**Oil & Gas Contractors**

**Proposal Form**

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| --- | --- |
| **Full Trading Name:** |  |
|  |  |
| **Address:** |  |
|  |
|  |  |
| **Telephone Number:** |  |
|  |  |
| **Email Address:** |  |
|  |  |
| **Country of Domicile:**  |  |
|  |  |
| **If not domiciled in the UK, please advise if you have a UK contract and if so, who with:**  |  |
|  |  |
| **US Citizenship?** | YES / NO |
|  |  |
| **Date that the Firm Commenced Trading:** |  |
|  |  |
| **Company Registration Number:** |  |
|  |  |
| **Business Description:** |  |
|  |
|  |  |
|  |  |
| 1. **Please state your PAYE reference or an ERN:**
 |  |  |
|  |  |  |
|  |  |  |
| 1. **(a) Do you work in the oil & gas industry?**
 |  | YES / NO |
|  |  |  |
| **(b) What % of your income relates to:** |  | Onshore work %  |
|  |  |  |
|  |  | Offshore work % |
|  |  |  |
|  |  |  |
| 1. **(a) Do you undertake manual work?**
 |  | YES / NO |
|  |  |  |
| 1. **Do you use heat?**
 |  | YES / NO |
|  |  |  |
| 1. **Do you work at heights over 3 meters?**
 |  | YES / NO |
|  |  |  |
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| --- | --- | --- |
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| 1. **Number of employees, other than yourself:**
 |  |  |
|  |  |  |
| Where applicable, please provide the names of all employees: |  |  |
|  |  |
|  |  |
| 1. **Do you use sub-contractors?**
 |  | YES / NO |
|  |  |
| If YES, please state how many in total at any one time, if they are onshore or offshore and if they carry their own insurance: |  |  |
|  |  |  |
|  |  |  |
| 1. **Do you undertake work in the USA or Canada?**
 |  | YES / NO |
|  |  |  |
|  |  |  |
| 1. **Insurance Cover Required**
 |  |  |
|  |  |  |
| **Employers’ Liability?**  |  | YES / NO |
|  |  |  |
| If YES, please confirm annual wages and number of employees: |  |  |
|  |  |  |
|  | Category (Guide Only) | Annual Wages | No of Employees  |
|  | 1. Clerical staff, Directors, Sales and Commercial Travelers not engaged in manual work
 | GBP |  |
|  | 1. Manual Premises
 | GBP |  |
|  | 1. Manual Away
 | GBP |  |
|  | 1. Offshore Non-Manual
 | GBP |  |
|  | 1. Offshore Manual
 | GBP |  |
|  |  |  |  |
|  |  |  |  |
|  | **Public and Products Liability?** |  | YES / NO |
|  |  |  |  |
|  | If YES, please select a limit of indemnity: |  |  | GBP 2,000,000 |
|  |  |  |  |  |
|  |  |  |  | GBP 5,000,000 |
|  |  |  |  |  |
|  |  |  |  | GBP 10,000,000 |
|  |  |  |  |

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| 1. **Gross Turnover**
 |  |  |  |
|  |  |  |  |  |
|  | Geographical Area | Annual Turnover |  |
|  | 1. United Kingdom
 | GBP |  |
|  | 1. European Union
 | GBP |  |
|  | 1. USA / Canada
 | GBP |  |
|  | 1. Rest of the World
 | GBP |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **Professional Indemnity?**
 |  | YES / NO |
|  |  |  |  |
|  | If YES, please select a limit of indemnity: |  |  | GBP 500,000 |
|  |  |  |  |  |
|  |  |  |  | GBP 1,000,000 |
|  |  |  |  |  |
| **Attach CV** |  |  |
|  |  |  |
| 1. **Directors’ & Officers’ Liability?**
 |  | YES / NO |
|  |  |  |
| If YES, the limit of indemnity is GBP 100,000 |
|  |  |  |
|  |  |  |
| 1. **Do you always act under the care, custody and control of your client (the main contractor)**
 |  |  |
| YES / NO |
|  |  |  |
| If YES, does your client have final approval for your work? |  |  |
| YES / NO |
|  |  |  |
| If NO, please provide full details of any procedures and provide a copy of any contracts: |  |  |
|  |  |  |
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| **12. Experience**  |  |  |
|  |  |
| How long have you been in the business for which you wish to be insured?  |  |
|  |  |
| If a new venture, please give details of the experience of any directors, principals, partners or management in this type of business, specifying any relevant qualifications: |  |
|  |  |
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|  |
| --- |
| Have you or anyone else connected with the management of your business had any previous insurance policies:  |
|  | 1. Declined?
 | YES / NO |  |  |  |
|  |  |  |  |  |  |
|  | 1. Cancelled?
 | YES / NO |  |  |  |
|  |  |  |  |  |  |
|  | 1. Avoided?
 | YES / NO |  |  |  |
|  |  |  |  |  |  |
|  | 1. Renewed with special terms imposed?
 | YES / NO |  |  |  |
|  |  |
| If YES, please provide full details including the type of insurance, the reason(s), the insurer(s) and confirm whether a claim was made under that policy: |  |
|  |  |
| Have you or anyone else connected with the management of your business ever been: |
|  | 1. Cautioned for, or convicted of, any criminal offence or is any prosecution pending (other than minor motoring offences)
 |  |
| YES / NO |
|  |  |  |
|  | 1. Declared bankrupt or been the subject of bankruptcy proceedings, or the subject of any voluntary arrangement?
 |  |
| YES / NO |
|  |  |  |
|  | 1. Been a director of, or involved in the management of, any company which has been wound up, entered into any composition with its creditor or been the subject of any arrangement?
 |  |
|  |
|  |
| YES / NO |
|  |  |  |
|  | 1. Prosecuted, or received notice of intended prosecution, under the Health and Safety at Work Act 1984, the Merchant Shipping Acts, the Data Protection Act, the Consumer Credit Act or any other similar legislation or statutory regulation?
 |  |
|  |
|  |
| YES / NO |
|  |  |
| If YES, please provide full details: |  |
|  |  |
|  |  |
|  |  |
| **13. Claims** |  |
|  |  |
| Have there been any incidents in the last 5 (five) years which have, or could give rise to, any claims? |  |
| YES / NO |
|  |
| If YES, please provide full details: |  |
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|  |  |
| **14. Required Period of Insurance**  |  |
|  |  |
|  From: |  |
|  |  |
|  To:  |  |
|  |  |
|  |  |
| **15. Current Insurer(s) and Policy Number(s):** |  |
|  |  |
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| **16. Duty of Fair Presentation** |  |
|  |
| Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Underwriters in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must: 1. (a) Disclose every material circumstance which the Insured knows or ought to know. Failing that, the Insured must provide sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent Underwriter as to whether to accept the risk or the terms of the insurance (including the premium).

(b) Make the disclosure in clause (a) above in a reasonably clear and accessible way. (c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith. 2. For the purposes of clause 1.(a) above, the Insured is expected to know the following: (a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.(b) If the Insured is not an individual, what is known to anybody who is part of the Insured’s senior management; or anybody who is responsible for arranging the Insured’s insurance. (c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured’s organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Underwriters expect that the Insured will have included them in its enquiries, and that the Insured will inform the Underwriter if it has not done so. The reasonable search may be conducted by making enquiries or by any other means. |
|  |
| **17. Declaration** |
| I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material circumstances. |
|  |  |
| **Signed:** | …………………………………………………………….. | **Dated** | ………………………. |
|  |  |
| **Position in Company:**  | …………………………………………………………………………………………………………………. |
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