



London Market

Broker at **LLOYD'S**

Rail Contractors Proposal Form



Insurance Proposal Form

(Please ensure that proposal is completed in full and is clear and legible)

1. Applicant Details

Full Trading Name: (this should be name required in the policy)	
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Address:	Postal Code:
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If applicant is a partnership please provide full names:	
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Telephone Number:	
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Facsimile Number:	
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Web Site Address:	
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E-Mail Address:	
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Business Description:	
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Proposed Inception/Renewal Date:	
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Current Insurer/Policy Number:	
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Is current Insurer offering renewal? Yes No

If "No", why not _____

Are you on the Network Rail Supply Chain? Yes No

Are you approved by Link-Up to work on the UK rail network? Yes No

2. Details of Operations

Does your company undertake work involving any of the following?

Manufacturing? Yes No

London Underground Limited or Docklands Light Railway? (please split out turnover) Yes No

In Tunnels Yes No

Demolition Yes No

Quarrying Yes No

On offshore oil and gas installations Yes No

Handling or removal of asbestos in any form whatsoever? Yes No

Use of explosives other than rail detonators Yes No

Use of machinery that goes on track? Yes No

Outside United Kingdom or in Northern Ireland? Yes No

If the answer to any of the above questions is 'Yes', please provide details on a separate sheet.

3. Details of Turnover

Annual UK Turnover (excluding Northern Ireland), split as follows:

(a) Rail Activities

(i) Turnover relating to work on over under or adjacent to the track alignment including platforms:	GBP
(ii) Turnover relating to signalling:	GBP
(iii) Turnover relating to trackside training:	GBP
(iv) Turnover relating to classroom training:	GBP
(v) Turnover relating to work on embankments or other rail work not falling into (i), (ii), (iii) or (iv) above:	GBP
(b) Non Rail Activities	
(i) Total Non Rail:	GBP
Total Annual Turnover including Rail activities and non-Rail Activities	GBP

If available, are terms to include coverage for activities under (b) (i)? Yes No

If so please provide a detailed description. Please ensure that you include the percentage of annual turnover generated by each area of work.

4. Public and Products Liability Claims History

Have you had any Public and Products Liability claims in the past 5 years? Yes No

If 'Yes', please provide details on a separate sheet including any Paid or Outstanding amounts for each individual claim and applicable excess at the time of loss. If 'No', go to Section 5. Please note that we may require confirmation of your claims history from your previous/current insurer(s).

Are there any circumstances, which might give rise to a claim, that have not yet been notified to insurers? Yes No

5. Wageroll Details (excluding wages for Bona Fide Subcontractors)

How many full time employees do you have? _____

How many part time employees do you have? _____

Total Annual Wageroll:

Split as follows (full split must be provided in order to obtain terms):

(a) Rail Activities

(i) Manual – Trackwork:

(ii) Manual – Away from track (i.e. station concourse, parking lots):

(iii) Supervisors / Safety Critical Staff (Trackside – Non Manual only):

(iv) Personnel Providing Training – Classroom:

(v) Personnel Providing Training – On Track or Trackside:

(vi) Other (please specify):

(vii) Other (please specify):

(b) Non Rail Activities

(i) Manual – Non-rail:

(ii) Supervisors (Non Manual):

(iii) Non Manual – Office Based (including clerical/administrative):

(iv) Personnel Providing Training:

(v) Other (please specify):

(vi) Other (please specify):

(c) For **all Manual wages** shown under 5 (a) & (b) above please indicate the percentage of wageroll applicable to the following trades:

	Live Rail Work	Non Live Rail Work	Non Rail Work
Electrical (low voltage):			
Electrical (high voltage):			
Trackwork – maintenance:			
Trackwork – replacement:			
Cable laying:			
Groundwork:			
Welding – as a separate trade:			
Painting / Decorating / Maintenance:			
Vegetation clearance:			
Vegetation clearance – tree felling:			
General Construction / Building Works:			
Other:			

Do you have any involvement in the following:

- High voltage works (overhead and lines sides) Yes No
- Works in tunnels Yes No
- Works in tunnels where you have more than 5 people in the tunnel at one time
If “Yes”, how many people (maximum) at any one time Yes No
- Works on bridges/viaducts Yes No
- Any work with or involving asbestos Yes No
- Height work above 16 metres Yes No
- Groundwork below 5 metres in depth Yes No

If response to any of the above is ‘Yes’, please provide full details including number of employees involved and type of work being undertaken on a separate sheet.

6. Employers' Liability Claims History

Have you had any Employers' Liability claims in the past 5 years? Yes No

If 'Yes', please provide full details on a separate sheet including any Paid or Outstanding amounts for each individual claim loss. Please note that we may require confirmation of your claims history from your previous/current insurer(s).

Are there any circumstances, which might give rise to a claim, that have not yet been notified to insurers? Yes No

If 'Yes', please provide full details in respect to all such circumstances on a separate sheet

7. Plant and Machinery Insurance

If 100% C.P.A hires are declared the policy will be warranted that no cover applies if non CPA hires take place.

Do you check that all hirers have adequate insurance? Yes No

If using conditions of hire, does hirer accept them? Yes No

How do you ensure that your conditions of hire are accepted by the Hirer?	
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What security measures are employed to guard against fraudulent hire?	
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VALUES OF PLANT

Please detail the Current Market (CMV) and New Replacement (NRV) Values of your Owned Plant and the estimated ANNUAL Hiring Charges to be paid, for each type of plant.

Type of Plant	Owned Plant (CMV)	(Owned Plant (NRV)	Hired-In Plant (Charges)	Hired-Out Plant (Charges)
(i) Cranes	£	£	£	£
Mobile	£	£	£	£
Tower				
(ii) Self-Propelled Plant (e.g. excavators, forklifts, dump trucks etc.)	£	£	£	£
(iii) Mechanical Plant (e.g. compressors, generators, breakers etc.)	£	£	£	£
(iv) Portable Hand Tools (e.g. drills, stihl saws and other items able to be carried by one person)	£	£	£	£
(v) Non-Mechanical Plant (e.g. scaffolding, portacabins)	£	£	£	£
(vi) Other items of Plant, including Trailers (please specify seperatly.)	£	£	£	£
(vii) Laser & surveying equipment	£	£	£	£
Totals	£	£	£	£

Any One Accident Limit:

Own Plant:	£
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Hired-In Plant:	£
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Do you require Third Party Road Risks cover for Hired-In Contractors Plant?

Yes

No

Is the plant:

Used for your own contract works	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Turnover
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Hired out under written conditiond that make the hirer responsible for loss or damage (e.g. CPA or RPA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Turnover
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Hired out underwritten conditions that give an indemnity to the hirer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Turnover
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Hired out without written conditions of hire	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Turnover
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Do you hire in plant to re-hire? If so, is it under conditions of hire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	Hiring Charges
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Are operatives provided under contract?

Yes

No

Disclosure

Material facts must be disclosed. These are facts which an Insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance intermediary. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. You should keep a record (including copies of letters) of all information supplied for the purpose of entering into this contract.

Declaration

I declare that to the best of my knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I agree that this proposal shall form the basis of the contract. I agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until the proposal has been accepted by the Company.

For and on behalf of	
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Signature	
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Name	
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Position	
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Date	
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PLEASE NOTE THAT THIS PROPOSAL FORM MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT. INCOMPLETE PROPOSAL FORMS WILL NOT BE FORWARDED TO UNDERWRITERS.

Print Proposal Form

Send Proposal Form