

CONTRACT WORKS PROPOSAL FORM (Specific Contract) PROPOSAL FORM



A policy book with full policy wording is available on request.

PLEASE COMPLETE IN BLOCK CAPITALS

Premium

Broker/Agency

Broker/Agent

Quote Ref

OFFICE USE ONLY

Policy No

Authorised

Name of Proposer

Address

Postcode:

Telephone No.

Website address

Trade or Business

Where requested, please enter further details in the space provided

Please indicate the categories of cover for which you require quotations:

a) Contractor Works

Yes

No

b) Public Liability

Yes

No

c) JCT Clause 21.2.1

Yes

No

Public Liability and/or 21.2.1 are available only in conjunction with Contract Works on this proposal form

Separate proposal forms are available for Annual Covers or where Public Liability or 21.2.1 are required without Contract Works

Please complete all questions other than those specific to sections for which cover is not required and sign the Declaration

Name of Contractor(s)

Registered Address

Postcode:

Name of Employer
or Principal

Address

Postcode:

Contract Works

1. Full details of contract and address of development site

2. The Works

a) Please describe fully the work to be carried out

If there is not sufficient space below please show on additional sheets

It will be helpful if specifications and plans are supplied

Estimated Contract Value £
(including the value of any Free-issue Materials
and Professional Fees)

b) Please advise the value of work being carried out in relation to

i) Substructure

ii) Superstructure

iii) Mechanical/electrical services

iv) Fitting out (excluding iii)

v) Landscaping/roads/car parks

vi) Other

£

£

£

£

£

£

c) Will there be a phased handover of the works?

Yes

No

If 'Yes', please give details

Brief Description of the Contract Phase(s)	Start Date	Date of Handover	Contract Value for the Phase(s)
			£
			£
			£
			£

d) Give details of precautions to be taken at the site to prevent theft, malicious damage and arson

e) Will the work be undertaken in accordance with the requirements of the Joint Code of Practice on the Protection from Fire of Construction Sites? Yes No

f) Will any Temporary Buildings be placed closer than six metres to or within the structure being altered or erected? Yes No

3. Period of the Contract Works

From To

4. Defects Liability Period

Is Insurance required during the Defects Liability (or Maintenance) Period? Yes No

If 'Yes', state period months

5. The Contract Form

a) Under which conditions of contract is the work to be carried out?

b) If subject to JCT Conditions, state which version of the Conditions applies e.g. JCT 1980 with/without the 1986 Amendments and which of Clauses 22A, B or C (or equivalent) applies

Please forward a copy of the contract conditions if they are not standard

6. Contractors Plant

Is cover required for Constructional Plant and Temporary Buildings? Yes No

If 'Yes', please enter the values below

a) Constructional Plant, Temporary Buildings etc. (other than hired-in equipment)

The maximum value at any one time of

- temporary buildings and their contents

- tower cranes

- all other plant, tools and equipment

of which the maximum value for any one item is

b) Hired Plant

- the maximum value for any one item is

- the total hiring fees

c) Employees' Effects on site

- total sum insured

- the maximum any one employee

£

£

£

£

£

£

£

7. Do you require insurance in respect of your liability under CPA or SPOA conditions

for Continuing Hire Charges following Damage to Hired Plant? Yes No

Public Liability and/or JCT Clause 21.2.1

1. Limit of Indemnity

Please state limits required and, if Clause 21.2.1 insurance is required, the basis of the limit. (For each insurance, £2m is the recommended minimum).

Public Liability

Limit for any one occurrence

£

Clause 21.2.1

Limit for any one occurrence

or in total for the contract

£

2. Sub Contractors

Do you require the Public Liability insurance to include sub contractors as a joint Insured?

Yes

No

Will any work be contracted to established firms holding their own public liability insurances with at least an equivalent limit to those above?

Yes

No

If 'Yes', give details and estimated contract values

Do you check the adequacy of sub contractors' insurances?

Yes

No

3. Existing Buildings

a) If the work involves alterations, repairs or extensions to existing buildings please answer questions i) to iv)

i) Please provide details of the building including construction, floor area, height, approximate age and condition

ii) Is any part of the building remaining occupied while the work is carried out?

Yes

No

If 'Yes', please provide details below

If 'No', please advise the date the building was last occupied and the nature of the occupation at that time

iii) Please provide details of any work on columns, beams, slabs, or loadbearing walls requiring temporary propping or support

iv) Does the work involve any extensions which 'tie-in' with the existing buildings?

Yes

No

If 'Yes', please give details and method to be used

b) If the work involves demolition please answer questions i) to iv)

i) Please provide details of property to be demolished, including number of storeys and method of demolition.

(If demolition of internal walls only, state whether they are loadbearing).

ii) If demolition is not internal only, what is the distance from the nearest other property?

iii) Is any demolition below ground level?

Yes

No

If 'Yes', state

- maximum depth

- minimum distance from nearest property

iv) Will shoring or propping be necessary?

Yes

No

If 'Yes', please give details below

4. Surrounding Property

Please give a description of all surrounding property not forming part of the Construction Works.

a) Please state the address of each property and its approximate distance from the site, give a description, including age and occupation and attach a copy of location plan, if available.

i)	
ii)	
iii)	
iv)	

b) Have any schedules of condition been drawn up for surrounding property?

Yes

No

If 'Yes', please give details or attach a copy

5. Foundations

a) Give a general description of ground conditions

b) Please indicate if any of the following will be undertaken:

i) Excavation

Yes

No

If 'Yes', state

- Depth

- Minimum distance from nearest property

- Means of supporting excavation

ii) Piling

Yes

No

If 'Yes', state

- Type

- Number and maximum depth

- Minimum distance from nearest property

iii) Underpinning

Yes

No

If 'Yes', state

- Overall length involved

- Maximum depth

- Maximum length any bay

iv) Ground stabilisation

Yes

No

If 'Yes', please give details and method

- Minimum distance from nearest property

v) Dewatering

Yes

No

If 'Yes', please give details and method

General Questions

1. How long has your Company been in business?

2. a) Have you or any of your directors partners or officers been involved in any other business in the last 5 years?

Yes

No

If 'Yes', please give details of each business (continue on a separate sheet if necessary)

Name and address of business	Trade	From	To

b) Have any of the above business activities been declared bankrupt or insolvent or gone into liquidation?

Yes

No

If 'Yes', give full details and dates below (continue on a separate sheet if necessary)

3. In respect of any covers to which this proposal relates and any business in which you or any of your directors partners or officers are or have been engaged

a) has any Insurer ever declined a proposal, refused renewal, terminated an insurance or imposed special terms in the last 5 years?

Yes

No

If 'Yes', please give details (continue on separate sheet if necessary)

b) have any accidents, losses or claims arisen, whether insured or not, in the last 5 years?

Yes

No

If 'Yes', please give details (please continue on separate sheet if required)

Date of occurrence	Brief details of each incident (whether a claim was made or not)	Cost/Estimate

4. Have you or any of your directors partners or officers ever been convicted of or charged (but not yet tried) with

a) arson, fraud or any other act of dishonesty of any kind including theft, handling stolen goods, criminal or wilful damage?

Yes

No

If 'Yes', please give details and dates

b) any other criminal offence, other than a motoring offence?

Yes

No

If 'Yes', please give details and dates

5. Have you been prosecuted during the last five years under any safety or environmental legislation?

Yes

No

If 'Yes', give details, including date and outcome

Additional Information

Use this space to provide further information to help us consider the Insurance see the Important Note and Declaration. Please give full details here or on a separate sheet of paper (attach details)
Please state Question number clearly

Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special features of the risk which makes losses more likely to happen, or more serious if they do.
- Please disclose in the Additional Information Section above or on a separate sheet of paper any such material information even if you have doubts as to whether it is material or not.
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal Form is available on request. Please tick box if required.

Declaration

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

This insurance will not commence until the insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.



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