



Arborplan

INSURANCE FOR ARBORICULTURAL AND FORESTRY
CONTRACTORS AND CONSULTANTS
(AND ALLIED ACTIVITIES)

PROPOSAL FORM FOR

EMPLOYERS, PUBLIC AND PRODUCTS LIABILITY

Arranged by and available exclusively through

BRYANT KESEK & PARTNERS

Insurance Brokers

Exeter House, Tylers Court, Cranleigh, Surrey GU6 8SA
Tel:(01483) 274792 Fax:(01483) 278326

EMAIL: insurance@bryantkesek.co.uk

WEBSITES: WWW.BRYANTKESEK.CO.UK and WWW.ARBORPLAN.CO.UK
Authorised and regulated by the Financial Services Authority

1. Please ensure that this Proposal Form is completed in ink by either a Partner, Director, Principal or Officer of the Proposer, leaving no questions unanswered. It is imperative that full consultation has taken place.
2. A number of questions request 'YES' or 'NO' answers. Please ✓ (tick) the box that DOES apply.
3. Should there be insufficient space to answer any questions please give full details on your own headed note paper. Please ensure that same is signed, dated and makes clear reference to the questions (s) to which it/they refer to on the Proposal Form. If a supplement attaches to this Proposal Form please ✓ here.
4. Completion of this Proposal Form does not automatically bind the Proposer or Underwriters to effect a Contract of Insurance.

Bryant Kesek and Partners are authorised and regulated by the Financial Services Authority.

Feb 2006

STRICTLY CONFIDENTIAL
PLEASE COMPLETE IN BLOCK CAPITALS THROUGHOUT

1. **PROPOSER** (including Trading Name if you are a Sole Proprietor or Partnership)

2. **POSTAL ADDRESS**

Postcode:

Tel:

Fax:

Date established:

Website: www

Status: Limited Company/Partnership/Limited Liability Partnership/ Sole Proprietor
(Delete those not applicable)

3. **BUSINESS** Please tick which business activities you are involved in:-

| | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| Arboriculture | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Utility Arboriculture | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Rail Trackside Vegetation Clearance | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Machinery Forestry | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Other Forestry | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Fencing | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Hedging | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Hard Landscaping | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Soft Landscaping | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Maintenance Gardening | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Consultancy | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Other (please give details): | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

4. **EXISTING INSURER**

Are you now or have you previously been insured for Liability risks?

YES NO

If yes please state name of Insurer and expiry date.

5. **EXPERIENCE**

Please give details of your experience in the above business activities and relevant professional qualifications:

6. **HEALTH AND SAFETY**

- (a) Do you have a formal written Health and Safety policy? YES NO
- (b) Are all "employees" adequately trained for the type of work they perform? YES NO
- (c) Have you ever been prosecuted under Health and Safety legislation? YES NO
- (d) Are you compliant with the relevant regulations under current Health and Safety legislation? YES NO

(Please remember that the term "employee" includes not only direct employees but labour only sub-contractors, self-employed persons, casual workers and the like).

7. **HAZARDOUS ACTIVITIES** - Do you ever carry out:

- (a) Heat work on site (other than burning of debris)? YES NO
- (b) Burning of debris YES NO
- (c) Work at a depth below 1 metre? YES NO
- (d) Work airside at airports? YES NO
- (e) Work at a height above 60 metres? YES NO

If YES please give details:

8. **NUMBER OF EMPLOYEES**

Please state the maximum number of persons in the following categories working for you AT ANY ONE TIME:

- (a) Clerical, administrative (i.e. no manual labour)
- (b) Manual direct employees (i.e. PAYE) (excluding Directors)
- (c) Labour only sub contractors, self employed persons etc.

Also please state:

- (d) if you are a sole proprietor do you work manually in the business? YES NO
- (e) if you are a partnership how many partners work manually in the business?
- (f) if you are a Limited Company how many directors work manually in the business?

As regards (d), (e) and (f) if the persons concerned do not work **full time manually** in the business please show in the box below approximately what percentage of the time is spent working manually.

(Please remember that the term "employee" includes not only direct employees but labour only sub-contractors, self-employed persons, casual workers and the like).

9. **TURNOVER / WAGEROLL etc. ESTIMATES**

| Work Category | Turnover | Wageroll (Note 1) | Bona fide Subcontractors (Note 2) |
|-------------------------------------|----------|---|-----------------------------------|
| Arboriculture | £ | Height work £ Ground work – chainsaw use £ Ground work – no chainsaw use £ | £ |
| Utility Arboriculture | £ | £ | £ |
| Rail Trackside Vegetation Clearance | £ | £ | £ |
| Machine Forestry | £ | £ | £ |
| Other Forestry | £ | £ | £ |
| Other Manual work* | £ | £ | £ |
| Clerical, Administrative | N/A | £ | N/A |

- NOTES – 1** Please remember that the term “Wageroll” includes not only wages paid to direct employees but also payments to labour only sub-contractors, self-employed persons, casual workers and the like. **Do NOT include the drawings of a Proprietor or Partners. Do NOT include Directors wages.**
- 2 To qualify as a bona fide sub-contractor they must have Public Liability insurance (with a limit no less than that under your policy) Employers Liability insurance and their own Equipment. Furthermore you must NOT supervise their working. If these criteria cannot be met IN FULL the sub-contractor is NOT bona-fide in which case the sub-contractor must be regarded as a labour only sub-contractor.
- 3 * Hedging is regarded as “other manual work”.

10. **GEOGRAPHICAL LIMITS**

- (a) Do you carryout any manual work outside Great Britain, Northern Ireland, the Channel Islands and the Isle of Man? YES NO
- (b) If Yes what percentage of your total Turnover relates to:
- (i) GB, NI, CI and IOM %
- (ii) Other EU countries %
- (iii) Elsewhere in the world %

11. **LIMITS OF INDEMNITY**

Please show the Limits of Indemnity you require.

| | | | | | |
|-----------------------------|-------------|-----|--------------------------|----|--------------------------|
| Employers Liability | £ 5,000,000 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | £10,000,000 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Public / Products Liability | £ 1,000,000 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | £ 2,000,000 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | £ 5,000,000 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | £10,000,000 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

12. **CLAIMS HISTORY**

Give details below of all Liability claims made against you in the last five years (whether the incident was insured or not.) **If none answer "NONE".**

| Date and Year | Type of Claim | Brief Details | Amount paid or Outstanding |
|---------------|---------------|---------------|----------------------------|
| | | | |

13. **TRADE ASSOCIATIONS**

Are you a current member of the :

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (a) Arboricultural Association? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (b) Forestry and Timber Association? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (c) International Society of Arboriculture? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (d) Tree Care Industry Association (formerly NAA)? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (e) Forestry Contractors Association? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If YES please give membership number(s)

Are you an APPROVED CONTRACTOR of the

Arboricultural Association? YES NO

If YES please give Licence Number

14. **NO CLAIM DISCOUNT**

For how many years have you held continuous Employers and Public/Products Liability insurance without any claim paid or outstanding?

| | |
|-----------------------|-------|
| Employers Liability - | years |
| Public Liability - | years |

(Please note that if our quotation is accepted written proof will be required from your existing Insurer)

15. **RAIL TRACKSIDE VEGETATION CLEARANCE**

(You need only complete the questions in this Section if you are involved in such work)

- (a) Do you work in "Green Zones"? YES NO
- (b) Do you work in "Red Zones"? YES NO
- (c) Are you using machinery that goes on the track? YES NO

If so please provide details.

If not, how close are you working to the railtrack?

(d) How many individuals are qualified safety supervisors?

(e) How many workers are on site at any one time?

(f) How many site supervisors are there to workers? (i.e. ratio)

(g) Are sub-contractors used?

YES NO

If Yes, do you check to ensure they have their own policy and they hold relevant certificates to undertake this work?

YES NO

16. **UTILITY ARBORICULTURE/POWERLINE VEGETATION CLEARANCE**

(You need only complete the questions in this Section if you are involved in such work).

(a) How long before work is undertaken does the surveyor visit the site?

(b) How are maps marked by the surveyor to ensure instructions are clear?

(c) Is there any verbal discussion between the surveyor and the team leader relating to the work undertaken, or is the map only passed onto the team leader?

(d) Do persons undertaking work hold the relevant certification to undertake Utility Arboriculture?
YES NO

(e) How long before the work is intended to start is the 'Permission to cut' form sent to the Landowner?

(f) What system of check do you have to ensure that you have the correct 'Landowner' and not the Tenant?

(g) Do you have a diary system to check that permission letters are received back?
YES NO

(h) If permission is given with restrictions, how are these restrictions adhered to?
(e.g. Does the Surveyor supervise the work?)

(i) What happens if the Landowner refuses permission?

(j) Who inspects work to ensure it has been completed to relevant standards?

(k) When work is satisfactory, do you keep a record system which can be called upon if a Third Party alleges damage?
YES NO

(l) When for safety reasons, power is shut off, is this procedure always carried out by the Utility Company?
YES NO

If No, is this because you have been authorised, after special training, to carry out the shut off procedure?
YES NO

DECLARATION

IMPORTANT NOTE

You are reminded that you must provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material it should be disclosed overleaf. Failure to disclose all material facts may invalidate your Policy or may result in your Policy not operating fully.

I/We DECLARE that my/our ways works machinery and plant are properly fenced and guarded and otherwise in good order and condition, and my/our premises are in a good state of repair.

The statement made by me/us in ANY PART of this Proposal to the best of my/our knowledge and belief are true and complete and if any answer given by any other person that person shall be deemed to be my/our agent for the purpose. Also I/We have not omitted any material facts and agree that this Proposal and Declaration shall be the basis of the contract between me/us and the Underwriters and to accept a Policy (a specimen of which is available upon request) in the form issued by the Underwriters for the insurance now proposed and to pay the premiums thereon.

SIGNATURE

DATE

PLEASE ENTER ANY ADDITIONAL INFORMATION AND MATERIAL FACTS BELOW