



Broker at **LLOYD'S**

Roofers & Scaffolders Liability Proposal Form



Roofers and Scaffolders Enquiry Form

Broker:
 Address inc Pcode:
 Contact Name: Telephone No:

Proposer Details

Name of Client:
 Full Address:
 Post Code: Website:
 Current Insurer: Current Broker:
 Expiring Premium: Insurance Premium Tax Work Undertaken
 Renewal Date: Expiry Date: Roofing %
 No. Years Trading: ELTO Number: Scaffolding %
 NFRC / NASC Member? Cladding %

Exact Business Description/Occupation (Provide full detailed description):

Required Cover

Personal Accident L1 (Site Death only Mandatory)
 Employers Liability Any one event £NIL Excess
 Public Liability Any one event £2,500 Third party property damage excess
 Products Liability £0 In the aggregate £NIL Excess
 Height Limit metres 90 % Minimum & Deposit Basis
 Depth Limit 3 metres 3 Year LTA
 Heat Work % *Hot air guns & strippers are not considered as use of heat*

Hazardous Work	Yes / No	%	If "Yes" provide full details of work
Offshore	<input type="text"/>	<input type="text"/>	<input type="text"/>
Airside	<input type="text"/>	<input type="text"/>	<input type="text"/>
Railways	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bridges Tunnels & Chimneys	<input type="text"/>	<input type="text"/>	<input type="text"/>
Power Stations & Nuclear Plant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chemical & Petrol etc	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scaffolding on Demolition sites	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asbestos	<input type="text"/>	<input type="text"/>	<input type="text"/>

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5 Year Claims History

Please provide details of all incidents/accidents/claims that are pending or that you have been notified of or involved in or may give rise to a claim over the last 5 years (whether covered by insurance or not) OR provide Insurer's confirmed 5 year's experience:

Year	Cover	Description	Paid	Outstanding	Total	Status

Are any of the above noted claims **Disease** related? If "Yes", provide full details below

Turnover

Estimated Turnover for the forthcoming year:

Year Turnover	Last Year	Previous	3 years ago	4 years ago	5 years ago

Wages

Non Manual including Directors / Supervisors
 Roofers including Directors
 Scaffolders including Directors
 Drivers / Yards men / Ground Level / A.o.Manual

PAYE / Direct	LOSC	BFSC

Do you annually check adequacy all BFSC's Public Liability insurance, including Insurer & renewal date?

Do you insist all BFSCs have Public Liability insurance cover at least to the same indemnity limit as yours?

Additional Information

Do you:

- 1 Erect spectator stands? Yes / No If "Yes" percentage of all work
- 2 Erect temporary bridges? Yes / No If "Yes" percentage of all work
- 3 Obtain completed hand over certificates? Yes / No
- 4 Take responsibility for all alterations and maintenance? Yes / No
- a) If "Yes", do you obtain signoff off for additional works? Yes / No

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Contractors All Risks / Contractors Plant & Equipment (Can be quoted in isolation)

- 1 Maximum Any One Contract
- 2 Maximum Period Any One Contract Months
- 3 Annual Hired In Plant Charges
- 4 Maximum Value Any One Item of Hired In Plant
- 5 Total Value of Own Plant
- 6 Maximum Value Any One Item of Own Plant
 If value of Own Plant Exceeds £50,000 we require a full itemised schedule of plant with values prior to inception.
- 7 Employees Tools

CAR / CPE 5 Year Claims Experience

Year	Description	Paid	Outstanding	Total

Property Damage, Theft & Business Interruption

- 1 Is Property of Standard Construction? (BSST)
 If No, what is it constructed of?
- 2 Building Sum Insured
- 3 All Other Contents Sum Insured
- 4 Stock
- 5 Stock In The Open
- 6 Stock – Non Ferrous Metals
- 7 Computers
- 8 Gross Profit Sum Insured
 Indemnity Period Months
- 9 ICOW
 Indemnity Period Months

Property & Theft 5 Year Claims Experience

Year	Description	Paid	Outstanding	Total

General Information

Have you or any partner or director ever been declined for insurance, ever had a Policy cancelled or has any company ever refused to renew your Policy or imposed special terms or conditions in respect of any of the risks Proposed?

Have you or any partner or director ever been convicted of any offence involving dishonesty, stealing, arson or criminal damage or been declared bankrupt at any time?

Have you been prosecuted under any statute or any special regulations?

If Yes to any of the above, please provide full details:

Have you been subject to any health & safety prohibition notices?

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Please answer the following questions about your business in the space provided below or continue on a separate sheet if more space is required.

A. Health & Safety

- 1 Do you have a health & safety policy statement tailored to your activities and kept up to date?
If Yes, when was it last updated?
- 2 Do you have a specifically trained director or employee responsible for health & safety issues?
- 3 Is health & safety training given to all staff throughout their employment with you?
- 4 Is a record kept of all health & safety training given to staff?
- 5 Are you a member of other trade associations providing health & safety information and training?
If Yes, which organisation(s) and what services are used?
- 6 a) Do you undertake and record health & safety risk assessments for your business?
b) If Yes, do you get the relevant employees to sign to confirm acceptance?
- 7 Are competency assessments made and recorded for all potential employees and sub-contractors?
- 8 Is induction and ongoing skills based training provided for all employees and a record kept?
- 9 Do you engage an external organisation to audit your health & safety systems and adherence to it?
- 10 Do all operatives have access to Health and Safety on site?
- 11 Do you obtain medical certificates for all new operatives and maintain regular medicals for existing operatives in line with HSE requirements?
- 12 Who is responsible for training co-ordination and record keeping within the company?

B. Site Safety and Security

Do your site safety and security arrangements include:

- 1 Materials storage?
- 2 Waste Control and removal?
- 3 Assessment and effective control of pollutants?
- 4 Control of access/egress to site of visitors?
- 5 Hygiene and welfare standards for employees?
- 6 Service and maintenance records for all plant and machinery?
- 7 Supply of and strict implementation of the use of Personal Protective Equipment by employees?
Do you get employees to sign to confirm receipt of Personal Protective Equipment ?
- 8 Strict adherence to the Control of Substances Hazardous to Health?
- 9 Full site perimeter fencing and boarding?
- 10 Special arrangements for securing valuable and portable equipment outside working hours such as locked containers?
If Yes, please specify:
- 11 Larger items of plant coded or fitted with tracking devices?
- 12 Plant registered with The Equipment Register?

C. Use of Heat

Do your site safety arrangements include:

- 1 Before starting work;
 - a Full checks to remove or guard combustible materials in the vicinity of the work?
 - b Responsible person appointed for fire safety?
- 2 While work in progress
 - a Sufficient portable extinguishers kept immediately available to where work undertaken?
 - b Heat equipment only switched on immediately before use & switched off immediately after?
- 3 After work finished
 - a All hot waste removed and safely disposed of?
 - b Final fire check carried out between 30 & 60 minutes?

SUPPLEMENTARY DISCLOSURE

Vertical line indicating the start of the supplementary disclosure area.

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IMPORTANT NOTICE

I/We declare that the above statements made by me/us or on my/our behalf are true and complete and represent a Fair Presentation of our business and its history and risks. I/We agree to accept a policy in the Company's usual form for this class of business.

I/We understand that non-disclosure or misrepresentation of a material fact may entitle underwriters to void the insurance.

(NB a material fact is one likely to influence acceptance or assessment of this proposal by underwriters. **If you are in any doubt as to whether a fact is material or not, please disclose it**).

I/We understand that signing this proposal does not bind me/us to complete the insurance.

Signature

Name

Date

Position

WE RECOMMEND THAT YOU KEEP A RECORD, INCLUDING COPIES OF LETTERS AND THIS PROPOSAL FORM, OF ALL INFORMATION SUPPLIED TO US FOR THE PURPOSE OF ENTERING INTO THIS CONTRACT

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