

CONTRACT WORKS PROPOSAL FORM (Annual Basis) PROPOSAL FORM



A policy book with full policy wording is available on request.
PLEASE COMPLETE IN BLOCK CAPITALS

Premium	<input type="text"/>	Broker/Agency	<input type="text"/>
Broker/Agent	<input type="text"/>		
Quote Ref	<input type="text"/>		
OFFICE USE ONLY			
Policy No	<input type="text"/>		
Authorised	<input type="text"/>		

Name of Proposer	<input type="text"/>		
Address	<input type="text"/>		Postcode: <input type="text"/>
	<input type="text"/>		
Telephone No.	<input type="text"/>	Website address	<input type="text"/>
Trade or Business	<input type="text"/>		
When Established	<input type="text"/>		
Are you a member of a trade body or association? If so please specify	<input type="text"/>		
Period of Insurance:	From: <input type="text"/>	To: <input type="text"/>	

A. Contracts to be Insured

- What is the maximum period of any one contract for
 - Construction
 - Testing
 - Maintenance/Defects Liability
- What is the average construction period?
- Please indicate the conditions of contract under which you carry out work

JCT Clause 22A <input type="checkbox"/>	JCT Clause 22B or 22C <input type="checkbox"/>	I.C.E. <input type="checkbox"/>	I.Mech.E/I.E.E. <input type="checkbox"/>
GC/Works/1 <input type="checkbox"/>	Other (please specify) <input type="text"/>		
- If any of your work is sub-let do you ensure that sub-contractors hold adequate contract works and public liability insurance? Yes No
- Do you engage in contracts involving
 - work at airports, power stations, chemical works, oil and petrol refineries and processors or on oil or gas rigs/platforms? Yes No
 - excavations exceeding a depth of 2 metres? Yes No
 - demolition other than demolition of buildings as part of a contract for erection? Yes No
 - piling, quarrying, tunnelling, or the use or storage of explosives? Yes No
 - work in, on, over or adjacent to water? Yes No
 - the construction, alteration or repair of towers, steeples, chimney shafts, bridges, viaducts or dams? Yes No
 - work outside the Channel Islands? Yes No

If 'YES' please give details

B. Contract Works

1. Estimate of annual turnover for

annual turnover
(including sub-let) % sub-let

a) construction of

i) private dwelling houses

£

%

ii) other buildings (please specify types and split of turnover)

£

%

b) repair or refurbishment of

i) private dwelling houses

£

%

ii) other buildings (please specify types and split of turnover)

£

%

c) contracts for civil engineering (please specify types of work and split of turnover)

£

%

d) contracts for supply and erection/installation of machinery and process plant
(please specify types of machinery and process plant and split of turnover)

£

%

2. What is the maximum value of any one insured contract (including the value of any free-issue materials)?

£

N.B. cover will not operate in respect of any contract where the original estimated contract price exceeds this figure

3. Do you store materials off site for inclusion in the Contract Works?

Yes

No

If 'YES' give details of values and likely locations/premises

4. Do you carry out any work where there is no principal? e.g. speculative building

Yes

No

If 'YES' types of buildings and relative turnovers

5. Do you wish to insure extra repair costs arising from express delivery, airfreight, or overtime,
Sunday and holiday rates of wages consequent upon insured damage to the Contract Works?

Yes

No

SECTIONS C D AND E ARE OPTIONAL AND SHOULD ONLY BE COMPLETED WHERE COVER IS REQUIRED

C. Contractors' Plant

1. Value of Constructional Plant (including mechanically propelled plant not more specifically insured) belonging to you
 - a) Cranes £
 - b) Self-propelled plant (earthmovers etc.) £
 - c) Other plant (mixers, compressors etc.), tools and machinery £
2. Value of Temporary Buildings (site huts and other temporary accommodation) including their contents belonging to you £
3. Employees' Effects
 - i) number of employees
 - ii) Sum Insured per Employee (max £500) £
4. In the course of your business do you ever hire out plant to other parties? Yes No

D. Hired Plant

Cover is in respect of your legal liability for damage to hired-in plant and site huts and payment of continuing hire charges

1. State amount of hire charges paid for
 - a) self-propelled plant £
 - b) other plant £
 - c) site accommodation £
2. Show below the name(s) of the conditions under which you hire in plant (if not CPA)
3. State indemnity period required for continuing hire charges cover months
4. Limit of indemnity required in respect of any one accident (this should be adequate to cater for both damage to plant and continuing hire charges) £

E. Public Liability

1. What limit of indemnity do you require (minimum recommended £2,000,000)? £
2. Estimate of annual wages paid to

	Employees	Labour only sub-contractors	Other sub-contractors
Clerical and Managerial Employees not engaged in manual labour and Commercial Travellers	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other persons working away from your own premises on contracts for erection, alteration or repair of			
i) private dwellings and shops of not more than two floors	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
ii) private dwellings and shops comprising three or four floors and single storey other buildings not exceeding twelve metres in height	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
iii) all other buildings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
iv) structural steelwork in isolation	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

b) contracts for civil engineering (please specify types of work and split of wages)

Employees

Labour only sub-contractors

Other sub-contractors

c) contracts for installation/erection of machinery and process plant (please specify type of machinery/plant and split of wages)

If you supply the machinery and process plant, do you wish to insure for Products Liability?
If 'YES' please state estimated annual turnover for supply of such machinery/plant

Yes

No

i) manufactured by you

ii) otherwise sold by you

3. Do you engage in activities not described in question 2 above, e.g. manufacture of goods, the sale of goods from a shop or warehouse or the hiring out of plant?

Yes

No

If 'YES' please give details and turnover involved

4. Are you ever required to insure employers' (principals') indemnity in accordance with JCT Clause 21.2.1 or equivalent?

Yes

No

5. Do you have a written Health and Safety policy?

Yes

No

F. Claims Experience

1. Please complete the following schedule in respect of the last 5 years and relative only to the sections of cover you have selected

Year	Contract Works, Contractors' Plant, Hired Plant					Public Liability				
	Turnover	Claims Paid		Claims Outstanding		Wages	Claims Paid		Claims Outstanding	
	£	No.	£	No.	£	£	No.	£	No.	£
20										
20										
20										
20										
20										

2. Please identify 'Excess' Liability Insurance structure applying in each of the last 5 years

3. Please provide details of claims that have significantly affected the experience and details of any loss or incident which has given rise or could give rise to a claim under Public Liability Insurance (whether or not such insurance has been in force)

Additional Information

If you have answered 'YES' to ANY Questions on this Proposal Form or need 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.

Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
- Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
- Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
- Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Insurance Corporation of the Channel Islands Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Insurance Corporation of the Channel Islands Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
 - If you receive a refund you are not entitled to, you must pay it back when Insurance Corporation of the Channel Islands Ltd ask you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

Please detach and return both sections to Insurance Corporation.

How would you like to pay?

Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No)

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Valid from Date (as shown on card):

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Expiry Date (as shown on card):

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Switch Issue No. (if shown on card):

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Month Year

Card Holder's name (as shown on card) - Please use capitals:

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Amount: £

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If you require a receipt, please tick:

3 Digit Security Code (last numbers found on Signature Strip)

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Option 2. Annual Payment by cash or cheque

Policy Number

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Premium

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BY POST to the address shown above. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number

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Premium

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please do not detach - FOR OFFICE USE ONLY.



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd
P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

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Bank Sort Code

Bank/Building Society account number

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Service User Number

9	4	0	3	4	2
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Reference Number (FOR OFFICE USE ONLY)

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Instruction to your Bank or Building Society

Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

