the Proposer	Yes	No
2. are constructed of brick, stone, concrete or metal	Yes	No
3. are roofed with slates, tiles, concrete or metal	Yes	No
4. are heated by fixed oil, gas or electric heating, air source / ground source heat pumps	Yes	No
5. have never been damaged by Flood and are not in an area that has flooded	Yes	No
6. are not close to any cliff, quarry or other excavation	Yes	No
7. the property and any nearby property (including boundary walls) do not show any visible signs of existing or previous damage by Subsidence, Ground Heave or Landslip	Yes	No

If any of the above questions have been answered “no”, please provide full details:

8. Please provide full details of premises security (e.g. alarm, door / window locks, shutters, etc)

Business Interruption - All Risks

a. Is cover required for Business Interruption?	Yes	No
If yes, what basis of cover is required?	Gross Profit Increased	Cost of Working
b. Sum Insured required?	£	
c. Maximum indemnity period required?	Months	
d. Is cover required for Rent Receivable?	Yes	No
e. If yes, please state Sum Insured required?	£	

Contract Works

If the Proposer requires cover for Contract Works and Plant and Equipment, please complete the following:

- | | |
|--|--------|
| a. Estimated maximum value any one contract | £ |
| b. Customers' Goods at the Proposer's Premises | Months |

Plant, Equipment and Temporary Buildings belonging to the Proposer

- | | |
|-------------------------------|---|
| a. Total sum insured required | £ |
| b. Maximum value any one item | £ |

Hired in Plant, Equipment and Temporary Buildings

- | | |
|---|---|
| a. Estimated annual hiring charges | £ |
| b. Maximum value of any one item | £ |
| c. Maximum total value at any one time / any one loss | £ |

Employees Tools and Personal Effects

- | | |
|-----------------------------------|--------|
| a. Total sum insured required | £ |
| b. Maximum limit any one employee | £5,000 |

Claims Information

Please provide full details of all claims / incidents within the last 5 years:

Date of Incident	Section applicable (Public Liability, Property, etc)	Circumstances	Amount Paid / outstanding
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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. 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 record 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.

C. Contract Site

- | | | |
|---|-----|----|
| 1. Is the Proposer fully compliant with the Joint Code of Practice (JCOP) on the protection from fire of construction sites and | Yes | No |
| 2. Full site perimeter fencing and boarding in place? | Yes | No |
| 3. Controls in place for access / egress to site of visitors? | Yes | No |
| 4. What arrangements are in place for storing materials on site? | | |

- | | | |
|--|-----|----|
| 5. What arrangements are in place for securing plant, tools and equipment outside working hours? | | |
| 6. Are larger items of plant coded or fitted with tracking devices? | Yes | No |
| 7. Is plant registered with The Equipment Register? | Yes | No |
| 8. 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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