



## RENEWABLE ENERGY CONTRACTORS LIABILITY INSURANCE PROPOSAL FORM

### Introduction

The information you provide on this proposal is vital to Underwriters' consideration of the relative risks associated with your business. The premium quoted will be based on a number of factors including the responses you give to the questions below.

This proposal must be signed and dated by a partner, principal or director of the business. It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence underwriters' judgement and acceptance of your proposal.

Should we underwrite your policy, any change or alteration to the information you give below, which occurs during the period of the policy, requires immediate notification to us. Failure to do so may result in cover not being available from the date at which the change or alteration occurred.

### Do you require

	Indemnity limit
a) Employers' liability ..... YES/NO	£ .....
b) Public/Products liability ..... YES/NO	£ .....
Date from which cover is to commence .....	

### Section 1: Your Business

1. Proposer's full name (including any trading names and subsidiary companies for which insurance is required)

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 .....

Registered Address .....

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Contact telephone number .....

E-Mail Address .....

2. Business description

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3. Date established

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4. Has any Insurer declined to renew or cancelled any policy due to a breach in terms and conditions contained therein? YES/NO

If YES, please provide details;

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5. Have you or any of your Directors or Partners ever been charged with a criminal offence other than a motoring offence? YES/NO

If YES, please provide details;

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6. Has any Partner, Principal or Director been involved in any other business entities or been engaged in similar activities to the proposed Insured in the last five years? YES/NO

If YES, please provide details;

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7. Please detail any dealings your company has had in the last five years with the Health & Safety Executive, the Environmental Health Officer or any other enforcement agency and if you have been the subject to any enforcement measures, prohibition notices or criminal proceedings.

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8. Is there any work at height? YES/NO

If YES, please give details including maximum height and safety procedures

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9. Is there any use of heat on third party premises? YES/NO

If YES, please confirm the type of heat use (eg blow lamps) and % of useage.

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10. Is your company currently a member of a professional body or trade association? YES/NO

If YES, please provide details including membership number;

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11. In the event that an employee is injured at work, do you, as a matter of policy;

a. Provide rehabilitation/medical care to facilitate a return to work ..... YES/NO

b. Continue to pay the employee's wages following the accident ..... YES/NO

- if so, on what basis: .....

12. What proportion of your current (anticipated if a start up company) turnover is derived from the following renewable energy contractors work:

- a) Wind turbines ..... %
- b) Hydro electric plant installation ..... %
- c) Marine renewables ..... %
- d) Solar & photovoltaic ..... %
- e) Biomass & combined head & power ..... %
- f) Other ( \_\_\_\_\_ ) ..... %

**Section 2: Wages / Turnover / Claims**

13. Breakdown of Employee Numbers & Wages

		No. Employees / Directors	UK / EEC	USA / Canada	Rest of World
Clerical	Current Year				
	Estimated for next year				
All other non manual (specify)	Current year				
	Estimated for next year				
All other manual (specify)	Current Year				
	Estimate for next year				
Offshore Non Manual (specify)	Current Year				
	Estimate for next year				
Offshore Manual (specify)	Current Year				
	Estimate for next year				
Payment to Labour only Sub-contractors (specify)	Current Year				
	Estimate for next year				
Payments to Bona Fide Sub-contractors (specify)	Current Year				
	Estimate for next year				

14. Break down of Turnover

		UK / EEC	USA / Canada	Rest of World
Turnover	Current Year			
	Estimate for next year			

15. Who is your current Employers Liability Insurer? .....

16. Who is your current Public Liability Liability Insurer? .....

17. When does your current policy expire? .....

18. Claims experience last five years.

Year	Type of Claim	Amount Paid (£)	Amount outstanding (£)

**Section 3 : Health & Safety at work**

The following section is to be completed by the person who has overall responsibility for Health & Safety at work:

Full Name .....

Contact telephone number .....

E-mail address .....

Please provide details if your Health & Safety policy is endorsed by an independent consultant

.....

**General**

1. Do you have a Health & Safety policy which is available to your staff & visitors .....YES/NO  
(if yes, please append a copy to this submission)

2. By what process do you ensure that your Health & Safety policy is kept up to date.  
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3. By what process do you minimise the likelihood of recurrence following an accident at work.  
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4. How do you benchmark your Health & Safety processes and performance either internally or externally.  
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5. Please confirm that you always retain the following documentation:
- Health & Safety risk assessment records .....YES/NO
  - Instruction and training records.....YES/NO
  - Method statements/work instructions .....YES/NO
  - RIDDOR forms ..... YES/NO
  - Contract and sub-contract documentation ..... YES/NO
  - Copies of certificates of insurance issued to CIS5 and CIS6 card holders ..... YES/NO

**Risk Assessment**

6. How do you assess and minimise the risk to the Health & Safety arising from the following:

a. The provision and use of work equipment

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b. Manual handling

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c. Noise in the workplace

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d. Substances hazardous to health

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e. Hand/arm vibration

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f. Repetitive strains

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g. Stress

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h. Working at heights

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i. Exposure to asbestos

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7. In relation to any construction or building operations, what steps are taken to ensure compliance with Construction (Health, Safety and Welfare) Regulations.

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8. What steps are taken to ensure compliance with Workplace (Health, Safety and Welfare) regulations.

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**Managing Safety**

9. Please describe the company training and instruction policy with reference to certification, induction training and toolbox talks.

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10. Please describe the company policy on personal protective equipment with special reference to enforcement.

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11. Please provide any other information, regarding Health & Safety at work or otherwise, which you believe to be relevant to Underwriters' consideration of this risk

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12. Where did you hear about Naturesave? .....

**Declaration**

I/We declare that the statements and particulars in this proposal are true and no material facts have been suppressed.

I/We confirm that no work is intentionally undertaken by the proposed company which involves the handling and/or stripping out of asbestos insulation, asbestos coating, asbestos insulation board\* and/or any other substance incorporating asbestos.

(\* - Underwriters may consider deleting the above restriction in respect of 'asbestos insulation board' only, if a separate submission is appended hereto detailing the measures taken for the safe removal and disposal of same.)

I/We understand that any contract of insurance effected hereafter shall indemnify only those judgements obtained in the Courts of Law of Great Britain, Northern Ireland, the Isle of Man and the Channel Islands and not any judgements obtained elsewhere nor judgements first obtained in any other jurisdiction in such Courts whether by way of reciprocal agreements or otherwise.

I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

I/We understand that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected hereafter.

I/We consent to Naturesave Policies Ltd using any personal data above to provide a quote and/or to facilitate administration or renewal of an insurance and/or in the investigation or handling of a claim or circumstance notification by a Loss Adjuster or Solicitor acting under their direct instruction.

Signature ..... Position .....

Date .....