

### **Contractors Combined Renewal Questionnaire**

Underwriters rely upon this Statement and it is important to them that you make specific enquiries with each applicable party described in (i), (ii) & (iii) below prior to answering the questions and signing the Declaration:

- (i) The Principal or any family member(s) involved in the business
- (ii) Any Director or Partner
- (iii) Any person (s) with a beneficial interest of 25% or more in the business (other than mortgagees)
- (iv) Any senior manager or employee who has specific or detailed knowledge of the business

It is essential that you (the client) make a fair presentation of the risk that should include a full and unrestricted disclosure including every material fact and circumstance (a material fact or circumstance is material if it would influence the judgement of the Underwriter when considering whether to accept the risk and/or the assessment of the terms, conditions or premium which should be applied).

If you are unsure in any way that your disclosure is complete you should check with your insurance advisor.

This statement will be considered together with the presentation of risk that you and your insurance advisor have provided to the Underwriter.

If the answers or information you have provided change during the period of insurance you should notify your insurance advisor as soon as reasonably possible as Underwriters may be unable to continue with cover.

Proposer & Trading Name (in full):			
Business			
Full Business Description & Activities:			
Are any Activities undertaken in connection with the following industries: - Marine/Offshore/Airside.	Yes	No	
<ul> <li>Do you work in any locations that could be considered 'Hazardous'? Example:</li> <li>Docks, Harbours, Railways</li> <li>Watercraft or Offshore Installations</li> <li>Chemical or Petro Chemical Works, Oil or Gas Refineries or Power Stations</li> <li>Aircraft, Airports, Airfields</li> <li>Mines or Quarries</li> </ul>	Yes	No	
If the answer is Yes to any of the above, please provide details:			

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Ardonagh Specialty Holdings Ltd incorporates Ardonagh Specialty Ltd (and its appointed representative Inver Reinsurance Brokers Limited), Besso Limited, Bishopsgate Insurance Brokers Ltd, Compass London Markets Ltd, Ed Broking LLP, Oxford Insurance Brokers Limited, and Piiq Risk Partners Ltd which are authorised and regulated by the Financial Conduct Authority using the trading names Price Forbes & Partners, Inver Re and Bishopsgate Insurance Brokers.



Has any person, firm or Company named above or anyone likely to be concerned with the business (either themselves, or any organisation in which they held a managerial position or controlling interest) at any time

a. been the subject of a Receiving Order?	Yes	No 📃	
b. been the subject of an / Administration Order?	Yes	No	
c. entered into an arrangement with creditors?	Yes	No	
d. been a director of a company which has been wound up?	Yes	No	
e. been the subject of a court judgment for any debt?	Yes	No	
f. been convicted of, cautioned or have a prosecution pending for any criminal offence other than motoring offences	Yes	No 🔲	
g. been disqualified as a company director	Yes 📃	No 📃	
<ul> <li>been prosecuted or subject to a prohibition or improvement notice under the Health and Safety at work act</li> </ul>	Yes	No	
<ul> <li>Ever had their insurances refused, cancelled or had special terms imposed</li> </ul>	Yes	No	

If the answer is Yes to any of the above, please provide details:

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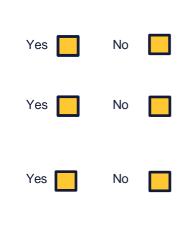
Do you use heat away from your own premises?

If so what equipment is used and % of wageroll/turnover:

% Do you work at heights above 15m? If so what is the maximum height:

Do you work at depth below 3m?

If so what is the maximum depth:



EMPLOYERS LIABILITY State below, the estimated gross wages and numbers of employees for the forthcoming year:

Category	Number of Employees	Estimated Gross Wages
	Employees	

m

m

- (a) Clerical/Administrative Staff:
- (b) Non-Manual Directors:
- (c) Manual Working Directors:
- (d) Wood-working Machinists:
- (e) Staff working away from the premises involving use of heat:
- (f) Self-Employed, Labour Only Persons & Labour Only Sub-Contractors:
- (g) Offshore employees
- (h) Underground employees
- (i) All Other Employees

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### PUBLIC/PRODUCTS LIABILITY

State the estimated total gross turnover (excluding VAT) for the forthcoming year:

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In the event that you conduct any activities outside of the United Kingdom, please provide a breakdown as follows:

(a)	United Kingdom:	
(b)	Republic of Ireland:	
(c)	European Union:	
( ))		
(d)	Rest of World Excluding North America	
$(\mathbf{o})$	North America	
(e)	Notur America	
	Estimated Orace Devenues to Deve Fide Cubecutwesters for the farth coming	
	Estimated Gross Payments to Bona Fide Subcontractors for the forthcoming year:	
	your	

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(a) (b) (c)	Employers Liability Public & Products Liability Contractors All Risks	YES/NO Indemnity Limit required (a) YES/NO Indemnity Limit required (b) YES/NO as required below	
(1)	Maximum Value Any One Contrac	t:	
(2)	(i) Total Value of Owned Plant / I	Machinery:	
	(ii) Maximum Value of own Plant	/ Machinery Any One Site:	
	(iii) Maximum Value of Any One I	tem of Plant:	
(3)	Estimated Hired in Plant Fees:		
	(i) Maximum Value of own Plant	/ Machinery Any One Site:	
	(ii) Maximum Value of Any One I	tem of Plant:	
(4)	Maximum Value of Employees Toc	ls	

### Claims experience during past Five Years:

		Paid	Outstanding	Total	
Year	Details of Incidents	Amount	Amount	Closed?	Total Paid

#### Please provide an additional sheet for further details if required.

#### Declaration

I/We hereby declare that the above statements and particulars which I/We have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers and that should the above particulars alter in any way I/We will advise the Underwriters immediately. I/We have not knowingly or recklessly suppressed, misrepresented or mis-stated any material fact.

I/We the undersigned agree to render, at the end of each period of insurance, declarations in the form required by the Insurers and to pay any additional premium due in excess of the amount estimated.

Date of Completion

Signature and Position of Proposer