

JCT Non Negligent Liability - Specific Contract Insurance Proposal Form



Please Complete In Capital Letters Using Black Ink And Tick Boxes As Appropriate. Where requested, please enter further details in the space provided Please complete all questions where applicable and sign the Declaration.

1 Name and address of Proposer in full (please include Internet address if you have one)			
Postcode:			
2 Name and address of Employer or Principal			
Postcode:			
3 Contract Site / Situation			
Postcode:			
4 Estimated Contract Value			
5 Limit of Indemnity Required			
6 Period of Contract		Weeks	
Starting From		Proposed Finish Date	
Defects Liability		Months	
7 Under which JCT Conditions of Contract is the work to be carried out?			
8 What is the name, position and telephone number of the person whom our surveyor should contact, if necessary			
9 Please give a description of the work to be carried out			

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Please return completed form to:-

Expert Insurance Group Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479

w: www.jctinsurance.com t: 01825 745 410 e: enquiries@jctinsurance.com

Expert Insurance Group is a trading style of Affinity Select Insurance Services Limited

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10 Existing Buildings

If the work involves alterations, repairs or extensions to existing buildings please answer questions i) – iv)

i) Please provide details of the building including construction, floor area, height, approximate age and condition

ii) Is any part of the building remaining occupied while the work is carried out? Yes No

If “Yes”, please provide details below. If “No”, please advise the date the building was last occupied and the nature of the occupation at that time.

iii) Please provide details of any work on columns, beams, slabs or load bearing walls requiring temporary propping or support

iv) Does the work involve any extensions which “tie-in” with existing buildings? Yes No

If “Yes”, please give details and method to be used

If the work involves demolition please answer questions i) – iv)

i) Please provide details of property to be demolished, including number of storeys and method of demolition. (If demolition of internal walls only, state whether they are loadbearing).

ii) If demolition is not internal only, what is the distance from the nearest other property?

iii) Is any demolition below ground level? Yes No

If “Yes”, please state: maximum depth minimum distance from nearest property

iv) Will shoring or propping be necessary? Yes No

If “Yes”, give details below:

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11 Surrounding Property			
Please give a description of all surrounding property not forming part of the Constructional Works.			
a) Please state the address of each property and its approximate distance from the site, give a description, including age and occupation and attach a copy of location plan, if available.			
i)			
ii)			
iii)			
b) Have any Schedules of Condition been drawn up for surrounding property? If "Yes", please give details or attach a copy		Yes	No
12 Foundations			
a) Give a general description of ground conditions			
b) Please indicate if any of the following will be undertaken:			
i) Excavation If "Yes", please state		Yes	No
Depth			
Minimum distance from nearest property	Meters		
Means of supporting excavation	Meters		
ii) Piling If "Yes", please state		Yes	No
Type			
Number and maximum depth	Meters		
Minimum distance from nearest property	Meters		
iii) Underpinning If "Yes", please state		Yes	No
Overall length involved	Meters		
Maximum depth	Meters		
Maximum length any bay	Meters		

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iv) Ground stabilisation
If "Yes", give details and method

Yes No

Minimum distance from nearest property Meters

v) Dewatering
If "Yes", please give details and method

Yes No

CONTRACTORS GENERAL QUESTIONS

1) How long has your Company been in business?

2) a. Have you or any of your directors, partners or officers been involved in any other business in the last 5 years? Yes No

If "Yes", please give details of each business (continue on a separate sheet if necessary)

Name and Address of Business	Trade	From	To

b. Have any of the above business activities been declared bankrupt or insolvent or gone into liquidation? Yes No

If "Yes", please give full details and dates below (continue on a separate sheet if necessary)

3) In respect of any covers to which this proposal relates and any business in which you or any of your directors, partners or officers are or have been engaged:

a. has any Insurer ever declined a proposal, refused renewal, terminated an insurance or imposed special terms in the last 5 years? Yes No

If "Yes", please give details (continue on a separate sheet if necessary)

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b. have any accidents, losses or claims arisen, whether insured or not, in the last 5 years? If "Yes", please give details (continue on a separate sheet if necessary)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date of Occurrence	Brief Details of Each Incident (whether a claim was made or not)	Cost / Estimate

4) Have you or any of your directors, partners or officers ever been convicted or charged (but not yet tried) with:

a. arson, fraud or any other act of dishonesty of any kind including theft, handling stolen goods, criminal or wilful damage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. any other criminal offence, other than a motoring offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5) Have you been prosecuted during the last 5 years under any safety or environmental legislation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If "Yes", give details, including date and outcome

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IMPORTANT

Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. Failure to disclose all material facts whether or not the subject of a specific question may invalidate your insurance.

We recommend that you should keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this insurance.

DECLARATION

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand

I/We declare that to the best of my/our knowledge and belief the answers given are true and complete.

I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf.

I/We agree that the information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date of signing

Title of signatory

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