



Proposal Form

Contractors Pollution Liability (Annual)



Duty of Fair Presentation

Please complete this proposal form in order to obtain an indication of premium and terms. When doing so please bear in mind the Duty of Fair Presentation as defined in the Insurance Act 2015 applies to you as the prospective Insured. A fair presentation of the risk is one which discloses every material circumstance that the Information Holders know or ought to know; or failing that which gives the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances.

Completion of this form does not bind coverage and further underwriting information may be required. The prospective Insured's acceptance of the Insurer's quotation and Insurer's written agreement to be bound is required to bind coverage and to issue the policy.

Please complete all questions in this form and if more space is needed to answer any of the questions, please attach additional page(s). If multiple properties are being considered, please include answers for each location. By providing this proposal form the Insurer does not waive the requirement for other relevant information to be disclosed in addition to this completed form.

Details of the prospective Insured

Name of Policyholder:

Registered Address:

City:

Postcode:

Website:

Additional insured(s) requesting coverage:

The Policyholder is a ☐ Limited Company ☐ Plc ☐ Joint Venture
☐ Other (please detail)

Date of Incorporation:

Has the prospective Insured previously traded under a different entity/company?

☐ No ☐ Yes, If yes, please state the previous name here.



Profile of Operations

Please describe the operations for which cover is required and describe the type of clients this work is undertaken for.

Describe the three largest projects /contracts in the past 12 months.

| Client Name | Project Revenue | Description | Current Status |
|-------------|-----------------|-------------|----------------|
| | | | |

Does any one project or contract represent more than 25% of annual turnover?

☐ No ☐ Yes, If yes, please provide details

Where are the operations performed?

☐ United Kingdom ☐ EU / EEA ☐ South America ☐ United States and Canada
☐ Africa ☐ Middle East ☐ Asia ☐ Australia

Does the prospective Insured have any exposure in countries or regions that are subject to limited or comprehensive sanctions (eg. incorporated, located or domiciled, conducting business activities, generating turnover, board members or majority owned by entities/individuals incorporated, domiciled or located, in such countries)?

☐ No ☐ Yes, If yes, please provide details

Annual turnover (please also complete Appendix A).

| Last year | Estimated Current Year |
|-----------|------------------------|
| | |



Existing insurance policies

Please provide details of the current liability policies in place.

| Coverage | Limit / Deductible | Insurer |
|----------------------------|--------------------|---------|
| Contractors All Risk (CAR) | | |
| Third Party Liability | | |
| Professional Liability | | |

History

Has the prospective Insured had a Contractors Liability Insurance policy (or similar covers) within the past five (5) years?

☐ No ☐ Yes, If yes, please provide details and loss information.

Has any Insurer/Underwriter ever (with regards to Environmental Liability) declined, refused to renew, cancelled or imposed special conditions on your policy or your application at any time?

☐ No ☐ Yes, If yes, please provide details

‘You’ in the next questions includes the corporation, entity or partnership of the prospective Policyholder and any principal, partner, trustee, officer, manager, supervisor or director thereof.

Have you during the past five (5) years had any releases or spills of hazardous substances, hazardous waste or any other pollutants or caused environmental damage, as defined by applicable environmental statutes or regulations?

☐ No ☐ Yes, If yes, please provide details

Have you during the last five (5) years been prosecuted, or threatened with prosecution or are you currently being investigated by regulatory authorities in contemplation of prosecution or have you received any penalties, notices or undertakings as defined by environmental laws, statutes or regulations?

☐ No ☐ Yes, If yes, please provide details



List all claims made against you during the past five (5) years for clean-up or bodily injury, or property damage, or nuisance claims resulting from the release of hazardous substances, hazardous waste or other pollutants or environmental damage age associated with the Insured's Covered Operations. Provide a brief description of the claim(s) and its disposition.

☐ No ☐ Yes, If yes, please provide details

At the time of the signing of this form, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental clean-up or response, or for bodily injury, property damage or nuisance claims arising from the release of pollutants into the environment or environmental damage?

☐ No ☐ Yes, If yes, please provide details

At the time of signing this form, is there any material information, in addition to that disclosed in response to the questions above, which should be disclosed?

☐ No ☐ Yes, If yes, please state here and/or attach documents and direct the Insurer to the relevant sections.

Cover Requirements

Preferred options Limit of Liability:

Preferred options Deductible:

Preferred Inception date:

Preferred Policy term:

Please indicate if any specific coverages are required:



Please provide the following documents along with this completed form

| | ENCLOSED | TO FOLLOW | DO NOT EXSIT |
|--|--------------------------|--------------------------|--------------------------|
| Copies of Method Statements for the Covered Operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Details of Environmental Management Systems and Loss Prevention Measures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Completion details

It is declared that the statements and particulars in this proposal form are true and that no material facts have been mis-stated or suppressed. The prospective Insured understands it is under a duty to make a fair presentation of the risk to the Insurer, and that all material circumstances that the prospective Insured knows or ought to know have been disclosed to the Insurer or failing that sufficient information to put a prudent Insurer on notice that further enquiries are needed. The prospective Insured understands that non-disclosure or misrepresentation of a material fact or matter may impact the terms of the Policy or impact whether the Policy responds in whole or in part to a claim.

Form was completed by (name):

Job title:

Organisation:

Date:

Signature of authorised representative of the prospective Policyholder:

Printed name undersigned if different from the name above:

Job title undersigned if different from the title above: