TUE

INLAND / INSHORE COMMERCIAL DIVING CONTRACTORS LIABILITY PROPOSAL FORM

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DUTY OF FAIR PRESENTATION

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:

a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);

- b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
- c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
- 2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insure expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117 16 March 2016

PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. NOTE only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name

Address 1 2. 3 Address 2 Town 5. County 6. Postcode 4. 7. Telephone Number 8 Email Address Website 9. 10. Does the business have an ERN exemption? 11. If "No" provide ERN Yes No

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form. (including ERN's if relevant).

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

12. Brief description of the Proposer's activities including details of non diving activities:

Please enclose the following (if available): Brochures / Company profile and Copy of ADC Certificate

13.	Are you an ADC member?	Yes	No	ADC Membership Number

14. If "No", are you applying for ADC membership? Yes No

CURRENT INSURANCE ARRANGEMENTS

15. Insurer

16. Broker

17.	Premium	18.	Renewal date		
19.	Date commenced trading		20. Is the business VAT registered?	Yes	No

21. Has any part of the current or any historic policy been written on a claims made basis? If so please give details including retroactive dates

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appro 3. Please a. H b. H c. H d. H	e confirm all Divers are qualified and hold Training Certificate in line with the Health and Safety Executive ved qualifications e state the number of Divers holding: HSE Surface Supplied qualification - for diving using surface supplied equipment HSE Surface Supplied (Top-Up) qualification - for diving using Surface Supplied equipment in the offshore industry	Yes	No
a. ⊢ b. ⊢ c. ⊢ d. ⊢	ISE Surface Supplied qualification - for diving using surface supplied equipment		
b. ⊢ c. ⊢ d. ⊢			
c. ⊢ d. ⊢	JSE Surface Supplied (Ten LIn) qualification for diving using Surface Supplied equipment in the offebore industry		
d. ⊢			
	ISE SCUBA qualification - for commercial SCUBA diving,		
. Do yo	ISE Closed Bell qualification - for closed bell or saturation diving.		
	u employee non UK nationals?	Yes	Nc
'Yes", ple	ease detail the nationalities of such employees on the Additional Information page.		
5. Do yo	u use Sub-Contractors?	Yes	No
"Yes"do y	you check they hold their own Insurance and are therefore not to be covered under your Policy?	Yes	No
	u wish to have insurance for the manufacture, sale, supply, installation, repair or alteration of diving equipment ing systems, modifications to existing manufactured products, other products not related to the diving business?	Yes	No
'Yes" ple	ase supply details, including Products brochures if applicable on the Additional Information page.		
. Please	e advise if your business activities involve any of the following:-		
ome of th our expos	hese are standard exclusions of your policy coverage and will need to be addressed with Insurers in order to extend sures).	policy to c	over
a. D	Demolition Work other than work with hand held tools and structures not exceeding 5 metres in height	Yes	No
b. C	Construction, alteration or repair of towers, steeples, chimney stacks, blast furnaces, viaducts or mines	Yes	No
c. P	Pile Driving, Tunnelling or Quarrying	Yes	No
d. L	Jse of Explosives	Yes	No
e. E	Excavations at depth below 3 metres	Yes	No
	landling, removal, stripping out, demolition, transportation or disposal of Asbestos or materials containing Asbestos	Yes	No
	Diving at depth below 50 metres	Yes	No
•	Employment of USA/Canadian Nationals (Employee definition as per policy	Yes	No
	JSA/Canadian Principals	Yes	No
j. D	Diver Training	Yes	No
	Diving in conjunction with Amateurs	Yes	No
	Jse of Heat (both on land and/or under water)	Yes	No
	Vork Offshore (Rig/Platform/Vessel and/or outside of 3 miles from shoreline	Yes	No
	wer is "Yes" to any of the above, please provide more details on the Additional Information page.		
	bu require cover outside the UK mainland?	Yes	No

If "Yes", please state which countries cover is required in and a summary of the activities undertaken on the Additional Information page.

EXPLOSIVES								
29.	Doy	vou use explosives?	Yes	No				
	If "Yes" and cover is required in respect of the use of explosives, please complete this section.							
	Please give full details of the following aspects:							
	a)	how often were they used during the past year						
	L.)							
	b)	precise work undertaken during previous 12 months						
	c)	type of explosives						
	d)	Certificates held						
	α)							
	e)	maximum weight any one charge to be used						
	-	fired individually - fired in series						
	f)	type of detonator						
	g)	checks carried out to ensure that all explosives are detonated						
	9)							
	h)	storage and transit						
	i)	maximum quantity stored at any one time						
	j)	safety arrangements used to prevent damage and/or injury to Third Party property and/or persons						
	k)	qualifications of shot firer						

I) general description of the site(s), where known

If more space is required please use the Additional Information page.

INSURANCE COVER REQUIRED

30. Do you require cover for Employers Liability?

Yes No

If "Yes", please summarise estimated annual payments to Employees and all other members of Diving team including Labour Only Sub Contractors (Payments means wages including overtime, standby time, bonuses, National Insurance and Pension contributions and Income Tax)

	Category	Estimated numbe of employees	er	Estimated annual payments to all employees	Actual Annual Payme for last 12 months	nts	
	Divers, Standby Divers						
	Diving Supervisors, Linesmen, Tenders & all other members of Diving Teams.						
	Superintendents and Chamber Operators						
	Office Personnel						
	All Other Employees (please specify functions below	v)					
31.	Do you require cover for Public	Liability?				Yes	No
lf "Y	es", please indicate limit of inde	mnity required:					
	£2,000,000 £5	5,000,000	Other limit	£			
32.	Please state your Turnover for	the past 12 months a	nd the forthcomi	ing 12 months split between the t	following categories:		
	Turnover E	stimated Next 12 Mc	onths Actu	ual/Previous 12 Months			
	Diving U.K						
	Diving Outside U.K.						
	All Other U.K.						
	All Other Outside U.K.						
	Total						
33.	Do you require cover for Produ	cts Liability?				Yes	No

33. Do you require cover for Products Liability? (Please note the limit of indemnity will be the same as your Public Liability limit)

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	ase answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners directors have traded, in this or any other name:		
a.	Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms?	Yes	No
b.	Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings?	Yes	No
Ple	ase answer questions c. to f. in relation to the proprietor, partners or directors of this business.		
of (fore	nvictions or cautions do not have to be declared if they have become spent under the Rehabilitation Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in ce for the time being, taking into account any amendment, extension or re-enactment, and includes any pordinate legislation for the time being in force made under it.		
C.	Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation?	Yes	No
d.	Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending?	Yes	No
e.	Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction?	Yes	No
f.	Have any of you committed any offence to which you have admitted and for which you have received an official police caution?	Yes	No
g.	Have any of you been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act 1984, the Merchant Shipping Acts, the Dat Protection Act, the Consumer Credit Act or any other similar	Yes	No

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

	CLAIMS HISTORY		
a.	In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years?	Yes	No
b.	Are any of the directors, partners, principals or employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the firm/company or its predecessors in business or any of its present or former directors, partners or principals?	Yes	No

If the answer to either question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

DECLARATION

legislation?

CENERAL OUESTIONS

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

ADDITIONAL INFORMATION



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