



# Professional Risks

## Asbestos Proposal Form



DOA takes your privacy very seriously. We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and financial management. This may involve sharing or obtaining information about you within our group of companies and other third parties such as insurers, sub brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators and fraud prevention agencies. We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our [Privacy Policy](#). If you do not have access to the internet please contact us and we will send you a printed copy.

DOA Underwriting Ltd is an independent underwriting agency, wholesale broker and principal company for David Oliver T/as David Oliver Associates and DOA Special Facilities Ltd (DOA) and is Authorised and Regulated by the Financial Conduct Authority, FRN 772309.

# Asbestos Industry Proposal Form

You must complete the Company Details, General Information and Claims sections and read and sign the declaration. Only complete the Professional Indemnity, Liabilities, Material Damage, DAS Legal, D&O and Cyber sections if cover is required.

Company Name

Telephone Number

Company Address

Postcode

Is cover required for any additional addresses?

Yes

No

Full Business Description

Please declare all activities as activities not included will not be covered

What year was your business established (YYYY)?

When is your financial year end?

Payments to bona fide sub-contractors

Total wage roll including LOSC (ex. BFSC)

Total number of employees (full & part time)

Please state where geographically your income is generated and the jurisdictional law of contracts (if not UK):

What is your HMRC Employers Reference Number?

If your business does not have an HMRC Employers' Reference Number (ERN), please confirm the reason for this from these options:

All employees earn less than PAYE threshold  
The business is registered in Jersey or Guernsey  
The business does not have any employees

|  |     |    |
|--|-----|----|
| Do you have any additional associated or subsidiary companies (past or present) requiring cover under this policy? | Yes | No |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Do you use your own standard terms and conditions? | Yes | No |
|--|-----|----|

|   |     |    |
|---|-----|----|
| Do you limit your liability in contracts to a multiple of fee or a set monetary amount? | Yes | No |
|---|-----|----|

|  |     |    |
|--|-----|----|
| Do you exclude liability for indirect and / or consequential loss? | Yes | No |
|--|-----|----|

|   |                |     |    |
|---|----------------|-----|----|
| Have you ever purchased Professional Indemnity, Public Liability, Employers' Liability or Management Liability insurance in the past? | Hiscox renewal | Yes | No |
|---|----------------|-----|----|

|  |     |    |
|--|-----|----|
| Do you use bona-fide sub-contractors?  | Yes | No |
| Please confirm that one or more of the principals has at least five years of asbestos removal experience   | Yes | No |
| Please confirm that one or more of the principals has at least three years of asbestos surveying experience and is P402 and P403 qualified                         | Yes | No |
| Do you hold a current HSE licence in respect of asbestos work?   | Yes | No |
| Do you have a designated person for training co-ordination and managing health & safety?   | Yes | No |
| Do you undertake risk assessments and method statements for each contract with records kept?   | Yes | No |
| Do you obtain most recent medical certificates for all new asbestos operatives and maintain regular medicals for existing operatives in line with HSE regulations? | Yes | No |
| Are all employees trained and equipped with appropriate PPE?   | Yes | No |
| Are records kept in respect of inspection and service?   | Yes | No |
| Do employees sign and record when PPE is issued?   | Yes | No |

|   |     |    |
|---|-----|----|
| Are you a member of ARCA?   | Yes | No |
| Do you hold a current ARCA site audit accreditation scheme certificate?   | Yes | No |
| Are you a member of the ACAD division of TICA?  | Yes | No |
| Has any other independent party carried out an audit of your work in the past 12 months?  | Yes | No |
| Are full risk assessments carried out and training provided for staff before working at <u>any</u> height?  | Yes | No |
| Does your work involve working at heights in excess of 3 meters from the floor / platform or excavating at depths lower than 3 meters?  | Yes | No |
| Does any of your work involve any of the following: naked flame, electric, oxy acetylene or similar welding, cutting or grinding (including by use of abrasive disks or wheels), blow lamp, blow torch, thermal lance, hot air gun or stripper, asphalt, bitumen, tar or pitch heater, heat producing cutting equipment or similar application of heat that produces spark, friction heat or flame? | Yes | No |
| Do you have an incident book which is kept up to date, with all employee accidents and injuries described in sufficient detail?   | Yes | No |

- |  |            |           |
|--|------------|-----------|
| <b>a. Airports or aircraft?</b>  | <b>Yes</b> | <b>No</b> |
| <b>b. Blast furnaces, viaducts dams or reservoirs?</b>                   | <b>Yes</b> | <b>No</b> |
| <b>c. Mines, shipyards, docks, harbours, piers or jetties?</b>           | <b>Yes</b> | <b>No</b> |
| <b>d. Nuclear power plants or nuclear installations?</b>                 | <b>Yes</b> | <b>No</b> |
| <b>e. Offshore installations?</b>  | <b>Yes</b> | <b>No</b> |
| <b>f. Petrochemical, oil and gas industries?</b>                         | <b>Yes</b> | <b>No</b> |
| <b>g. Radioactive substances or other sources of ionising radiation?</b> | <b>Yes</b> | <b>No</b> |
| <b>h. Railways or railway installations?</b>                             | <b>Yes</b> | <b>No</b> |
| <b>i. Towers, steeples, bridges or chimney shafts?</b>                   | <b>Yes</b> | <b>No</b> |

Do you undertake any specific contracts for work other than as outlined in the business description?    **Yes**                      **No**

**Is Professional Indemnity required?**

Yes

No





**Is Public and Products liability required?**

Yes

No



**Is Material Damage cover required?**

Yes

No

Is DAS Legal Expenses cover required?

Yes

No

**Is Director's and Officers' and Corporate Legal Liability cover required?**

Yes

No

**Is a quote for Cyber cover required?**

Yes

No

In relation to your professional business activities, are you after reasonable enquiry aware of:

Any shortcoming in your work which may lead to a claim against you? Yes No

This includes but is not necessarily limited to:

a. shortcoming known to you which you cannot reasonably put right Yes No

b. a complaint about your work or anything you have supplied which cannot be immediately resolved Yes No

c. an escalating level of complaint on a particular project. Yes No

A client withholding payment due to you after any complaint? Yes No

Any loss from the actual dishonesty or malice of any employee or freelancer? Yes No

Any loss from the suspected dishonesty or malice of any employee or freelancer? Yes No

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee? Yes No

Has any claim or loss, whether successful or not, occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? Yes No

In respect of all sections (employers, public and products liability)

Has any claim or loss, whether successful or not, occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

Yes

No

In respect of all sections (employers, public and products liability)

Are you aware after enquiry of any potential injury or disease to an employee which may give rise to a claim?

Yes

No

You can choose for cover to commence on any date within 30 days from when you sign this form. The commencement date cannot be in the past. Your application will be rejected if you choose a commencement date in the past or more than 30 days in the future.

Please note that cover will only commence once all necessary underwriting has taken place and you have received confirmation of cover from Hiscox. The premiums stated above represent the premiums due for a 12 month period of insurance.

I would like the policy to start on:

If applicable, please enter the date you first purchased Director's and Officers liability cover:

**Have you or any of your partners or directors at any time either personally or in any business capacity:**

- |  |     |    |
|--|-----|----|
| a. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt?  | Yes | No |
| b. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? | Yes | No |
| c. been convicted or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974?   | Yes | No |

**Have you been prosecuted under the Health & Safety at Work Act or have any prosecutions or investigations pending?**

Yes No

**Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?**

Yes No

**Material information**

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.?

**Data protection**

By signing this proposal form you consent to insurers using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This means we may have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

## Data protection continued

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 2018. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

## Employers Liability Tracing Office (ELTO) and your data

Your policy details will be added to the employers liability database, managed by the Employers Liability Tracing Office (ELTO). This data will be available for search by registered users as well as individual claimants on a limited basis, who wish to verify the employers liability insurer of an employer at a particular point in time.

You can find out more:

- at [www.elto.org.uk](http://www.elto.org.uk)
- from your insurance adviser (if you have one) or
- by contacting us or
- at [www.elto.org.uk](http://www.elto.org.uk)

I/we declare that (a) this proposal form has been completed after proper enquiry (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/we undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

## Insurance Act 2015

Following the introduction of the Insurance Act 2015, you have a duty to make a fair presentation of the risk which is to be covered by the policy. Therefore, you should ensure that any information you have provided to us and the content of any application form, declaration and / or Statement of Fact is accurate and complete. Where you have provided us with information which relates to matters of your expectation or belief, it does not matter if such information turns out to be inaccurate provided that you acted in good faith when you provided us with such information. If you do not comply with your duty to make a fair presentation of the risk, including failing to disclose or misrepresenting a material fact, or disclosing material facts to us in a way which is not clear and accessible your policy may not be valid or the policy may not cover you fully or at all. A material fact is any fact which could influence our assessment or acceptance of your application for insurance. You must also tell us about any facts or changes which affect your insurance and which have occurred either since the policy started or since the last renewal date.

I/we understand that non-disclosure or misrepresentation of a material fact will entitle insurers to avoid this insurance.

I/we agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Name

Position within company

Date

Signature

We can accept digital signatures or if you prefer to print, sign and scan that is fine also.

Please use this page for any additional information: