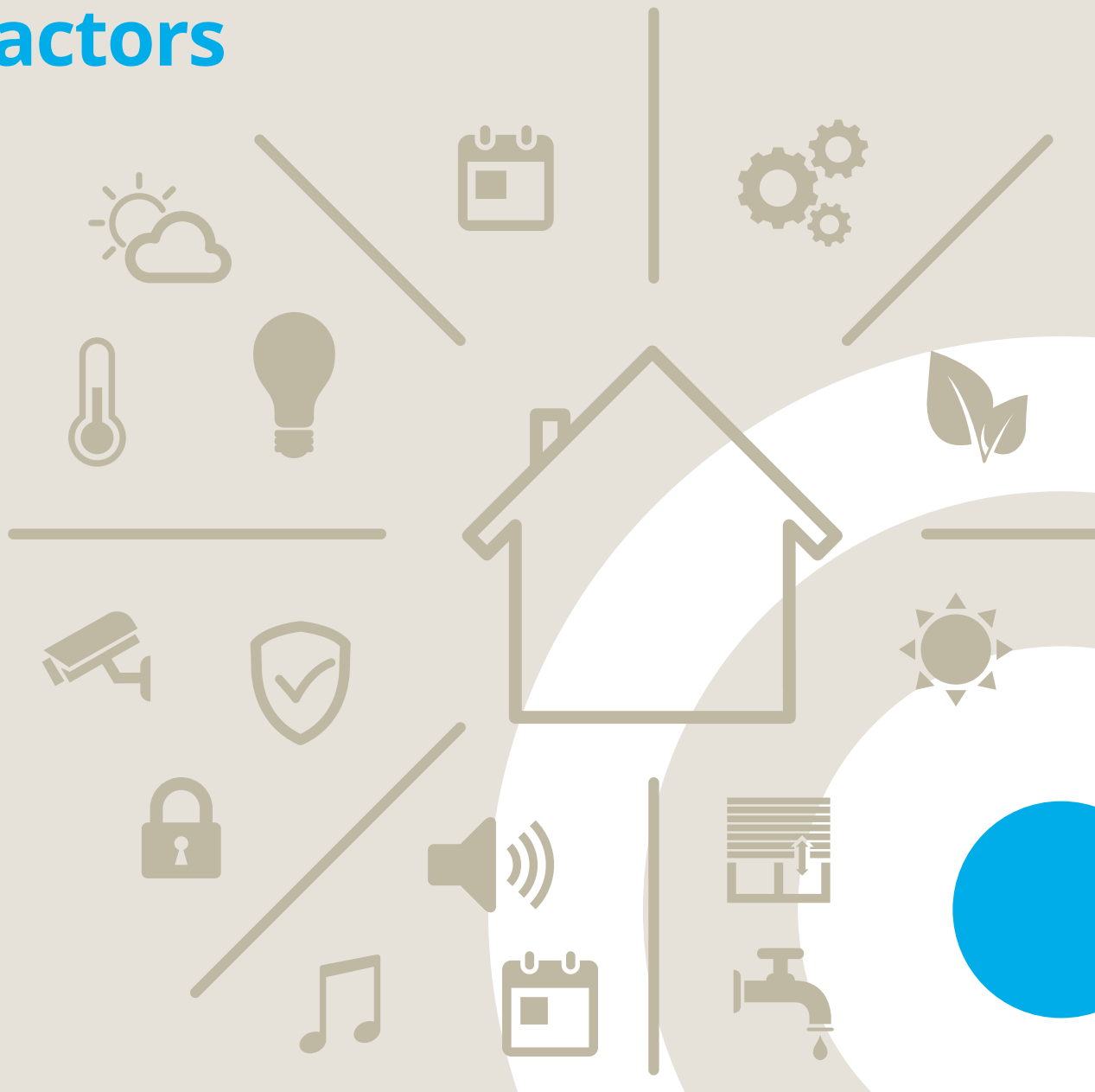


Home & Building Automation Contractors



Home & Building Automation Contractors

Please send your offline enquiries to info@ssr.co.uk

If you need any assistance, please speak to our team on **0117 9 300 100**.

The information disclosed within this enquiry form will be used to compile a Statement of Fact. A Statement of Fact records the information notified to Us and facts assumed about You, Your Business and Your Business partners and directors. The Statement of Fact will form a record of Our contract with You and the information which has been taken into account when calculating the premium, terms and conditions upon which Your policy is based.

Please remember that a fair presentation of the risk must be given. Failure to do so may prevent part or all of a claim being paid and could render the policy invalid. If you are unsure whether or not information applies to giving a fair presentation, it should be disclosed to the insurer.

You should keep a record (including copies of letters) of all information supplied to the insurer for the purposes of the renewal of this insurance.

Section 1: General Information

Name of insured

Company Registration Number

Trading Name(s)

Address

Names and dates of birth of directors, principals and partners

Status of entity (e.g., LTD, LLP, individual trading as)

Insured's email address

Business established date

Policy renewal or inception date

Is at least 1 years' experience held in a relevant field to the business being proposed

Yes

No

Details of experience held

Has the company, any of its directors, principals, partners or senior managers had any claims, losses or incidents that may give rise to a claim in the last five years, whether insured or not, in respect of the sections of cover requested (please provide details under **Section 7** of this form)

Yes

No

Have any directors and/or principals/partners/senior officers ever;

Been convicted or charged of a non-motoring offence	Yes	No
Been declared bankrupt or the subject of bankruptcy proceedings	Yes	No
Had a previous company dissolve, wind up, liquidate, enter receivership or become insolvent	Yes	No
Had insurance declined, denied, cancelled or refused	Yes	No
Held insurance on which a special term or condition has been imposed	Yes	No

If any of the above questions have been answered 'yes', please provide further details below

Details of any trade association or inspectorate body memberships

Employee Reference Number (ERN) or advise if exempt

Section 2: Financial and Business Information

Total estimated turnover (£)

Total estimated manual wages (£)

Total estimated clerical wages (£)

Number of Personnel:

Clerical employees, directors, principals, labour only subcontractors

Manual directors, principals, partners

Manual employees

Manual labour only subcontractors

Business Activity Split by Environment (%):

Domestic	%
Commercial	%
Industrial	%

Business Activity Split by Territory (%):

Within the UK or European Economic Area (EEA)	%
Rest of World excluding North America	%
In or derived from North America	%

Percentage of work performed by Bona Fide Subcontractors (%)**Section 3: Trade Activity Details****Business description**

In order to ensure we provide the right cover, the business description must match the activities selected below. Failure to disclose works as an activity below may impact the cover offered. There is an 'other' option which can be used and will be reviewed by underwriters. If you are unsure, please refer to SSR.

Business Activity and Percentage of works

Activity	%	Activity	%
Aerials and satellites (electrical)		Home automation / audio visual	
Building management systems		Intruder alarms (electrical)	
CCTV / access control & door entry systems (electrical)		Process control	
Data cabling		Pure supply of electrical / HVAC / heating and plumbing / home automation products	
Electrical contracting, testing & inspections including three phase, emergency lighting / PA Systems		Solar PV (electrical)	
Electrified fencing		Solar thermal (electrical)	
Fire alarms (electrical)		Any other activities not specified above (please list below);	
Fire risk assessments, consultancy or training			
General property maintenance, non-structural refurbishment & redecoration excluding roofing work			
Heating and/or plumbing			
		Total:	100%

Section 4: High Risk Activities and Working Locations

Please provide a percentage for all that apply and provide the additional information as requested, or confirm 0 percentage.

Percentage of work undertaken Airside or in aircraft operation areas or hangars %

Any work within 10 metres of aircraft or in hangars which occupy aircraft at time of work **Yes** **No**

Percentage of work undertaken at height with a drop greater than 16 metres %

Maximum height worked to in metres

Access methods used (e.g., MEWPs, Ladders, Rope Access/Slings/Cradles, Scaffolding, etc)

Are all relevant persons IRATA trained for rope access methods **Yes** **No**

Are all relevant persons IPAF trained where MEWPs are used **Yes** **No**

Percentage of work undertaken at nuclear installations or establishments (other than perimeter fences or offices) %

Percentage of work undertaken which requires Personal Track Safety (PTS) or Sentinel Cards %

Percentage of work undertaken involving railway tracks, signals, rolling stock or open line working %

Percentage of work undertaken at safety critical locations in premises used for storage or processing of (petro) chemicals, gases or oils %

Percentage of work undertaken at safety critical locations of power generation facilities other than nuclear premises %

Description of work within safety critical areas or on safety critical systems of premises used for storage or processing of (petro)chemicals, gases or oils

Description of work within safety critical areas or on safety critical systems of power generation facilities

Percentage of work undertaken in respect of;

Cladding %

Roofing or erection, inspection or sign off of scaffolding (excluding mobile scaffolding towers) %

High rise premises %

Details of works undertaken

Percentage of work undertaken Offshore

%

Is the client transported offshore by a third-party

Yes

No

Estimated number of trips offshore in the next 12 months

Estimated man days offshore in the next 12 months

Maximum number of employees offshore at any one time

Maximum length of any one trip offshore (measured in days)

Locations worked offshore and details of activities undertaken

Percentage of work undertaken on ships whilst not in dock

%

Percentage of work undertaken at depths greater than 3 metres

%

Maximum depth worked to in metres

Percentage of work undertaken within confined spaces that fall within the Confined Space Regulations

%

Percentage of work involving the use, handling, storage or transportation of any hazardous substances such as explosives, toxic or corrosive chemicals, siliceous materials, gases, isocyanates, radioactive substances or any materials which give rise to dust, fumes or vapours which are not common to the trade.

%

Details of hazardous substances

Percentage of work with, handling, storage of or exposure to asbestos

%

Details of work with or involving exposure to asbestos

Section 5: Covers Required and Associated Statements

Employers' Liability (£10,000,000 standard Limit of Indemnity, higher limits available)

Yes

No

Limit required £

Public & Products Liability (including Inefficacy)

Limit required £

Optional PL Extensions (please refer to our Summary of Cover for details of what these extensions cover)

Asbestos buyback (work where a licence is not required or that is subject to Notifiable Non-licenced Work requirements)	Yes	No
Damage to that part worked upon	Yes	No
Fidelity bonding	Yes	No
Loss of keys	Yes	No
Misuse of telephones	Yes	No
North America (products)	Yes	No
Defective Products and Workmanship (where damage or injury has occurred)	Yes	No
Use of heat (oxyacetylene, electric arc and similar welding and cutting equipment, blow lamps or torches when away from your own premises)	Yes	No
Loss of metered water	Yes	No
Temporary removal of customers' property for cleaning or treatment	Yes	No
Trace and access	Yes	No

Commercial All Risks

Where cover is required for more than one premises, please arrange for the supporting Commercial All Risks enquiry form (available from our website) to be completed in respect of each premises.

Risk Address

Primary use of premises
(e.g., office, warehouse, storage facility, etc)

Are external doors (including roller shutters), skylights and windows secured with appropriate locks, confirming to BS:3621 where applicable. See our security requirement standards for full information.	Yes	No
Is the heating system fixed, and where it is not, it does not include naked flame-based heating	Yes	No
Is the property of a standard construction (built of either brick, stone, metal or concrete with a roof made from slate, tiles, concrete or metal)	Yes	No
Has the property ever flooded	Yes	No
Does the property have a history of subsidence, landslip, heave or structural movement	Yes	No

Additional details regarding premises
security, heating, construction, flood
history or subsidence

Contents	Yes	No	Sum Insured £:
Machinery, Plant and all Other Contents (including Tenants' Improvements)			
Stock			
Electronic Business Equipment and Computers			
Portable Electronic Business Equipment			
Portable Tools			
Stock away from the Premises			
Goods In Transit			
Non-Ferrous Metals			
Is cover required for customer money?	Yes	No	
<hr/>			
Buildings	Yes	No	
Subsidence Cover	Yes	No	
Buildings			
<hr/>			
Rent Payable	Yes	No	Sum Insured £:
Rent Payable (the total amount payable as per the terms and duration of your lease agreement)			
<hr/>			
Floating Contents (applicable only if the insured requires cover for multiple premises. If so, please arrange for the supporting Commercial All Risks enquiry form, available from our website, to be completed in respect of each premises)			
	Yes	No	
<hr/>			
Business Interruption	Yes	No	
			Indemnity Period (months)
			Sum Insured (12 month basis) £:
Gross Profit			
Gross Revenue			
Increased Costs of Working (ICOW)			
Additional Increased Costs of Working (AICOW)			
Rent Receivable			
Outstanding Debit Balances			

A 12 month indemnity period may not be adequate to cover your business in the event of a claim, potentially leaving your business exposed. Your insurance broker will be able to discuss your requirements and advise accordingly.

Contract Works, Plant & Tools **Yes** **No**

Sum Insured £:

Contracting Turnover (if different from total turnover)

Contract Works Maximum Contract Value

Own Plant

Hired In Plant (maximum any one occurrence)

Hired In Plant Annual Hiring Fees

Tools

Professional Indemnity **Yes** **No**

Limit of indemnity required (aggregate basis of indemnity) **£**

Retroactive continuous cover date
(evidence of this cover date must be provided)

Preferred level of excess **£**

Are any activities undertaken or services offered in the following areas:

Industrial or commercial biomass systems or anaerobic digestors or
waste disposal plants or recycling centres **Yes** **No**

Wind turbines or hydro-electric premises **Yes** **No**

Ground source / air source heat pumps **Yes** **No**

Sewerage or water treatment or testing **Yes** **No**

Architectural services **Yes** **No**

Civil or Structural engineering **Yes** **No**

Mainframe computer suites **Yes** **No**

Chemical or Soil engineering **Yes** **No**

High-Rise premises **Yes** **No**

Nuclear engineering **Yes** **No**

Surveying (either land/quantity or building) **Yes** **No**

Details of work at
these locations:

Turnover for all insured entities in most recent financial year (if new venture without
previous financial year, please use an estimated figure) **£**

Percentage of turnover for fees where you provide pure design, consultancy,
technical, software design or other professional services only (%) **%**

Percentage of turnover for works where you provide bespoke and/or turn-key
solutions, or you are responsible for the full design of an entire system (%) **%**

Percentage of turnover for works where you use tried and tested installation methods but are not responsible for the creation of the product installed, or you work to the designs of others (%) %

Percentage of all other remaining turnover (that does not fit into any of the above specified categories) %

Is at least 5 years' relevant experience held by the persons carrying out, controlling or signing off the works in respect of the professional activities undertaken or does this person have suitable professional qualifications **Yes** **No**

Any claims, losses or incidents, whether insured or not, in respect of Professional Indemnity (if yes, please provide details under section 7 of this form) **Yes** **No**

Is manufacturing work undertaken **Yes** **No**

Is the Professional Indemnity Asbestos Extension required **Yes** **No**

Directors' & Officers' Liability **Yes** **No**

Tick to confirm that the following statements are true:

The firm or company is not a sole trader, partnership or listed on a stock exchange

The last consolidated annual accounts had a positive net worth (total assets exceed total liabilities)

The firm or company is able to pay its debts as they fall due

The firm or company have been trading for not less than 24 months

There are no circumstances that might reasonably be expected to give rise to any claim against any of the Directors or Officers of the firm or company

There have been no claims against any of the Directors (including past Directors) or Officers of the firm or company or any of its subsidiaries in the last 5 years

Other Optional Covers

Fidelity Guarantee **Yes** **No**

Legal Expenses **Yes** **No**

Personal Accident **Yes** **No**

Property Terrorism **Yes** **No**

Section 6: Previous Insurer Details

Details of previous insurer and target premium

Do you currently have a policy with QBE and/or Sutton Specialist Risks?

Yes

No

Section 7: Claims History

If the company, any of its directors, principals, partners or senior managers have had any claims, losses or incidents that may give rise to a claim in the last five years, whether insured or not, in respect of the sections of cover requested, please provide details below.

Date of Loss	Insurance Section	Claim Description	Payment	Reserve	Open/Closed

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