



ANNUAL CONTRACTORS ALL RISK

Argus Insurance Company (Europe) Limited
P.O. Box 45, Regal House, Tel: +350 200 79520
Queensway, Fax: +350 200 70942
Gibraltar

enquiries@argus.gi
www.argus.gi

All Material facts must be disclosed. Failure to do so could invalidate the Policy. A material fact is one, which is likely to influence an Insurer in the assessment and acceptance of the proposal form. If you are in doubt as to whether a fact is material then it should be disclosed to the Insurer. State any other material facts that you may believe to be relevant. **Correct values at risk must be advised to us. If the Sums Insured you request or values you advise are not adequate this will result in the amount that we pay you in the event of a claim being reduced.**

BUSINESS DETAILS

Full Name of Proposer
Contact name and position within the company

Business Name

Business Address

Postal Address

Telephone Numbers

Email Address

Company Website

Full Description of Business

Date Cover Required

(Cover cannot apply until this proposal is accepted. The Policy will be renewable annually on this date.)

GENERAL QUESTIONS

1. Have you or any of your partners or directors either personally or in connection with any business in which you have been involved

a) previously held insurance for any of the covers to which this proposal relates at these premises or elsewhere?

YES NO

If "YES" please advise name of Insurers and Policy Number

b) held any insurances (in respect of the covers to which this Proposal relates) which have subsequently been declined, terminated, refused renewal, or accepted subject to special terms?

YES NO

If "YES" please give details:

c) ever been convicted or charged (but not yet tried) with a criminal offence other than a motoring offence?

YES NO

d) ever been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures?

YES NO

If "YES" please give details:

e) had within the last five years any losses whether insured or not or had any claims made against you (in this or any existing or previous business)?

YES NO

If "YES", please give details below

Date & Year	Type of Claim	Brief Circumstances	Amount Paid / Outstanding	Post Loss Action Taken
			£	
			£	
			£	
			£	

ESTIMATED GROSS ANNUAL TURNOVER

£

TURNOVER SPLIT

New Private Dwelling Houses	£	<input type="text"/>	<input type="text"/>	%
New Industrial / Commercial Buildings	£	<input type="text"/>	<input type="text"/>	%
Other New Work	£	<input type="text"/>	<input type="text"/>	%
Alterations	£	<input type="text"/>	<input type="text"/>	%
Civil Engineering	£	<input type="text"/>	<input type="text"/>	%
Plant Hirings	£	<input type="text"/>	<input type="text"/>	%
Other (please specify) <input type="text"/>	£	<input type="text"/>	<input type="text"/>	%

SECTION 1 – MATERIAL DAMAGE

Please indicate below property at value to be insured

Property	Sum Insured
Maximum Contract Value	£
Construction Tools and Equipment	£
Non-mobile Plant and Tools	£
Mobile Plant	£
Cranes	£
Site Huts, Temporary Buildings and their Contents	£
Other	£

SECTION 2 – PUBLIC LIABILITY

1. Please indicate the limit of indemnity you wish to have £ (standard £1,000,000)

SECTION 3 – EMPLOYERS LIABILITY

Your premium will be based on the estimates you provide. You also have to declare the actual figures at the end of the period of insurance. If the actual figures are more than your estimates an Additional premium may be payable upon renewal.

Work Type (e.g.Clerical, Manual, etc...)	No. Of Employees	Payroll / Total Salaries
		£
		£
		£
		£

SECTION 4 – TERRORISM

Please indicate sum insured required and/or limit of Indemnity £

SECTION 5 – PERSONAL ACCIDENT

1. Please indicate cover required: i.e. 24 hour Accident only, Occupational Accidents only, Occupational Accidents and to and from work?

- 24 hour Accident only Occupational Accident only
 Occupational Accidents and to and from work

2. State the maximum number of employees who are likely to travel together or work together as a group.

3. State the estimated total number of members to be insured.

4. State the estimated annual salaries per category for all employees
(e.g. Clerical, electricians)

No Of Employees	Type Of Work	Payroll/ Total Salaries	Select Disablement Cover	Select Deferred Period
		£	<input type="checkbox"/> Death <input type="checkbox"/> Permanent Total Disablement <input type="checkbox"/> Temporary Total Disablement <input type="checkbox"/> Temporary Partial Disablement <input type="checkbox"/> Medical expenses	<input type="checkbox"/> 4 weeks <input type="checkbox"/> 13 Week <input type="checkbox"/> 26 weeks
		£	<input type="checkbox"/> Death <input type="checkbox"/> Permanent Total Disablement <input type="checkbox"/> Temporary Total Disablement <input type="checkbox"/> Temporary Partial Disablement <input type="checkbox"/> Medical expenses	<input type="checkbox"/> 4 weeks <input type="checkbox"/> 13 Week <input type="checkbox"/> 26 weeks

SECTION 6 – MACHINERY BREAKDOWN

Please indicate limit of indemnity and cover option required below

Cover 1 - Sudden and unforeseen Damage

Equipment Description	Sum Insured
	£
	£
	£
	£

Cover 2 – Own Surrounding Property (Pressure Plant) Limit of Indemnity £

SECTION 7 – COMPUTERS

Cover 1 Material Damage

Equipment Description	Sum Insured
	£
	£
	£
	£

Cover 2 Computer Media

Do you wish to have cover to protect your computer media?

YES NO

If "YES", please indicate limit of indemnity

£

Cover 3 Additional Expenditure

Do you wish to have cover to protect additional expenditure of your computer equipment incurred as a cause of an accident?

Sum Insured

£

ADDITIONAL DETAILS

1. What is the maximum period of any contract normally undertaken for?

Construction

Months

Testing

Months

Maintenance

Months

2. Under what conditions is Plant Hired In?

CPA / SPOA

YES NO

Common Law

YES NO

Indemnity to Hirer

YES NO

Other (please specify)

YES NO

3. What are the Estimated Hired Out Charges for next 12 months?

£

4. Under what conditions is Plant Hired Out?

- | | | |
|---|------------------------------|-----------------------------|
| CPA / SPOA | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Common Law | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Indemnity to Hirer | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other (please specify) <input style="width: 250px;" type="text"/> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

5. Are any of the following used in connection with your business?

- | | | |
|---|------------------------------|-----------------------------|
| Lifts, hoists, cranes and other lifting equipment | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" provide details <input style="width: 400px;" type="text"/> | | |
| Power driven machinery or electrical appliances | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" provide details <input style="width: 400px;" type="text"/> | | |
| Mechanically propelled contractor's plant | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" provide details <input style="width: 400px;" type="text"/> | | |
| Facilities for loading and unloading or berthing watercraft | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" provide details <input style="width: 400px;" type="text"/> | | |

6. Is all plant and machinery regularly inspected to comply with statutory regulations?

- YES NO

7. Does your work involve any of the following Hazardous Activities?

- | | | |
|--|---|-----------------------------|
| Excavations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" please provide percentage of Turnover which applies | <input style="width: 60px;" type="text"/> | % |
| Piling/Underpinning | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" please provide percentage of Turnover which applies | <input style="width: 60px;" type="text"/> | % |
| Demolition by Hand Tools Only | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" please provide percentage of Turnover which applies | <input style="width: 60px;" type="text"/> | % |
| Explosives | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" please provide percentage of Turnover which applies | <input style="width: 60px;" type="text"/> | % |
| Burning, Welding & other Hot Work away from Premises | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES" please provide percentage of Turnover which applies | <input style="width: 60px;" type="text"/> | % |

8. Do you undertake any work or supply any goods in connection with the following?

- | | | |
|---|------------------------------|-----------------------------|
| Bridges, viaducts, flyovers or underpasses | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Vessels, dams, reservoirs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Bridges, viaducts, flyovers or underpasses | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Aircraft or airport construction or repairs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Dock, harbour, pier or wharf construction | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Acids, gases or other chemicals | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Soil stabilisation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Pre-fabricated, modular or industrial system building | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Tunnelling headings or excavations below 8m | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Nuclear installations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Petrol or chemical installations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Asbestos or silica | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Oil exploration or production | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Radioactive substances | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Processes with a noise level greater than 90db (A) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If for any of the above the answer is "YES" please provide details including estimated turnover.

9. Under what contract forms do you undertake contracts?

- | | | |
|---|------------------------------|-----------------------------|
| JCT | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ICE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| GC / WORKS / 1 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I MECH E | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IEE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| CPA / SPOA | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other (please specify) <input style="width: 250px; height: 20px;" type="text"/> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

10. Do you always check that sub-contractors employed by you have adequate Insurance? YES NO

11. Is any work carried out to the design of yourself, a partner or a member of your Staff? YES NO



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Declaration

Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.

I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.

I/We understand that if I/we have not given full and true answers to all questions asked on this proposal that my/our insurance may not protect me/us in the event of a claim.

I/We understand that any material fact, which is information that may influence the Company in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I agree to accept and conform to the terms of the Policy when issued. A specimen copy of policy is available on request.

Signature of Proposer:

Name:

Position in Company:

Date:

No cover is in force until the Proposal has been accepted by Argus Insurance.

LAW APPLICABLE TO CONTRACT

You and the insurer are free to choose the law to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract (or, in case of a business, the law of the country in which the registered office or principal place of business is situated) will apply. If you are not resident (or, in the case of a business, the registered office or principal place of business is not situated) in Gibraltar, the law which will apply is the law of Gibraltar.

COMPLAINTS PROCEDURE Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Regal House, 3 Queensway, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

DATA PROTECTION ACT – INFORMATION USES Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.