

Important – Please answer the following questions and assumptions carefully, and to the best of your knowledge. The information provided here will be used by the underwriters to assess and price the risk accordingly.

General Business Information

Company Name(s):

Business Description:

Primary Trade:

Ancillary Trade:

Inception Date:

ERN number:

Address:

Business Activities

Height Limit required:

Depth Limit required:

% of Turnover relating to Heat Work:

Number of years trading:

Please confirm that the business does not undertake any of the following activities:

- demolition except demolition solely undertaken with hand held tools and of structures not exceeding 5 metres in height when such work forms an ancillary part of a contract
- construction, alteration, maintenance or repair of railways, bridges, viaducts, towers, steeples, spires, pylons, chimney shafts, blast furnaces, mines, dams, reservoirs, ships, docks, tunnels, or similar structures
- underpinning, pile driving, quarrying, use of explosives, tunnelling or water diversion off-shore work

Confirm **Yes/No** (If No, please provide details)

Confirm the business does not supply products to Oil or Gas industries? **Yes/No**

Confirm the business does not operate outside of the UK? **Yes/No**

If No please provide % of Turnover and countries worked in here:

Public Liability

Please declare PL limit required

£5,000,000

£10,000,000

What is the annual Turnover

UK:

Europe:

Employers Liability

Please declare annual wage roll with respect to –

Clerical:

Manual Directors/ Supervisors:

Drivers/ Yardsmen:

Wood Working Machinists:

Manual:

LOSC's:

BFSC's:

Does the insured check BFSC's adequacy of insurance cover? **Yes/No**

Contractors All Risks

Please declare the following -

Contract Works limit required:

Maximum length any one contract:

Own Plant Sum Insured:

Maximum Value any one item:

Tools:

Temporary Buildings:

Employee Effects:

*Please note currently we are not offering Hired In Plant coverage under this section as it is in build.

General Declarations

Please confirm the following statements are true

That the business retains the following documentation:

- Health and Safety risk assessment records
- Training and Instruction records
- Method Statements
- RIDDOR Forms
- Contract and any Sub Contract information
- Copies of certificates of insurance issued to card holders and bona fide sub-contractors

Confirm **Yes/No**

That the business:

- Undertakes Risk Assessments and keeps a record of such information relating to the Risk Assessments
- Neither the business, director, partner or employee has in the last 5 years had any dealings with the Health and Safety Executive, Environmental Health Officer or similar enforcement agency in relation to threatening enforcement measures, prohibition notices or criminal proceedings

Confirm **Yes/No**

With respect to the Insured, Neither the Insured, their Directors, Partners or family members involved with the business or any other business have ever:

- Had a proposal or insurance declined cancelled or refused
- Had any renewal refused
- Had any special terms or conditions imposed
- Have been convicted or charged (but not yet tried) or been given an Official Police Caution, in respect of any criminal offence
- Been the subject of any County Court Judgements or Sheriff Court Decrees
- Been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation

Confirm **Yes/No**

Claims

- Confirm the business has not suffered any claims or incidents that could give rise to a claim, whether insured or not, in the last 5 years

Confirm **Yes/No**

If No, please provide claims details below including Date of Loss, Type of Loss, Brief

Description of Loss, Current reserve/payment, Claims settled Yes/No

Declaration

I declare that I have taken reasonable care to answer all questions on this statement of fact honestly and to the best of my knowledge. I understand that if I have not answered all questions honestly and correctly my policy may be cancelled and/or my claim rejected or not paid in full. If an answer has been given by any other person about myself or if this statement has been completed by any other person on my behalf that person shall be my agent for that purpose. I have read and agreed the answers to all questions on this form, whether in handwriting or not agree to accept a policy subject to the terms and conditions and exceptions contained therein.

Confirm **Yes/No**

Short Form Privacy Notice

In order for us to provide our services as an insurer and to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim.

The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors.

More information about our use of personal data is set out in our Privacy Notice on our website, www.euna.com. We recommend that you review this notice.

Employers' Liability Tracing Office (ELTO)

We are also required to supply employers' liability insurance policy details to the Employers' Liability Tracing Office (ELTO). These details will be added onto the Employers' Liability Database (ELD), which will be managed by ELTO. This database will be accessible by any claimants and will assist claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK, to find the insurer that was providing employers' liability cover during their relevant period of employment and also to find the relevant employers' liability insurance policies.

Euna Underwriting Limited is an appointed representative of ES Risks Limited which is authorised and regulated by the Financial Conduct Authority.

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