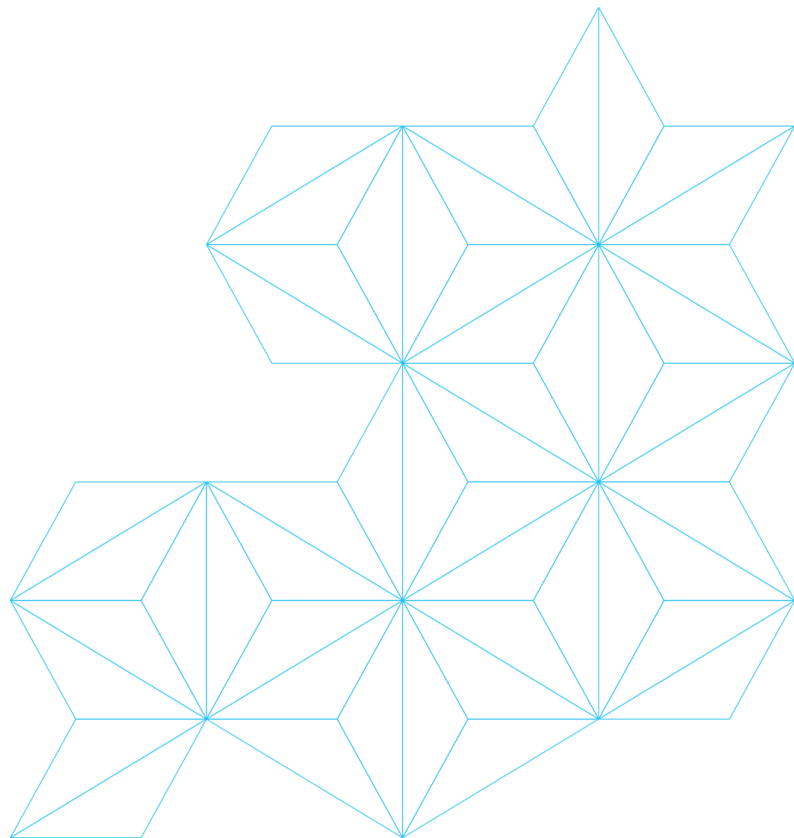


**INSURANCE PROPOSAL FORM FOR  
FIRMS UNDERTAKING TESTING  
AND INSPECTION**



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## CONTACT US

Your completed proposal form can either be emailed or posted to us using the contact details below. Please retain a copy for your own records. Please do not hesitate to contact us if you have any questions.

Howden UK Group Limited  
Testing and Inspection team  
71 Fenchurch Street  
London  
EC3M 4BS  
[ukas@howdengroup.com](mailto:ukas@howdengroup.com)  
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## 1. ADVICE ON COMPLETING THE PROPOSAL FORM

To allow us sufficient time to time negotiate with Insurers, please ensure you return this proposal form as soon as possible. Wherever the word 'Principal' appears herein, this is deemed to read 'Partner(s), Director(s), Member(s) or Principal(s)'.

Many businesses either fail to allow sufficient time to complete the proposal form and/or provide inaccurate information. Insurers regard the proposal form as a reflection of the quality of the business seeking insurance; a poorly completed, untidy form can reflect badly on your business and will not assist us in securing terms.

### 1.1 General instructions relating to completion of the form

- Please ensure this proposal form is completed by a Principal of the business.
- A response to all questions must be entered. Where a question is not relevant to your business, please respond N/A.
- Where the proposal form is completed by just one Principal, we often find that disagreements arise regarding the responses provided. It is imperative that full consultation within the business has taken place, prior to submission of this form.
- If you are completing this proposal form by hand, it should be completed in black ink and preferably in block capitals.
- If you have completed the form electronically, please print and sign it before returning it to us, either electronically or by post.
- A number of questions request **YES** or **NO** answers. Please place an **x** in the appropriate box or underline the appropriate response.
- If there is insufficient space to answer any questions please provide full details on your headed paper. Please ensure that any additional information is signed, dated and makes clear reference to the question(s) on the Proposal Form, to which it refers.
- **If a supplement is attached to this proposal form, please tick here** .
- Depending upon the qualifications and/or experience of the Principal(s), Insurers reserve the right to request a Curriculum Vitae and details of any circumstances or claims pertaining, in the past 5 years, irrespective of whether they were employed by the business at the time.
- Completion of this proposal form does not automatically bind the Principal, the Firm or Insurers to effect a Contract of Insurance.
- Wherever the word 'Employee' appears herein, this is deemed to read 'Any person who is or has been under a contract of service for or on behalf of the Firm'.
- If you have any questions about completing this Form please contact us on 020 7133 1567.
- A copy of this proposal should be retained for your own records.

### 1.2 Providing additional information

The proposal form is the basis of the contract of insurance which may ultimately ensue and the information contained herein forms the basis of disclosure to Insurers. Failure to disclose something which could be considered material may render the insurance contract voidable. This form confines itself to dealing with essential issues such as income and claims. If you feel there is additional information that is relevant to Insurers' appraisal of your business, but is not requested by this form, this should be set out on your headed paper and attached to this proposal form.

Additional information, where not requested by the proposal form, could include:

- Corporate brochure(s);
- Organisation chart(s);
- An overview of risk management;
- CV's of the Principal(s);
- A description of any services provided in the past 6 years which are no longer provided and/or any new services the business intends to provide in the future;
- An overview of the client base;
- Terms of Engagement, particularly if they restrict your liability.

### 1.3 Claims and circumstances

Whilst every question on the proposal form is important and constitutes material information upon which Insurers rely, Insurers will be particularly concerned with the history of claims and/or circumstances. Details of all claims and circumstances notified to previous insurers must be declared on the proposal form, accompanied by a brief description which should include:

- Overview of the job/instruction being undertaken
- Date the work, to which the allegation relates, was undertaken
- Policy year in which the notification was made to Insurers
- Alleged wrong doing
- The firm's own view on the matter
- Insurers' view on the matter (clearly differentiated from the above)
- Details of any amounts:
  - Paid by Insurers
  - Reserved by Insurers
  - Legal fees incurred by insurers

In order to ensure that all notifiable matters are declared, the recommended practice would be for each Principal and all senior members of staff to sign a declaration to the effect that he/she has investigated the areas for which he/she is responsible and can confirm that there are no claims or circumstances other than those (if any) contained in the proposal form.

After completion of the proposal form and prior to the expiry of the firm's current insurance, a check should be undertaken within the Business to ensure that there are no claims or circumstances of which anyone is aware other than those already notified in the proposal form.

If any new matters are discovered, these should be immediately notified to Howden if we are your current Broker. If we are not your current Broker, then you should notify your current Broker/Insurers and Howden. Such notifications should reach your current Broker/Insurers and Howden prior to the expiry date of the firm's current insurance.

### 1.4 Disclosure of material facts or information

When seeking a quotation, taking out or renewing an insurance contract it is essential that you disclose to prospective Insurers any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Insurers in setting the premium and/or the terms and conditions of the insurance contract or in determining whether they will accept the risk. This duty of disclosure continues throughout the Policy period.

The statement made in this proposal form (including any supporting information) will form the representation to Insurers and as such will be the basis of the insurance contract. Failure to disclose material information may render the insurance contract voidable from inception, at the option of Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, please contact us.

**SECTION 2**

**INSURANCE PROPOSAL FORM FOR FIRMS UNDERTAKING TESTING AND INSPECTION**

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Howden UK Group Limited in compliance with the Data Protection Act 1998 and will only be used for the purposes of providing insurance cover and handling claims arising. In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law.

**1. GENERAL INFORMATION**

**1.1** Company Name (including any subsidiaries for whom cover is required).

Establishment Date


Telephone No.

Email Address

Website Address




**1.2** Predecessors of the Company for whom cover is required.

Establishment Cessation


**1.3** Main address and location of all other offices.


**1. GENERAL INFORMATION (continued)**

**1.4** Partners or Directors, and any consultants under a contract for service with your company.

Name	Status: (Partner/Director/ Consultant)	Qualifications	Number of years experience in industry

**1.5** Number of employees

Last year	Current Year	Estimated next year

**1.6** Current UKAS Accreditation Numbers

Testing:

--

Inspection:

--

**1.7** Is the firm a member of any other organisation, association or institute?

YES  NO

If YES please provide details below

--

**1.8** Please state your total annual income:

Financial year end \_\_\_\_\_(day)\_\_\_\_\_ (month)

	Last completed Financial year	Current financial Year	Estimated next year
UK			
E.U.			
USA/Canada			
Elsewhere			
<b>Total</b>			

## 1. GENERAL INFORMATION (continued)

1.9 Please provide full details of the activities of the Firm for which cover is required.

--

## 2 PROFESSIONAL INDEMNITY

### Your business activities

2.1 Please split your last completed financial year's income approximately between the following professional disciplines. If this form is being completed on behalf of a new business, please split your estimated income for the forthcoming year.

Asbestos testing	£
Asbestos inspection	£
Fire risk assessments	£
Health and safety consultancy	£
All other work not listed above (please provide details below)	£

--

## 2. PROFESSIONAL INDEMNITY (continued)

**2.2** In respect of your asbestos related activities only please state the approximate percentage of work (as a percentage of asbestos related income only) carried out for the last financial year.

<b>Surveys: (HSE The Survey Guide – HSG264)</b>	
Management surveys	%
Refurbishment and demolition surveys	%
<b>Air testing and monitoring</b>	%
<b>Asbestos testing only (bulk sample analysis)</b>	%
<b>Consultancy (including interpretive report writing)</b>	%
<b>4-Stage clearance</b>	%
<b>Project Management (non-removal)</b>	%
<b>Project Management &amp;/or supervision of removal works</b>	%
<b>Technical supervision under the terms of HSE supervisory license</b>	%
<b>Asbestos management plans</b>	%
<b>Asbestos removal (including where you appoint the removal contractor on behalf of the client) *</b>	%
<b>Other (please specify)</b>	%
<b>TOTAL</b>	<b>100%</b>

\* Please complete the supplementary questionnaire at the end of this form where you are involved in any way with the removal of asbestos including where you appoint the removal contractor on behalf of the client.

**2.3** Do you perform the following project management related activities:

- a) General management of the removal or demolition Contractor during the works? **YES**  **NO**
- b) Payment of the removal or demolition contractor on the Employers behalf? **YES**  **NO**



## 2. PROFESSIONAL INDEMNITY (continued)

**2.4** Do you perform the following project related activities:

- a) Visual examination of contractors work? YES  NO
- b) Training and medical records assessments of persons working on site? YES  NO
- c) Air testing of site area following completion of works by contractor? YES  NO
- d) Air testing of area surrounding site following completion or works? YES  NO
- e) Issuance of certificates of reoccupation? YES  NO

**2.5** What percentage of your testing is carried out away from the permanent laboratory?

 %

**2.6** Approximately what percentage of samples tested are:

- a) Supplied to your company by your clients  %
- b) Extracted by yourselves  %

**2.7** Do you have any involvement in any hazardous and/or non-hazardous waste treatment, processing, incineration or disposal facilities?

YES  NO

**2.8** Does the firm have any involvement in the supervision of removal works by licensed contractors?

YES  NO

If YES please provide full details including number of contracts undertaken, fees earned, copy of your contract terms and conditions and documentary evidence that the Public Liability Insurance held by such licensed contractors does not have an asbestos exclusion.

## 2. PROFESSIONAL INDEMNITY (continued)

### Clients:

**2.9** Please give details of your 3 largest clients where services have been provided/rendered in the past 3 years:

Client	Period services rendered	Fees earned	Service provided

**2.10** Do you use the terms and conditions of business recommended by ATaC? YES  NO

If NO, do you

- a) have your own standard terms and conditions? YES  NO
- b) limit your liability to a multiple of fees or a monetary amount? YES  NO
- c) Do you exclude liability for indirect and/or consequential loss? YES  NO

### Overseas work:

**2.11** Do you undertake or have you undertaken any work for clients where the work carried out is outside of the United Kingdom? YES  NO

If YES please give details.

Country	Client	Fees earned	Service provided

## 2. PROFESSIONAL INDEMNITY (continued)

**2.12** Do you ever carry out work anywhere other than from your UK office/laboratory? YES  NO

**2.13** Do you ever enter into contracts where the jurisdiction is other than UK courts? YES  NO

If YES, please provide details

### Sub-Contractors:

**2.14** Do you use sub-contractors? YES  NO

If YES

a) What percentage of fees are paid away to them?  %

b) Please give details of the work they carry out below:

**2.15** Do you obtain documentary evidence that they have their own Public Liability and Professional Indemnity Insurance in place for a limit not less than the amount of cover requested by this proposal? YES  NO

### 3 GENERAL LIABILITY – PUBLIC & PRODUCTS AND EMPLOYERS' LIABILITY

**Optional – only complete this section if this insurance cover is required**

**3.1 Total Wage roll**

	Current full year	Estimate next year
a) Clerical/Administration		
b) Analysts		
c) Health & Safety Consultants		
d) Asbestos Surveyors		
e) Any other employees		

**3.2 Number of Premises**

**3.3 Sub-contractor payments**

	Current full year	Estimate next year
a) non PAYE freelance contractors		
b) Bona Fide sub-contractors		

**3.4 Do you or any of your employees use, handle, transport or work in/on any of the following:**

- a) radioactive substances or devices? YES  NO
- b) explosive substances? YES  NO
- c) asbestos or silica or materials containing these substances? YES  NO
- d) toxic or hazardous chemicals? YES  NO
- e) any materials giving rise to dust or fumes? YES  NO

**3.5 Do you have a:**

- a) formal written Health & Safety policy? YES  NO
- b) formal safety training plan for employees? YES  NO
- c) documented procedure for high risk activities (if applicable)? YES  NO
- d) formal documented accident investigation plan? YES  NO

**3.6 Please advise the companies Employer Reference Number (ERN)**

**4. PROPERTY – BUILDINGS & CONTENTS**

Optional – only complete this section if this insurance cover is required

**4.1** Please confirm your quote requirements:

Buildings only       Contents only       Buildings & Contents

**4.2** Locations or premises to be covered:

Location	Full Address	Postcode	Single Occupancy?
1			YES <input type="checkbox"/> NO <input type="checkbox"/>
2			YES <input type="checkbox"/> NO <input type="checkbox"/>
3			YES <input type="checkbox"/> NO <input type="checkbox"/>

Please continue on a separate sheet if more than 3 premises to be insured

**Construction details:**

**4.3** Are all of the buildings constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal?      YES  NO

**4.4** Are all of the buildings free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?      YES  NO

**4.5** Are all of the buildings in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?      YES  NO

**4.6** If you have answered NO to any of the above questions, please provide full details:

#### 4. PROPERTY – BUILDINGS & CONTENTS (continued)

4.7 Are the buildings listed?

Not Listed  Grade I  Grade II   
Grade A  Grade B

Please list any other unique features, below:

#### Building Services:

4.8 Are the buildings heated by a conventional electric, gas, oil or solid fuel central heating system? YES  NO

4.9 Is the electrical installation inspected at least every five years by a qualified electrician and any defect remedied? YES  NO

4.10 Are any lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? YES  NO   
N/A

**NOTE: It is important to keep separate records of this as Insurers may not pay a claim unless you can demonstrate that these inspection requirements have been complied with.**

#### Alarm details:

4.11 Are the premises protected by an intruder alarm? YES  NO

Signal Type: Bell Only  Alarm Receiving Centre (ARC)

4.12 If ARC, is the signal transmitted by BT Redcare? YES  NO

4.13 Is the alarm system subject to a running maintenance contract at intervals not exceeding 12 months? YES  NO

#### 4. PROPERTY – BUILDINGS & CONTENTS (continued)

Minimum security:

##### Physical Security

Loss or damage caused by theft or attempted theft involving entry to or exit from the premises by forcible or violent means is not insured unless the devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

##### Specification

1. The final exit door must be secured by means of either a mortice deadlock or rimlock conforming to, or superior to, BS3621, or a key operated multi-point locking system having at least 3 locking bolts.
2. All other external doors and internal doors providing access to any part of the building not occupied by you must be secured by means of either a locking device specified in (1) above, or by two key operated security bolts to engage the door frame.
3. Any external door, or internal door providing access to any part of the building not occupied by you, which is designated an emergency exit must be secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or by a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle and/or thumb turn mechanism.
4. All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building to be secured by means of either a key operated locking device or permanently screwed shut.

##### NOTES:

- (i) The local fire authority must be consulted before replacing or augmenting the existing locking device fitted to a designated emergency exit door.
- (ii) The provisions of specification do not apply to windows/skylights that are protected by means of either fixed round or square section solid steel bars not more than 10cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles, or proprietary collapsible locking gate grilles.

4.14 My/Our security measures comply with the criteria set out above. YES  NO

4.15 I/We understand that relevant claims will not be paid if they do not. YES  NO

##### Interested Parties:

4.16 If there are any additional financial interests in the property such as those held by Banks or Building Societies, please confirm below:

Name of Party	Interest of Party	Full Address and Postcode

#### 4. PROPERTY – BUILDINGS & CONTENTS (continued)

##### Sums Insured:

**4.17** The sums insured you stipulate below will dictate the amount of cover provided under the policy. You should enter the full rebuilding or replacement as new cost in each of the categories. If you under insure, by understating these values, then we may only pay a proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if in any doubt, you should consult your broker.

	Location 1	Location 2	Location 3
Main building:	£	£	£
Landlords fixtures & fittings and tenant improvements:	£	£	£
Personal computers, printers, and ancillary computer equipment at the premises:	£	£	£
All other contents/business equipment at the premises:	£	£	£
Portable computer and associated equipment at home/away from the premises anywhere in the European Union:	£	£	£
Portable computer and associated equipment at home/away from the premises anywhere in the World:	£	£	£
All other business equipment at home/away from the premises anywhere in the European Union:	£	£	£
All other business equipment at home/away from the premises anywhere in the World:	£	£	£
<b>TOTAL PROPERTY SUM INSURED:</b>	£	£	£



## 5. PROPERTY – LOSS OF INCOME

This cover can only be purchased in conjunction with either the Property Buildings or Contents cover. Please do not complete this section if this cover is not required.

**5.1** Please indicate the basis of cover required for the Business Interruption module by ticking the relevant box(es).

a) **Loss of revenue:** Total annual revenue:

Indemnity period (months) 12 18 24 36

and/or

b) **Loss of gross profit:** Sum insured:

Indemnity period (months) 12 18 24 36

and/or

c) **Additional expenditure:** Sum insured:

Maximum indemnity period (months) 12 18 24 36

and/or

d) **Book debts:** Sum insured:

**5.2** Do you have a disaster recovery or business continuity plan? YES  NO

**If YES please attach a copy to this proposal form.**

## 6 DIRECTORS AND OFFICERS LIABILITY

### Optional – only complete this section if this insurance cover is required

- 6.1** Is the organisation or any subsidiary listed on any stock exchange **YES**  **NO**
- 6.2** During the last three years have there been, or are there any plans for:
- a) Registration for public offering of any securities? **YES**  **NO**
  - b) Funding by venture capitalists? **YES**  **NO**
- 6.3** Does the organisation or any subsidiaries have any operations, stocks, shares, debentures or ADRs in or deriving from the USA or Canada? **YES**  **NO**
- 6.4** Did the organisation make a loss in either of the two previous financial years? **YES**  **NO**
- 6.5** Did the organisation have negative shareholder funds (i.e. net liabilities), at the end of the last financial year? **YES**  **NO**
- 6.6** Is the total asset size of the organisation (fixed plus current assets) more than £20 million? **YES**  **NO**

**NOTE:** If you have answered YES to any of the above, you will need to supply the latest audited report and accounts and complete a full D&O proposal form.

## 7. CURRENT INSURANCE ARRANGEMENTS

**7.1** If you currently have any liability insurances in place please provide the following details. (This information is not required where the policy is currently arranged by Howden)

Policy Type	Limit of Indemnity	Expiry Date
Professional Indemnity:		
Public and Products Liability:		
Employers Liability:		
Directors and Officers Liability:		

## 8. NEW INSURANCE ARRANGEMENTS

**8.1** Please state limit of indemnity required

Professional Indemnity:	
Public and Products Liability:	
Directors and Officers Liability:	

**8.2** If you have any specific requests with regard to your insurance requirements please state these in the space provided below

## 9. DISCIPLINARY

**9.1** Has your company or any current or former partner, director or employee ever been the subject of:

- a) sanctions imposed by the United Kingdom Accreditation Service (UKAS)? **YES**  **NO**
- b) an investigation by the Health and Safety Executive (HSE)? **YES**  **NO**
- c) an investigation or an intervention by any regulatory body? **YES**  **NO**

If YES to any of the above please provide full details:

## 10. CLAIMS

You must complete this section.

Please complete the claims questions relevant to those insurances for which cover is required.

**10.1** In relation to your professional business activities are you after reasonable enquiry aware of:

- a) Any circumstance or situation which is likely to give rise to a claim against you?  
This includes but is not limited to:
- A short coming known to you which you cannot reasonably put right
  - A complaint about your work or anything you have supplied which cannot be immediately resolved
  - An escalating level of complaint on a particular project
- YES**  **NO**
- b) A client withholding payment due to you after any complaint **YES**  **NO**
- c) Any loss from the dishonesty or malice or suspected dishonesty or malice of any partner, director, employee or self-employed freelancer **YES**  **NO**
- d) Have you or any of your partners or directors either personally or in any business capacity been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt? **YES**  **NO**

If you have answered YES to any of the above, please provide full details

**10. CLAIMS (continued)**

**Professional Indemnity claims**

**10.2** Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? **YES**  **NO**

**In respect of the following insurance covers:  
Property Buildings, Property Contents, Property Loss of Income, General Liability (Public & Products, Employers Liability)**

**10.3** Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? **YES**  **NO**

If YES, please provide full details

Date of claim	Details	Amount claimed	Amount paid	Claimant's costs if known	Defence costs (if known)	Other comments

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## 10. CLAIMS (continued)

### Employers' Liability Insurance

**10.4** Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim?

YES  NO

If YES, please provide full details

Date of claim	Details	Amount claimed	Amount paid	Claimant's costs if known	Defence costs (if known)	Other comments

**10. CLAIMS (continued)**

**Directors' and Officers' Liability Insurance**

**10.5** Have any claims ever been made against any past or present director or officer of the company or its subsidiaries? **YES**  **NO**

**10.6** Are you aware after enquiry of any potential claim or shortcoming in the performance of the duties of any past or present Director or Officer which may give rise to a claim? **YES**  **NO**

If YES, please provide full details

Date of claim	Details	Amount claimed	Amount paid	Claimant's costs if known	Defence costs (if known)	Other comments



## 11. DISCLOSURE

It is essential that when you are seeking a quotation, taking out or renewing an insurance, that you disclose all material facts to Insurers. A material fact is one that is likely to influence the judgement of an Insurer in fixing the premium or in determining whether to accept the risk. If your proposal is a renewal it should include any changes in facts previously advised to insurers. If you have any doubt about facts considered material you should disclose them.

Failure to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your policy.

## 12. DECLARATION

**Please read the declaration carefully and sign at the bottom**

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter may entitle Insurers to void your insurance

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Partner/Director

Date

Name of Partner / Director

**A copy of this proposal should be retained for your own records**

## ASBESTOS REMOVAL – SUPPLEMENTARY QUESTIONNAIRE

Please state for the whole Company the total turnover for asbestos removal works for the last complete financial year and estimated for the current financial year.

	Last Year		Current Year (estimated)	
	UK	Overseas	UK	Overseas
A Turnover where you provide asbestos survey work and you carry out the removal works yourself	£	£	£	£
B Turnover where you appoint and pay the removal contractor on behalf of the client but no project management or supervision of removal works is undertaken by you.	£	£	£	£
C Turnover where you appoint and pay the removal contractor on behalf of the client and you carry out project management and/or you supervise the removal works	£	£	£	£
D Turnover where you carry out removal work only (i.e. no survey work is carried out by you)	£	£	£	£
E Other turnover not mentioned above (please provide details below)	£	£	£	£

**Please note if you have declared turnover in any of the above sections you are contractually responsible for the removal of asbestos.**

## OTHER INSURANCE REQUIREMENTS

It is vital your insurance programme meets the evolving needs of your business. Whilst many organisations keep a close eye on their most expensive, business critical insurances, it is not uncommon for other forms of insurance to be continued with no verification of whether they remain appropriate to business needs.

Combining our in-depth knowledge of the professional sectors we serve with the product expertise and global knowledge of the Howden UK Group enables us to handle the most complex insurance programmes. If you are interested in other forms of insurance please tick the relevant box(s) below and we will arrange for a member of the relevant specialist team to contact you:

<b>Employee Benefits</b>		<b>Bespoke Private Client Insurance</b>	
Pension Auto Enrolment		(Household, Contents, Fine Art, Valuables, Motor, Overseas Property)	
Group Death in Service			
Private Medical Insurance		<b>Commercial Insurances</b>	
Keyman and Shareholder Protection		Expatriate Medical Insurance	
		Environmental Liability Insurance	
<b>Cyber Insurance</b>		Block Management Insurance	
<b>Intellectual Property and Patent Insurance</b>		Motor Fleet	
<b>Political Risk Insurance</b>			
<b>Transactional Risk Insurance</b>			
<b>Single Project Insurance</b>			
<b>Contractors all Risks</b>			
<b>Other (please specify below)</b>			

If the person responsible for any of the insurances listed above is that other than the person responsible for buying PII please complete the following:

**Name:**

**Telephone Number:**

Email address:

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