

**CPA Insurance Policy
Questionnaire**

Insured & Agent

Agent Name & Address

Agent Contact

Name:	
Phone:	
Fax:	
Email:	

Proposer's name

(If more than one name, please state whether subsidiary or associated business)

Business Address

Postcode:

Web Address

Full Business Description

How Long in Business (yrs)

Period of Insurance

Questionnaire

General

All questions must be answered

Quotation Required:

- | | | |
|------------------|---|--------------------------|
| Section 1 | Plant and Equipment | <input type="checkbox"/> |
| Section 2 | Employer's Liability, Public and Products Liability | <input type="checkbox"/> |
| Section 3 | Motor Third Party Liability | <input type="checkbox"/> |
| Section 4 | Contractors All Risks | <input type="checkbox"/> |

Usage of Plant

We need to understand how your business uses plant and equipment, please therefore estimate below your turnover for the next 12 months which involves the use of plant and equipment and then sub-divide into the categories listed.

Estimated Turnover for Next 12 Months

£

Split as follows:-

CPA Hire:

- i) Model Conditions 2001
- ii) Consumer Conditions *

£

£
£

Other Activities:

- i) Contract Lifting
- ii) Hire without conditions
- iii) Own Plant Use/Own Contracts
- iv)

£
£
£
£

* Consumer Conditions are used for hire to private individuals for non-business use.

Questionnaire

Section 1 Plant & Equipment

Property - Values and Estimates

Description of Plant	Current Market Value (£)	Estimated Hiring-in Costs for next 12 months (£)
1) Cranes (<i>Mobile</i>)		
2) Cranes (<i>Tower</i>)		
3) Portable Hand Tools		
4) Other Plant		

Cover cannot be provided for commercial vehicles without plant attachments or not designed to be used as a tool, tipper lorries, skip lorries, concrete mixers or for fixed plant.

Indemnity Limits Required

Owned Property any one claim	£
Hired In Property any one occurrence	£
Third Party Machinery Movement any one claim	£

Optional Extensions Required

- **Third Party Machinery Movement** Yes No
 Please estimate the charges received by your business for the haulage of third party machinery £
- **Breakdown** Yes No
(Last five years claims information relative to breakdown would be required)
- **Waiver of Subrogation Rights** Yes No
 Insurers would normally be able to recover from the Hirer the cost of loss or damage claims under the policy by enforcing the Hire Conditions.

If you require a facility that enables you to waive the insurer's subrogation rights, please confirm the percentage of hire that would use this facility.
(This facility was similar to the previous Indemnity to Hirer option which was seen as problematic with FSA regulation)

a) CPA Model Conditions 2001	%
b) CPA Consumer Conditions	%

Property Underground

(Describe type of equipment, values and site conditions)

Yes No

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- **Agreed Valuation** *(Contact us for details if this cover is required)*

Yes No

- **Continuing Rental Payments Cover**

Yes No

- i) Estimated Total Current Monthly Rental Payments
- ii) Estimated Number of Items under Rental Agreements

£	

- **Gap Protection**

Yes No

- i) Estimated current market value of own plant on finance/lease
- ii) Estimated finance outstanding

£	
£	

Security Features

Important

Discounts may be given for Plant security. State % of Plant protected by each category:

- Engine Immobilisers
- Tracking Devices (Tracker or Trakback)
- Physical Protection Devices
- TER Registration
- Kosran Thatcham Approved Immobiliser*

	%

***Kosran Thatcham Approved Immobiliser**

For owned machines fitted with this device a 25% discount per machine, subject to a maximum of £200.00, can be given. If you provide a schedule and confirm which machines have the device fitted, this will be taken into consideration in the calculation of the premium. If you have a Kosran fitted after inception or renewal, provide us with the certificate supplied by Kosran and at the end of the policy period, after any adjustment is finalised following the declaration process, we will provide you with a refund.

Claims History - Last Three Years

Date	Description of Loss	Amount Paid	Amount Outstanding

State Current Insurer:

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Questionnaire

Section 2

Employers Liability, Public & Products Liability

Estimates for the Next 12 Months

Wages

Employees (*Including Labour Only Subcontractors etc*)

i) Clerical and Managerial	£
ii) Site Supervisory	£
iii) Tower Crane and Hoist Erectors	£
iv) Crane Operators/Fitters/Drivers	£
v) Other Plant Operators/Fitters/Drivers	£
vi) Other Manual Persons <i>(Please give description of work undertaken)</i>	

	£
	£
	£
	£

Total Wages: £

Turnover:

i) Crane Hire (with operator)	£
ii) Crane Hire (without operator)	£
iii) Other Plant Hire (with operator)	£
iv) Other Plant Hire (without operator)	£
v) Contract Lifting	£

vi) Please state other activities of business with relative turnovers and provide detail separately

	£
	£
	£
	£

Total Turnover £

Bona Fide Subcontractor Payments: (*Indicate Trades*)

	£
	£
	£

Work Outside the UK

Please provide full details of any contracts undertaken or sale of goods outside the UK, Isle of Man or Channel Islands

Subrogation Waiver:

If you become involved in waiving contractual liability imposed by CPA Model Conditions, please describe circumstances and provide relative estimates of turnover

Construction Plant Competence Scheme (CPCS)

What percentage of your operatives have CPCS Cards:

Red	(Trained Operator)		%
Blue/Green	(Competent Operator)		%

Indemnity Limits

- i) **Employers Liability** - do you require a quotation beyond the £10,000,000 indemnity limit?
If so, please state limit £
- ii) **Public/Products Liability** - do you require a quotation beyond the £2,000,000 indemnity limit?
If so, please state limit £
- iii) **Contract Lift** – do you require an increase in the £25,000 standard contractual limit for goods lifted?
If so, please state limit £
- iv) **Financial Loss** – do you require a quotation beyond the £100,000 aggregate indemnity limit? Underwriters will also consider an any one claim basis. If so, please state:
 - a) Limit £
 - b) Increase to any one claim Yes No

High Risk Premises/Hazardous Work

In respect of any activities **outside** of plant hire under CPA conditions, please give details below, including estimates of turnover and wages, of any work you are, or intend to become involved with, relating to:

High Risk Premises

- a) power stations, nuclear installations or establishments
- b) refineries, bulk storage or productions premises in the oil, gas or chemical industries
- c) offshore structures or work underground or underwater
- d) computers or computer rooms
- e) aircraft, hovercraft, aerospace systems or watercraft
- f) railways or airside of any airport

Hazardous Work

- a) the use of explosives
- b) tunnelling
- c) water diversion
- d) work on bridges
- e) work within or behind dams
- f) construction, alterations or repair on the airside of any airport
- g) application of heat away from your premises other than mobile plant service and/or repair

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Claims and Related Details - Last Five Years

Year	Turnover	Description of damage / injury	Amount Paid	Amount O/S	Policy Excess

State Current Insurer:

Our brief health and safety questionnaire may be required

Questionnaire

Section 3

Motor Third Party Liability

Please provide a schedule of all Property that will require motor third party liability cover.

Information Required

Description of Plant
 Registration Number - Chassis Number
 GVW

Not to be Included

Private cars, commercial vehicles without plant attachments or not designed to be used as a tool, tipper lorries, skip lorries and concrete mixers.

Example Types that can be Included

Plant conveying vehicles (e.g. low loaders etc.), excavators, sweepers, concrete pump lorries, cranes, access platforms, forklifts, dumpers, lorries with Hiab style attachment.

Hazardous Loads/Location

Will any vehicles carry goods of an explosive, inflammable, corrosive or toxic nature, or be used at high risk locations such as airports or refineries. If yes, please give details.

Drivers

Have you or any person who to your knowledge will drive a vehicle

a) in the past five years been convicted of any of the following offences or is such prosecution pending:

- i) Dangerous Driving (DD30/60/70)
- Drink/Drugs (DR10/20/30/40/50/60/70)
- Taking/Stealing (UT10/20/30)
- Failing to Report an Accident (AC10/20/30)?

Yes

No

- ii) Offences concerning the condition of vehicles (RTA 1972, Section 40 (5))
- Exceeding permitted hours of driving (Transport Act 1968, Sections 95 and 96)?

Yes No

b) been disqualified from driving?

Yes No

c) any disabilities or health conditions impairing driving

Yes No

If you have answered 'YES' then please give details below:

Claims - Last Three Years

Year	Number of Vehicles	Number of Accidents	Third Party Claims Paid	Third Party Claims Outstanding

State Current Insurer:

Questionnaire

**Section 4
Contractors All Risks**

Type of Work Undertaken

Permanent and Temporary Works

Please state the indemnity limit required for any one claim taking into account any free issue materials

£

Annual Turnover in respect of Permanent and Temporary Works

£

Average Contract Period

Estimated Maximum Period of Any One Contract

Temporary Buildings

Please state the total value of temporary buildings

£

Employees Personal Effects

Please state:

a) total value

£

b) limit any one employee (*maximum £500*)

£

Claims History - Last Three Years

Date	Description of Loss	Amount Paid	Amount Outstanding

State Current Insurer:

Material Facts Declaration

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 questionnaire has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I agree that this questionnaire 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	
Signature	
Name	
Position	
Date	