



Name of business (including any subsidiary companies)

Business address Email Address

..... MCS certification number

..... Years experience

Postcode Years trading

Telephone number Mobile Number

Please specify any claims made or any incidents that could give rise to a claim in the last 5 years :

Full business activities (please specify all types of work undertaken including % of each activity) :

Heating/Plumbing	<input type="text"/> %	PV/Solar	<input type="text"/> %	Electrical	<input type="text"/> %	Hydro	<input type="text"/> %
Exhaust air heat pumps	<input type="text"/> %	Wind	<input type="text"/> %	Roofing	<input type="text"/> %	Biomass	<input type="text"/> %
Ground Source Heat Pumps	<input type="text"/> %	Solar Thermal	<input type="text"/> %	Other	<input type="text"/> %		

Please specify the type of property worked on :

Private Dwellings %

Commercial Premises %

Holding Broker

Holding Insurer

Current Premium

Renewal Date

Notes :

Employers Liability / Public Liability

Standard cover for Employers Liability is £10 million (please specify if a higher limit is required?

Please specify the limit of cover required for Public Liability : £2m £5m

Please provide a breakdown of your employees / waggeroll :

	No. employees	Annual Waggeroll	Notes:
Clerical Directors	<input type="text"/>	£ <input type="text"/>	
Clerical Employees	<input type="text"/>	£ <input type="text"/>	
Manual Directors	<input type="text"/>	£ <input type="text"/>	
Manual Employees	<input type="text"/>	£ <input type="text"/>	
Management / Supervisory Directors	<input type="text"/>	£ <input type="text"/>	
Management / Supervisory Employees	<input type="text"/>	£ <input type="text"/>	
Labour Only Subcontractors	<input type="text"/>	£ <input type="text"/>	
Bona Fide Subcontractors	<input type="text"/>	£ <input type="text"/>	
Electricians	<input type="text"/>	£ <input type="text"/>	

***Where materials are supplied by you to the sub contractor and you undertake supervision/control of the work these contractors should be specified as Labour Only Subcontractors**

Please provide your turnover figure for your last financial year £

Please provide a projection of your turnover for the next 12 months £

Professional Indemnity

Proposal Form



Is cover required for Professional Indemnity : Yes No

Please provide a % breakdown in respect of your turnover for each of the following categories :

Turnover where you undertake design and construction from your own design %

Turnover (fees) where you provide design but don't undertake any construction yourself %

Turnover where you construct from design provided by others but you don't have provide any supervision. %

Turnover where you construct from design and supervision undertaken by others %

Turnover where you construct from design specified by the Principal / Employer %

Maximum value in any one contract £

Are you part of a joint venture or consortium? Yes No

Please specify any claims made or any incidents that could give rise to a claim in the last 5 years?

.....
.....

Other Covers

Contractors All Risks Yes No

Stock / Transit Yes No

Directors + Officers Yes No

Please return all proposal forms to:

Fax : 01924 263 633

Email : dan.maltby@alliancebrokers.co.uk

Post: Northern Alliance Brokers Ltd, Unit 4, Silkwood Court, Silkwood Park, Wakefield, WF5 9TP

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