



OIL & GAS 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 Insurer 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

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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:

2. Address 1

3. Address 2

4. Town

5. County

6. Postcode

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.

7. Telephone Number

8. Email Address

9. If a limited company, in which country is this registered?

10. Please state the nationality of all proprietors, partners and directors.

11. What is your country of domicile

If not domiciled in the UK, please advise if you have a UK contract and if so, who with

12. Date Firm Commenced Trading

13. Company Registration Number

14. Does the business have an ERN exemption?

Yes

No

15. If "No" provide ERN

16. Business description

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CURRENT INSURANCE ARRANGEMENTS

17. Insurer
18. Broker
19. Premium 20. Renewal date
21. Is the business VAT registered? Yes No
22. Please give details of any professional or trade associations you are affiliated to
23. 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

BUSINESS DETAILS

24. a. Do you work in the oil & gas industry? Yes No
- b. What % of your income relates to the oil and gas industry either onshore or offshore (or both) %
- c. Do you work offshore? Yes No
- d. Do you work on vessels? Yes No
25. a. Do you undertake manual work? Yes No
- b. Do you use heat? Yes No
- c. Do you work at heights over 3 meters? Yes No
26. Number of employees, other than yourself
Where applicable, please provide the names and nationalities of all employees below but use Additional Information page if necessary.
27. Do you use sub-contractors? Yes No
If "Yes", please detail on the Additional Information page whether they work offshore or onshore and that they carry their own insurance.
28. Do you undertake work in the USA or Canada? Yes No
29. Experience
- a. How long have you been in the business for which you wish to be insured?
- b. If a new venture, please give details of the experience of any directors, principals, partners or management in this type of business, specifying any relevant qualifications

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INSURANCE COVER REQUIRED

30. Do you require cover for Employers Liability? Yes No

If "Yes" please confirm annual wages and number of employees:

Category (Guide only)	Annual wages GBP	Number of employees
a. Clerical staff, Directors, Sales and Commercial Travelers not engaged in manual work		
b. Manual Premises		
c. Manual Away		
d. Offshore Non-Manual		
e. Offshore Manual		

31. Do you require cover for Public and Products? Yes No

If "Yes" please select a limit of indemnity GBP 2,000,000 GBP 5,000,000 GBP 10,000,000

32. Gross Turnover

Geographical area Annual turnover GBP

- a. United Kingdom
- b. European Union
- c. USA / Canada
- d. Rest of the World

33. Do you require cover for Professional Indemnity? Yes No

If "Yes" please select a limit of indemnity GBP 500,000 GBP 1,000,000

Please attach relevant CVs.

Do you always act under the care, custody and control of your client (the main contractor) Yes No

If "Yes" does your client have final approval for your work? Yes No

If "No" please provide full details of any procedures and provide a copy of any contracts:

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GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or 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 |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate 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 Data Protection Act, the Consumer Credit Act or any other similar legislation? | 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

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

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ADDITIONAL INFORMATION

