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## CONTRACTORS INSURANCE SPECIFIC CONTRACT INSURANCE PROPOSAL

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A FULL POLICY WORDING IS AVAILABLE ON REQUEST  
PLEASE COMPLETE IN CAPITAL LETTERS USING AN INK PEN AND TICK BOXES AS APPROPRIATE

Where requested, please enter further details in the space provided

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

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| a) <b>Contractors 'All Risks'</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) <b>Public Liability</b>        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) <b>JCT Clause 21.2.1</b>       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Public Liability and/or 21.2.1 are available only in conjunction with Contractors 'All Risks' on the proposal form.

Separate proposal forms are available for Annual Covers or where Public Liability or 21.2.1 are required without Contractors 'All Risks'.

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

Name and Address of Proposer

Postcode:
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Name and Address of Employer or Principal

Postcode:
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# CONTRACTORS 'ALL RISKS'

## DETAILS OF CONTRACT

### 1. Situation

### 2. Period of the Constructional Work

From

To

### 3. Defects Liability Period

Is Insurance required during the Defects Liability (or Maintenance) Period?

Yes  No

If 'Yes', state period

months

### 4. 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.

### 5. 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 and malicious damage

e) Will 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

**6. Constructional Plant**

Is cover required for constructional plant, equipment and temporary buildings?

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) Plant and Equipment Hired-In  
- the maximum value for any one item is

- the total hiring fees

c) Employees Tools and Personal 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 insured damage to hired plant?

Yes  No

## PUBLIC LIABILITY and/or JCT CLAUSE 21.2.1

### 1. Limit of Indemnity

Please state limits required, is Clause 21.2.1 insurance is required, the basis of the limit. (For each insurance, £1m is the recommended minimum).

Public Liability	Limit for any one occurrence		£
Clause 21.2.1	Limit for any one occurrence <input type="checkbox"/>		£
	or in total for the contract <input type="checkbox"/>		

### 2. Sub Contractors

Do you require the Public Liability 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 load bearing walls requiring temporary propping or support

iv) Does the work involve any extensions which 'tie-in' with the existing buildings?  
If 'Yes', please give details and method to be used

Yes  No

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 Constructional 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 a 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 in support of answers given to questions in this Proposal.

Please state the question number clearly.

**IMPORTANT**

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

- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. **FAILURE TO DISCLOSE ALL MATERIAL FACTS WHETHER OR NOT THE SUBJECT OF A SPECIFIC QUESTION MAY INVALIDATE YOUR INSURANCE.**
- We recommend that you should keep a record, including copies of letters and this Questionnaire, of all information supplied to us for the purpose of entering into this insurance.
- Please tick the box if you would like a copy of this Proposal sent to you.....

**DECLARATION**

Before signing the Declaration please check your answers carefully particularly if this Questionnaire 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 complete.
- 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 and acting on my/our behalf, and not the agent of Royal & Sun Alliance Insurance plc.
- I/We declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer’s policy.
- I/We agree that the information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.
- I/We declare that I/we have received a copy of the Royal & SunAlliance customer service leaflet.

Signature of Proposer (s)

Date of signing

Title of signatory

Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.

**Please return this form to your local Royal & SunAlliance office or your Insurance Representative**