

Please answer **ALL** questions completely.

Should any question or part thereof not be applicable, please state "N/A".

Should insufficient space be provided, please continue on your company letterhead.

1. Name of Insured _____
2. Physical address _____

 _____ Post code _____
3. VAT no. _____
4. Company website _____
5. Annual Turnover/Gross Revenue for the current and the past 3 financial years

Year 1		Year 2		Year 3	
Estimated turnover for the forthcoming period				Date of financial year end	

6. Describe ALL business activities

7. Name of main contractor _____
 a) Percentage of annual turnover as the main contractor

 %
8. Name of sub-contractor _____
 a) Percentage of annual turnover as the sub-contractor

 %
9. Describe the type of contracts entered into – erection, alterations, extensions to buildings/dwellings, civils, etc.

10. Please list the company names of your subsidiaries/joint ventures and a brief description of their business in the table below

Company name or joint venture	Business description

12. Situation of premises and activities undertaken from such premises (e.g., Manufacture, Storage, Offices, etc.)

Situation of premises	Activities

12. Blasting Activities

- a) Does your work involve blasting activities
- b) Master Blaster qualified
- c) Percentage of turnover derived from blasting
- d) Describe what type of blasting is undertaken
- e) Does blasting include implosion of structures

Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐
Yes	☐	No	☐

13. Design Activities

Does any aspect of the business involve design

If **Yes**, please give details

Yes	☐	No	☐
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If **No**, and design is done by an outside party, are full rights of recourse retained

14. Does your company use standard contract terms of trade

Yes	☐	No	☐
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15. Has your company or any division or subsidiary concluded hold harmless agreements with one or more suppliers

Yes	☐	No	☐
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If **Yes**, please give details

General Information

1. Please give details of all claims made against the Company over the last 5 years

Date of claim	Description

2. Is the Company, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance

Yes	☐	No	☐
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If **Yes**, please provide full details

3. Has the Proposer previously been insured?

Yes	☐	No	☐
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4. Has any proposal for insurance ever been declined?

Yes	☐	No	☐
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5. Has any Insurer ever required:

- a. Increased premiums or terms
- b. Special restrictions or conditions

Yes	☐	No	☐
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Yes	☐	No	☐
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6. Has any Insurer ever terminated or refused to renew any insurance

Yes	☐	No	☐
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7. If the answer to any of the above is Yes, please give full details

Limit of Indemnity

Coverage	Limit required	Deductible
General Liability/Contractors Liability		
Product Liability/Defective Workmanship		
Employers Liability		
Statutory Legal Defence Costs		
Other		

Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. BY signing this application for insurance, you agree to the processing and sharing of your personal information.

Declaration

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify iTOO of such changes as soon as reasonably possible.

Name (duly authorised)

Designation

Signature

Date

Y	Y	Y	Y	M	M	D	D
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