

Broker:

Roofers and Scaffolders Enquiry Form

Contact Name:

Address including postcode:	Telephone No.:
•	
Proposer Details	
Name of Client:	
Full Address:	
Postcode:	Website:
Current Insurer:	Current Broker:
Expiring Premium:	
Renewal Date	Expiry Date:
	ELTO N. L.
No. Years Trading:	ELTO Number:
NFRC/NASC Member:	// Scoffolding 0/ / Cladding 0/
	% / Scaffolding % / Cladding % ation (Provide full detailed description):
Required Cover	(Please tick)
Personal Accident:	Level 1 / Level 2 / Level 3
Site Death only Mandatory	
Employers Liability:	£10,000,000 / Not Required
Employers Liability is 'Any One Eve	ent' and a £Nil Excess
Public Liability:	£2,000,000 / £5,000,000 / £10,000,000 / Not Required
	and a £2,500 Third party property damage excess
Products Liability: Products Liability is 'In the aggregation of the a	
Troducts Elability is in the aggrega	are that a little lacess
Height Limit:	metres
Depth Limit:	metres
Heat Work:	% of work undertaken
Hot air guns & strippers are not co	nsidered as use of heat

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Please tick	% work undertaken	Provide full details of work
Yes / No	%	
	Yes / No	Yes / No % Yes / No %

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 years' experience (issued within the last 5 days)

years experien	ice (1330eu Witili	un the last 5 days)	1	1	ı	1
Year	Cover	Description	Paid	Outstanding	Total	Status
			•		•	

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	d claims Disease related?		Yes /	No	(Please circle)	
f 'Yes', provide full details	below					
Turnover						
Estimated Turnover for the	e forthcoming year:		£			
Historical Turnover:	Last Year		£			
	Previous		£			
	3 Years ago		£			
	4 years ago		£			
	5 years ago		£			
Wages		PAY	E / DIRECT		LOSC	BFSC
Non Manual including Dire	ctors / Supervisors					
Roofers including Directors	5					
Scaffolders including Direct	tors					
Manual Do you annually check ade	quacy all BFSC's Public liabi	ility insuran	ce, includin	g Insurer		Yes / No
Manual Do you annually check ade and renewal date? Do you insist all BFSC's hav						Yes / No Yes / No
Manual Do you annually check ade and renewal date? Do you insist all BFSC's hav indemnity limit as yours?	quacy all BFSC's Public liabi re Public Liability insurance					
Manual Do you annually check ade and renewal date? Do you insist all BFSC's havindemnity limit as yours? Additional Information	quacy all BFSC's Public liabi re Public Liability insurance					
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and renewal date?	quacy all BFSC's Public liabi re Public Liability insurance	cover at lea	st to the sa	me Percenta	ge of all work ge of all work	Yes / No
Manual Do you annually check ade and renewal date? Do you insist all BFSC's havindemnity limit as yours? Additional Information you: Erect spectator stands Erect temporary bridges Obtain completed hand ov	quacy all BFSC's Public liabi re Public Liability insurance ion	cover at lea	st to the sa o o	me Percenta		Yes / No
Manual Do you annually check ade and renewal date? Do you insist all BFSC's havindemnity limit as yours? Additional Information of the properties of the	quacy all BFSC's Public liabi re Public Liability insurance ion	Yes / N Yes / N Yes / N	st to the sa	me Percenta		Yes / No
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Year	Description		Paid	Outstanding	Total	C+-	atus
eai	Description		Falu	Outstallulig	Total	310	atus
Propert	y Damage, Theft,	& Business I	nterruption				
Is the Prop	erty of Standard Const	ruction	Yes / No				
lf 'No', wh	at is it constructed of:						
	um Insured	£		mputers		£	
Stock		£	Gr	oss Profit Sum Insu	ıred	£ £	
Stock Stock in th	ie open	£	Gr Inc	oss Profit Sum Insu demnity Period	ıred	£	month
Stock Stock in th Stock – No	e open on Ferrous Metals	f f f	Gr Inc ICC	oss Profit Sum Insu demnity Period DW			
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Stock Stock in th Stock – No All Other C	ne open on Ferrous Metals Contents Sum Insured y & Theft 5 Year (£ £ £	Gr Inc Inc	oss Profit Sum Insudemnity Period DW demnity Period (ICo	OW)	£	month

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Enquiry Form

General Information

Have you or any partner 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	Yes / No
Have you or any partner or director ever been convicted or any offence involving dishonesty, stealing, arson, or criminal damage or been declared bankrupt at any time	Yes / No
Have you been prosecuted under any statute or any special regulations	Yes / No
If 'Yes' to any of the above, please provide full details:	
,	
Have you been subject to any health & safety prohibition notices	Yes / No
Hoalth & Safoty	
Health & Safety Do you have a health & safety policy statement tailored to your activities and kept up	
to date	Yes / No
If 'Yes', when was it last updated	
Do you have a specifically trained director or employee responsible for health & safety	
issues	Yes / No
Is health & safety training given to all staff throughout their employment with you	Yes / No
Is a record kept of all health & safety training given to staff	Yes / No
Are you a member of other trade associations providing health & safety information	Vos. / No
and training If 'Yes', which organisation(s) and what services are used	Yes / No
ir res , which organisation(s) and what services are used	
Do you undertake and record health & safety risk assessments for your business	Yes / No
If 'Yes', do you get the relevant employees to sign to confirm acceptance	Yes / No
Are competency assessments made and recorded for all potential employees and sub-	ics / No
contractors	Yes / No
Is induction and ongoing skills based training provided for all employees and a record	
kept	Yes / No
Do you engage an external organisation to audit your health & safety systems and adherence to it	Yes / No
Do you operatives have access to Health and Safety on site	Yes / No
Do you obtain medical certificates for all new operatives and maintain regular medicals	103 / 110
for existing operatives in line with HSE requirements	Yes / No
Who is responsible for training co-ordination and record keeping within the company	

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o your site s	afety and security arrangements include:	
Material stora	age	Yes / No
Waste Contro	ol and removal	Yes / No
Assessment a	nd effective control of pollutants	Yes / No
Control of acc	cess/egress to site of visitors	Yes / No
Hygiene and v	welfare standards for employees	Yes / No
	naintenance records for all plant and machinery	Yes / No
employees	strict implementation of the use of Personal Protective Equipment by	Yes / No
-	ipply Personal Protective Equipment to employees do you get employees firm receipt of the Personal Protective Equipment	Yes / No
Strict adherer	nce to the Control of Substances Hazardous to Health	Yes / No
	neter fencing and boarding	Yes / No
	gements for securing valuable and portable equipment outside working	V / 2:
hours such as If 'Yes', please	locked containers	Yes / No
Larger items c	of plant coded or fitted with tracking devices	Yes / No
············		Yes / No
···········		Yes / No
···········		Yes / No
lf 'Yes', please		Yes / No
f 'Yes', please	ed with The Equipment Register	
of Yes', please	ed with The Equipment Register	
of 'Yes', please Plant registere Use of Hea Do your site s	ed with The Equipment Register at afety arrangements include:	
of 'Yes', please Plant registere Use of Hea Do your site s	ed with The Equipment Register at afety arrangements include: ag work; Full checks to remove or guard combustible materials in the vicinity of	
of 'Yes', please Plant registere Use of Hea Do your site s	ed with The Equipment Register at afety arrangements include: ag work; Full checks to remove or guard combustible materials in the vicinity of the work	
Plant registere Use of Hea Do your site sa Before startin	ed with The Equipment Register at afety arrangements include: ag work; Full checks to remove or guard combustible materials in the vicinity of the work Responsible person appointed for fire safety	Yes / No
If 'Yes', please Plant registere Use of Hea	ed with The Equipment Register at afety arrangements include: ag work; Full checks to remove or guard combustible materials in the vicinity of the work Responsible person appointed for fire safety a progress;	Yes / No
Plant registere Use of Hea Do your site sa Before startin	ed with The Equipment Register at afety arrangements include: ag work; Full checks to remove or guard combustible materials in the vicinity of the work Responsible person appointed for fire safety a progress; Sufficient portable extinguishers kept immediately available to where	Yes / No Yes / No Yes / No
Plant registere Use of Hea Do your site sa Before startin	ed with The Equipment Register at afety arrangements include: ag work; Full checks to remove or guard combustible materials in the vicinity of the work Responsible person appointed for fire safety a progress; Sufficient portable extinguishers kept immediately available to where work undertaken	Yes / No
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Plant registere Use of Hea Do your site sa Before startin	ed with The Equipment Register afety arrangements include: ag work; Full checks to remove or guard combustible materials in the vicinity of the work Responsible person appointed for fire safety progress; Sufficient portable extinguishers kept immediately available to where work undertaken Heat equipment only switched on immediately before use & switched off immediately after	Yes / No Yes / No Yes / No

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Roofers and Scaffolders

Enquiry Form

Supplementary Disclosure	

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 Presentation of our business and its history and risks. I/We agree to accept a policy in the Company's usual form for the class of business.	
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 a	nv
doubt as to whether a fact is material or not, please disclose it).	···y
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 suppli	ed

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to us for the purpose of entering into this contract