|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Broker’s / Agent’s details | | | | | | | | | | | |
| Broker name |  | | | | Contact name | | | |  | | |
| Broker address |  | | | | | | | | | | |
| Telephone number |  | | | | Fax number | | | |  | | |
| Email address |  | | | | Date submitted | | | |  | | |
| Renewal date |  | | | | **Deadline date** | | | |  | | |
| Holding agent |  | | | | Last year’s premium | | | | £ | | |
| Holding insurer |  | | | | Target premium | | | | £ | | |
| Proposer’s / Insured’s details | | | | | | | | | | | |
| Proposer’s name |  | | | | Co. Registration no. | | | |  | | |
| Proposer’s address |  | | | | Website address | | | |  | | |
| County |  | | | | Town/City | | | |  | | |
| Post Code |  | | | | Year Established | | | |  | | |
| Full Business description |  | | | | PAYE Ref Code (ERN) | | | |  | | |
| Company brochures | Attached / unavailable *(delete as applicable)* | | | | Accounts | | | | Attached / unavailable | | |
| Other companies *(specify whether dormant, a subsidiary or associated and include any ‘Trading as’ names)* | | | | | | | | | | | |
| Name (and address if difference from above | |  | | | | PAYE Ref Code (ERN) | | |  | | |
| Name (and address if difference from above | |  | | | | PAYE Ref Code (ERN) | | |  | | |
| Details of processes and machinery used (including whether automated, manual, mechanical, etc.) | | | | | | | | | | | |
| Covers required *(Please indicate with X)* | | | | | | | | | | | |
| Employers Liability | | |  | Public & Products Liability | | |  | Contractors All Risks | | |  |
| Claim experience in past 5 years | | | | | | | | | | | |
| Date | Details (include circumstances and post loss action to prevent reoccurrence) | | | | | | | | | Amounts paid | |
|  |  | | | | | | | | | £  *Include any outstanding amounts not yet paid* | |
|  |  | | | | | | | | | £  *Include any outstanding amounts not yet paid* | |
|  |  | | | | | | | | | £  *Include any outstanding amounts not yet paid* | |
|  |  | | | | | | | | | £  *Include any outstanding amounts not yet paid* | |

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| --- | --- |
| Liability information | |
| Are you responsible under contract for any design risks? | Yes / No *(delete as applicable)* |
| Are you asked to act as a ‘Planning Supervisor’ under the terms of CDM regulations? | Yes / No *(delete as applicable)* |
| Are the insurance details of all sub-Contractors checked and recorded? | Yes / No *(delete as applicable)* |
| Is a written Health & Safety Policy statement in place (obtain a copy)   1. When was it last reviewed? 2. When was it last communicated to all employees? 3. Has this been approved by the Construction Industry Training Board? 4. Do you have a Safety Officer or specified responsible person? 5. Do they attend regular training courses? 6. Do you employ a specialist external consultancy? | Yes / No *(delete as applicable)*      Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)* |
| Have any risk assessments been undertaken?   1. Is there a specified individual responsible? 2. When was the last risk assessment carried out? | Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)* |
| Are records maintained of each employees training?   1. Is training provided on a regular basis? 2. Are you a member of any trade association that provides health & safety training and information? 3. Please state the name of the trade association and the services used 4. Are new employees screened for previous medical history? 5. Are competency assessments made and recorded for all potential employees and sub-contractors? | Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*    Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)* |
| Are you familiar with the Joint Code of Practice for fire prevention on construction sites?   1. If YES, are fire safety co-ordinators appointed and fire safety plans prepared? 2. Do you operate a hot work permit system for activities involving the use of heat? | Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable |
| Are there regular workplace inspections?   1. How often are these inspections carried out? 2. Is safety clothing & equipment provided? 3. Is it FREE issue? | Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)*  Yes / No *(delete as applicable)* |
| Is all machinery adequately guarded and maintained? | Yes / No *(delete as applicable)* |
| Are all safety notices/instructions prominently displayed? | Yes / No *(delete as applicable)* |
| Is there an Accident Book? | Yes / No *(delete as applicable)* |
| Do your site safety and security arrangements include:   1. Material storage 2. Waste control and removal 3. Is there strict adherence to COSHH 4. Assessment and effective control of pollutants 5. Control of access / egress to site of visitors 6. Hygiene and welfare standards for employees 7. Service and maintenance records for all plant and machinery 8. Supply record for strict implementation of Personal Protective Equipment (PPE) by employees 9. Full site perimeter fencing and boarding 10. Do you have special arrangements for the overnight storage of valuable or portable equipment? If so, please specify on a separate sheet. | Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable  Yes / No / Not Applicable |

|  |  |  |
| --- | --- | --- |
| Employers Liability | | |
| Limit of indemnity required | | £ |
| Total number of employees | |  |
| For what proportion (%) of your work are you the main contactor? | | % |
| Payments to staff | | |
| Type of work | Wages to own staff / labour only | Payments to bone-fide sub-contractors |
| Directors | £ | £ |
| Clerical | £ | £ |
| Manual – premises | £ | £ |
| Manual – away | £ | £ |
| Totals | £ | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| High risk work (included in above payments) | Wages to  own staff labour only | Payments to bona-fide sub contractors | Turnover  split by percentage |
| Demolition | £ | £ | % |
| Piling | £ | £ | % |
| Underpinning | £ | £ | % |
| Asbestos Removal **\*** | £ | £ | % |
| Scaffold erection | £ | £ | % |
| Plant Hire | £ | £ | % |
| Roofing | £ | £ | % |
| Tunnelling | £ | £ | % |
| Works “airside” **\*** | £ | £ | % |
| Work in, on or around water | £ | £ | % |
| Steel erection | £ | £ | % |
| Work involving welding, cutting equipment, blow lamps, blow torches, flame guns or hot air guns or similar **\*** | £ | £ | % |
| Work in, on or around railway premises/tracks/property **\*** | £ | £ | % |
| Work in on or around nuclear installations **\*** | £ | £ | % |
| Work “offshore” **\*** | £ | £ | % |
| Work involving explosives | £ | £ | % |
| Towers, steeples or spires **\*** | £ | £ | % |
| Docks or piers **\*** | £ | £ | % |
| Viaducts or bridges **\*** | £ | £ | % |
| Woodworking machinists | £ | £ | % |
| Work in, on or around hospitals, research establishments and laboratories | £ | £ | % |
| Work involving refineries **\*** | £ | £ | % |
| Other: Please specify: | £ | £ | % |
| **TOTAL** | **£** | **£** | **%** |

Please Note: Where one of the above types of work marked with an asterisk ( **\*** ) is performed, please provide further details.

|  |  |
| --- | --- |
| Public Liability | |
| State the proportion of your work where you are the main or sole Contractor | % |
| Maximum height worked to for external works:  If above 10 metres, what proportion of work is 10-15 metres  And what proportion of work is over 15 metres | Metres  %  % |
| Maximum depth worked to:  Up to 1 metre  1 to 3 metres  Over 3 metres | Metres  %  %  % |
| Process used (e.g. JCB) |  |
| Purpose of excavation |  |
| Do you use slings or cradles | Yes / No *(delete as applicable)* |
| Do you use any other hydraulic lifts, access plant or equipment? If YES describe use below: | Yes / No *(delete as applicable)* |
| Is there any use of heat away from the premises? If YES describe use below: | Yes / No *(delete as applicable)* |
| Do you create toxic waste or are you involved in any hazardous process?  If yes, please describe use below: | Yes / No *(delete as applicable)* |

|  |  |
| --- | --- |
| Products Liability | |
| Is the product to BS Kitemark or equivalent standard | Yes / No *(delete as applicable)* |
| Are the origin of materials and destination of products recorded and traceable | Yes / No *(delete as applicable)* |
| Is there any batch control, quality control in place | Yes / No *(delete as applicable)* |
| Are there any contractual agreements that remove subrogation rights | Yes / No *(delete as applicable)* |
| Give examples of the Company’s larger customers |  |
|  | |
| Fully describe products with particular attention to any North American exposure:- |  |
|  | |

|  |  |
| --- | --- |
| Limits of Indemnity | |
| Public Liability (any one loss) | £ |
| Products Liability (aggregate) | £ |
| State percentage of the types of premises worked up | Commercial %  Domestic %  Other % |
| Extensions required (dependant on trade)  Financial Loss  Efficacy  Product Recall / Guarantee  Libel and Slander  Is Professional Indemnity in place / needed | £  £  £  £  Yes / No *(delete as applicable)* |
| Excess applicable: | £ |
| Turnover total | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Turnover split by % | | Turnover split | |
| UK | % | Construction (new) | £ |
| EU | % | Construction (alteration) | £ |
| North America | % | Construction (own development) | £ |
| Rest of World | % | Land purchase cost | £ |
|  |  | Profit on own developments | £ |

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| --- |
| Additional notes |

|  |  |
| --- | --- |
| Contractors all risks | |
| **Cover** | **All risks** |
| Maximum contract value | £ |
| Maximum value own developments | £ |
| Maximum value of own plant, machinery and equipment | £ |
| Annual hire charges for plant hired IN | £ |
| Annual hire charges for plant hired OUT | £ |
| Please provide details of plant hired In / Out | |
| Is Plant hired IN under CPA conditions of hire, or similar | Yes / No |
| Is Plant hired OUT under CPA conditions of hire, or similar | Yes / No |
| Where you hire plant in/out under conditions other than CPA, please attach a copy of the hire contract | |
| Are larger items of plant fitted with: |  |
| Tracker devices? | Yes / No |
| Security marked? | Yes / No |
| Coded? | Yes / No |
| Is plant registered with The Equipment Register | Yes / No |
| Provide details of the 3 largest contracts you have undertaken in the past 5 years | State value |
| Contract 1  Contract 2  Contract 3 | £  £  £ |
| Please give details of any regular or ongoing contracts | Value |
| Contract 1  Contract 2  Contract 3 | £  £  £ |
| Additional notes | |

|  |  |
| --- | --- |
| Excess levels | |
| General Excess | £ |
| Theft / Malicious Damage Excess | £ |

|  |  |
| --- | --- |
| **PREVIOUS INSURANCE** | |
| Has any insurer in respect of the business to which this insurance would relate, or any other business that you are proposing for insurance, its subsidiary companies, or a business that its partners or directors have been involved with,: | |
| a) declined or refused insurance cover or declared cover void? | Yes / No *(delete as applicable)* |
| b) refused to renew or cancelled any insurance for reasons other than non-payment of  premium? | Yes / No *(delete as applicable)* |
| c) imposed any special terms or conditions? | Yes / No *(delete as applicable)* |
| If Yes to a), b) or c) above, please provide details: | |
|  | |
| **FINANCIAL STATEMENT** | |
| Have you or any partner, any director or any other person who plays a significant role in managing or organising the business activities, either personally or in any business capacity: | |
| a) been convicted of a criminal offence or charged (but not yet tried) with a criminal offence,  other than motoring offences and/or convictions spent under the terms of the  Rehabilitation of Offenders Act 1974 or any subsequent amendments to the Act | Yes / No *(delete as applicable)* |
| In the last 5 years have you or any partner, any director or any other person who plays a significant role in managing or organising the business activities, either personally or in any business capacity been: | |
| b) declared bankrupt, been the subject of any bankruptcy proceedings or any form of  insolvency or winding up procedures (including administrative receivership) | Yes / No *(delete as applicable)* |
| c) the subject of a recovery action by HM Revenue & Customs | Yes / No *(delete as applicable)* |
| d) prosecuted, served prohibition or served an improvement order or notice under Health and  Safety legislation or Environmental Protection legislation | Yes / No *(delete as applicable)* |
| e) disqualified from being a company director | Yes / No *(delete as applicable)* |
| f) the subject of a County Court or High Court judgement | Yes / No *(delete as applicable)* |
| g) director of a company that has received a County Court or High Court judgement against it | Yes / No *(delete as applicable)* |
| If Yes to a), b), c), d), e), f) or g) above, please provide details: | |
|  | |

|  |
| --- |
| FAIR PRESENTATION It is your statutory duty before entering into a contract of insurance, prior to an alteration and at renewal to make a fair presentation of the risk to be insured and to ensure that information is provided in a clear and accessible format.  Every material circumstance which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search, should be disclosed.  A circumstance is material if it would influence the judgement of an insurer in deciding whether to take the risk and, if so, on what terms and at what premium. Please ensure that any information provided is correct. Any belief or expectation disclosed should be made in in good faith.  If You are in any doubt as to whether a circumstance is material then You should disclose it and let us decide.  We will expect you to make reasonable enquiries and proactively gather information however, where this is not practical you must make us aware, as your broker, that further enquiries are needed to accurately underwrite the risk.  Any questions put to you in this broking template must be answered honestly, accurately and in good faith. You must check all the information provided in this fact find and if any details are incorrect or incomplete you must advise us immediately.  Failure to make a fair presentation of the risk could affect the extent of cover provided or could invalidate Your policy. |
| Give details of any additional information below that may be of assistance or importance. |
|  |
| Give details below of any areas where additional enquires may be necessary to accurately assess the risk |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must have made all the necessary enquiries of their fellow director’s, officers, board members, senior managers, employees and third parties involved with the business to identify and / or verify the information provided in this document as true and accurate. |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| Insurance Covers Check List | | | |
| **Covers Available** | **In Force (Yes/No)** | **Discussed (Yes/No)** | **Quote Required (Yes/No)** |
| Material Damage |  |  |  |
| Business Interruption |  |  |  |
| Terrorism |  |  |  |
| Public Liability |  |  |  |
| Product Liability |  |  |  |
| Excess Liability |  |  |  |
| Financial Loss |  |  |  |
| Employers Liability |  |  |  |
| Excess EL |  |  |  |
| Contractors All Risk |  |  |  |
| Money |  |  |  |
| Goods In Transit |  |  |  |
| Computer |  |  |  |
| Engineering |  |  |  |
| Marine |  |  |  |
| Glass |  |  |  |
| Frozen Food |  |  |  |
| Loss of License |  |  |  |
| Personal Accident |  |  |  |
| Business Travel |  |  |  |
| Directors & Officers |  |  |  |
| Professional Indemnity |  |  |  |
| Cyber Liability |  |  |  |
| Legal Expenses |  |  |  |
| Employment Practices Liability |  |  |  |
| Medical Malpractice |  |  |  |
| Motor Fleet |  |  |  |
| Motor Legal Expenses |  |  |  |
| Fidelity Guarantee |  |  |  |
| Credit Protection |  |  |  |
| Performance Bonds |  |  |  |
| Products Recall |  |  |  |
| Lottery Win Protection |  |  |  |
| Kidnap and Ransom |  |  |  |
| Private Medical Insurance |  |  |  |
| Personal Insurances |  |  |  |

## Compliance aide-memoire

The information contained in this Risk Presentation has been supplied by

< CUSTOMER NAME >.

of < CUSTOMER’S ADDRESS >.

at the meeting held on < MEETING DATE >.

The details contained herein have been recorded by

< COBRA MEMBER NAME >, a member of COBRA Network Ltd

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Has the prospective client been advised that COBRA Member is acting as an agent on the prospective client’s behalf? |  |  |
| 1. Has the COBRA the member declared that they are Authorised and Regulated by the Financial Conduct Authority (FCA) and as such conforms to FCA Rules & Regulations? |  |  |
| 1. Have the following items been passed to the prospective client?    1. a COBRA Member business card    2. relevant COBRA Member promotional material    3. the COBRA Members Terms of Business? |  |  |
| 1. Has the prospective client been made aware of the importance of the Duty of Fair Presentation and the need to conduct a reasonable search of the information available and the necessity for the prospective client to provide full and accurate details of their risk? |  |  |

NOTE

Please note that a quotation will only be provided where full details are provided under that relevant section. If you are unable to provide full details or leave sections of the broking template blank further enquiries will be necessary to provide a quotation and this may delay the process.

Please delete any cover sections that are not required.