

PROPOSAL FORM

ROPE SURE ELITE

Proposer name

Operating address
Operating post code

Contact name
Telephone number
Email address

Company reg. number

Business description
If you carry out NDT please confirm types of items inspected and processes used for testing

IRATA membership number

Year business established

Current Insurer
Current Broker
Renewal date
Limit of indemnity
Premium
Retroactive date

Staff numbers

Partners / Directors / Principals
Qualified Staff
Other Staff (Excluding Administration)
Administration Staff (Typists etc)
Contract Hired Staff

Details of all Directors/Partners/Principals

Name
Qualifications
Date qualified
How long a Principal with the firm?

Does the Proposer have a compliance officer or risk manager?

Y N

If so please provide the following:

Name
Qualifications
Date joined the Firm

If no please provide details of who is responsible for the internal risk management of the business:

Name
Qualifications
Date joined the Firm

Has any Principal, Partner or Director of the Proposer's business been made personally bankrupt, or been personally associated with any business which has been placed in to receivership, liquidation, or been wound up at the behest of its creditors?

Y N

If Yes, please provide full details below

PROPOSAL FORM

ROPE SURE ELITE

Is the Proposer or any Principal, Partner or Director of the Proposer's business connected or associated (financially or otherwise) with any other Organisation?

Y N

If Yes, please provide full details below

If sole director or principal

Is this a part-time occupation?

Y N

If Yes, please provide details of present full time occupation below

Are your full time employers aware of these other activities?

Y N

Please provide details of the activities you have undertaken and the approximate percentage of your gross revenue for each over the last 12 months

Activity	% of Revenue	
		%
		%
		%
Total	100	%

Please provide details of the activities you have undertaken and the approximate percentage of your gross revenue for each over the next 12 months

Activity	% of Revenue	
		%
		%
		%
Total	100	%

Is the Proposer involved in any process of manufacture, construction, alteration, repair, installation or supply of products other than in a pure consultancy capacity as described above?

Y N

If Yes, please provide full details below

Please provide the amount of gross income/fees for the last 3 financial years, and also an estimate for the current financial year:

Year	UK	Overseas Excluding USA/Canada	USA/Canada

Please confirm your financial year end

PROPOSAL FORM

ROPE SURE ELITE

Please provide details of your five largest projects:

Project	Country	Client	Fee	Value	Commenced	Finished
---------	---------	--------	-----	-------	-----------	----------

What is the total fee received in the last year from your largest client? £

What is the average fee received in the last year per client? £

Does the Proposer undertake any work whatsoever where the 'end product' of such work is carried out outside the UK or for overseas clients? **Y N**

If Yes, please provide the following details

Project	Country	Client	Fee	Value	Commenced	Finished
---------	---------	--------	-----	-------	-----------	----------

Do you work other than from your UK offices? **Y N**

If Yes, please provide full details below

Do you accept liability other than under the jurisdiction of the UK courts? **Y N**

If Yes, please provide full details below

Does the Proposer use a standard form of contract, agreement or letter of appointment? **Y N**

If Yes, please enclose copies

Does the Proposer use sub-contractors? **Y N**

If Yes, please answer the following questions:

Does the Proposer require sub-contractors to carry their own Professional Indemnity insurance? **Y N**

What percentage of your fees is paid to sub-contractors? %

Please provide details below as to what type of work is carried out by your sub-contractors

Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer? **Y N**

If Yes, please provide full details below

PROPOSAL FORM

ROPE SURE ELITE

Do you require any of the following extensions?

Libel and Slander	Y	N
Dishonesty of Employees	Y	N
Loss of Documents	Y	N
Unintentional Breach of Copyright	Y	N
Unintentional Breach of Confidentiality	Y	N

Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors?

If Yes, have such matters been notified to current or previous Underwriters? Y N

Please provide full details below:

Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters:

Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees? Y N

The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? If Yes, please provide full details below: Y N

Please provide the estimated turnover figures (£ GBP) for the next 12 months:

UK training and assessments - onshore

UK training and assessments - offshore

EU training and assessments - onshore

EU training and assessments - offshore

Rest of world training and assessments - onshore

Rest of world training and assessments - offshore

Sale of equipment

Provision of supervisory services

UK contracting - onshore

UK contracting - offshore

EU contracting - onshore

EU contracting - offshore

Rest of world contracting - onshore

Rest of world contracting - offshore

Percentage of contracting turnover from work using heat (%)

Percentage of training turnover from using heat (%)

Public liability limit required

PROPOSAL FORM

ROPE SURE ELITE

Please provide estimated wage roll figures (£ GBP) for the next 12 months:

Clerical / Admin / Non manual Directors	£
Directors – Trainers	£
Directors – Contracting Technicians	£
Trainers	£
Contracting Technicians	£
Payments to Bonafide Subcontractors	£
Payments to Labour Only Subcontractors	£
Employers liability limit required	£

Does the business:

Have a Health and Safety policy which is available to your staff and visitors?	Y	N
Is the Health and Safety policy approved by an independent consultant?	Y	N
Take active steps to make available and known to staff / visitors its contents?	Y	N
Ensure your Health and Safety policy is kept up to date?	Y	N
Continually assess the adequacy of your Health and Safety processes and performance?	Y	N
Review the circumstances of accidents at work to prevent a reoccurrence?	Y	N

Has the business undertaken, completed and retained records of the following:

Health and Safety Risk Assessment records?	Y	N
Instruction and Training records?	Y	N
Method Statements / Work Instructions?	Y	N
RIDDOR Forms?	Y	N
Contract and sub-contract documentation?	Y	N
Register for the issue of Personal Protective Equipment?	Y	N
Have all Risk Assessments issued been complied with?	Y	N

Do you only use ascending, descending and stop devices that conform to an Industrial Standard?	Y	N
Do you employ IRATA qualified level 3T instructors to run all of your courses?	Y	N
Do you have the same instructors on every day of each course?	Y	N
What is the maximum height that a candidate would be at whilst attending one of your courses?		

Does the business or it's employees use, handle, transport or work in / any of the following:

Sandblasting?	Y	N	%
Radioactive substances or devices?	Y	N	%
Asbestos?	Y	N	%
Explosive substances?	Y	N	%
Silica or material containing this substance?	Y	N	%

PROPOSAL FORM

ROPE SURE ELITE

Toxic or hazardous chemicals?	Y	N	%
Any materials giving rise to dust or fumes?	Y	N	%
Process involving a noise level in excess of 85db	Y	N	%
Bridges, piers, docks or viaducts?	Y	N	%
Towers, steeples, chimney shafts or blast furnaces?	Y	N	%
Airports / airfields, aircraft or airside work?	Y	N	%
Ships, boats, hovercraft, docks, wharves, railways?	Y	N	%
Offshore installations, rigs or platforms?	Y	N	%
Oil refineries, power stations, gas / chemical facilities?	Y	N	%
Below ground level?	Y	N	%
Full address of property to be insured			
Postcode of property to be insured			
Year of construction?			
Number of storeys?			
Type of construction?			
Construction of the walls			
Construction of the floors			
Construction of the stairs			
Construction of the roof			
Is the Property listed?	Y	N	
If Yes, please advise what grade			
Is the Property heated solely by electricity or mains gas?	Y	N	
Is there any area of flat roofing?	Y	N	
Is the flat roof felt covering concrete or timber?	Y	N	
Is the property fitted with 5 lever mortice deadlocks?	Y	N	
Is the property fitted with an intruder alarm system?	Y	N	
Does the intruder alarm system protect the entire property?	Y	N	
Please confirm the type of alarm signalling	Bells only	Central station	BT Redcare
Is the property fitted with portable fire extinguishers?	Y	N	
Is the property fitted with a fire alarm system?	Y	N	
Does the fire alarm system protect the entire property?	Y	N	
Please confirm the type of alarm signalling	Bells only	Central station	BT Redcare
Are the premises occupied solely by you?	Y	N	
If no, please provide occupations of other tenants			
Are the premises occupied overnight by a staff member?	Y	N	
Is the building in a good state of repairs?	Y	N	
Is the building suffering from subsidence or any visible signs of cracking?	Y	N	
Is the building undergoing any structural renovation works?	Y	N	
Please choose your sums insured:			
Buildings	£		
Is subsidence cover required?		Y	N
Tenants improvements	£		
Loss of rent	£		
Indemnity period?	12	24	36
Fixtures, fittings, machinery and other contents	£		Months
Hand tools	£		
Stock	£		
Stock of frozen food	£		
Office based computer equipment	£		
Office based laptops	£		

PROPOSAL FORM

ROPE SURE ELITE

Computer equipment out of the office	UK	EEC	Worldwide	£			
Money in transit to and from the bank				£			
Money on premises during business hours				£			
Money on premises out of safe out of hours				£			
Money in safe				£			
Loss of licence				£			
Goods in transit in own vehicles				£			
Business interruption							
Gross profit sum insured				£			
Indemnity period			12	24	36		Months
Are the following optional extensions required?							
Denial of access					Y	N	
Murder, suicide and infectious diseases					Y	N	
Specified supplier					Y	N	

Please provide details of any incidents in the last 5 years which have, or could have, given rise to any claims:

Date	Incident details	Amount paid	Amount reserved
------	------------------	-------------	-----------------

Declaration:

The undersigned authorised Officer of the Company declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature:

Name:

Position:

Date: