



QBE Rail Contractors Liability Insurance

(Please ensure that the proposal is completed in full and is clear and legible)

1. Applicant Details

Name of Proposer: (this should be name required in the policy including all subsidiary & associates companies to be insured)	
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Trading Name: (if different from above)	
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Address:	Postal Code:
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If applicant is a partnership please provide full names:	
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Telephone Number:	
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Facsimile Number:	
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Web Site Address:	
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E-Mail Address:	
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Year business was established:	
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Please describe all Rail and Non Rail activities your company carries out:	
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Proposed Inception/Renewal Date:	
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Current Insurer/Policy Number:	
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Is current Insurer offering renewal? Yes No

If "No", why not _____

Please state name of present and previous insurers over the last three years: _____

Insurance Broker/Advisor:	
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Is your Insurance Broker/Advisor FSA authorised? Yes No

2. Details of Operations

Are you on the Network Rail Supply Chain? Yes No

Are you approved/registered by Link-Up to work on the UK rail network? Yes No

Your Link up number: _____

Please provide a current copy of your company's Link-Up Status Report.

Does your company undertake work involving any of the following? If 'Yes' indicate approximate percentage of overall turnover.

Manufacturing Yes _____ % No

London Underground Limited or Docklands Light Railway Yes _____ % No

Works on platforms Yes _____ % No



- Works on bridges / viaducts / footbridges Yes _____ % No
- Works on private sidings Yes _____ % No
- Tunnelling Yes _____ % No
- Works in tunnels Yes _____ % No
- Works in tunnels where you have more than 5 people in the tunnel at one time Yes _____ % No
If "Yes", how many people (maximum) at any one time _____
- Demolition Yes _____ % No
- Welding Yes _____ % No
- Scaffolding Yes _____ % No
- Quarrying Yes _____ % No
- Handling or removal of asbestos in any form whatsoever Yes _____ % No
- Use of explosives other than rail detonators Yes _____ % No
- Use of track mounted machinery/plant Yes _____ % No
- High voltage works (overhead and lines sides) Yes _____ % No
- Paint spraying Yes _____ % No
- Tree Felling Yes _____ % No
- Height work above 16 metres Yes _____ % No
- Groundwork below 5 metres in depth Yes _____ % No
- Processes involving a noise level in excess of 85 dB(A) Yes _____ % No
- Works on boats, ships or vessels Yes _____ % No
- Works on offshore oil and gas installations Yes _____ % No
- Outside United Kingdom or in Northern Ireland Yes _____ % No

If the answer to any of the above questions is 'Yes', underwriters may require additional information.

3. Claims History and Historical Turnover / Wageroll

Employers' Liability

Year	Total Wages	Settled Claims		Reserves for Outstanding Claims	
		No.	Amount	No.	Amount
2003					
2002					
2001					
2000					
1999					
Total					

Public Liability

Year	Total Turnover	Settled Claims		Reserves for Outstanding Claims	
		No.	Amount	No.	Amount
2003					
2002					
2001					
2000					
1999					
Total					

Are there any circumstances, of which you are aware that might give rise to a claim, that have not yet been notified to insurers? Yes No

If 'Yes', please provide full details in respect to all such circumstances on a separate sheet.



4. Details of Anticipated Turnover & Wageroll

a) Anticipated Annual Turnover and Wageroll (in GBP), split as follows:

Activities	Red Zone Wageroll	Green Zone and Non-Rail Wageroll	Red Zone Turnover	Green Zone and Non-Rail Turnover
(i) Trackwork – replacement, maintenance & repair of rail or permanent way:				
(ii) Signalling, including associated electrical work:				
(iii) Rolling stock – maintenance & repair:				
(iv) Electrical / Mechanical / Cable Laying: (if not applicable, please delete as required)				
(x) Civil Engineering / Groundwork / Concrete Formwork & Shuttering : (if not applicable, please delete as required)				
(xii) General Construction work:				
(xiii) Painting & Decorating:				
(xvi) Demolition and Site Clearance:				
(xviii) Vegetation Clearance / Internal Cleaning / External Cleaning (if not applicable, please delete as required)				
(xix) Project Management / Supervisors (non-manual):				
(xxi) Trackside training:				
(xxiv) Non-Trackside Training:				
(xxv) Clerical / Administrative / Office Based Design: (if not applicable, please delete as required)				
(xxvi) Other: (Specify, please use additional page if required)				
(xxvii)				
Total Annual Wageroll and Turnover including Rail activities and Non-Rail Activities				



b) Number of Employees:
(please include full time and part time staff)

Non Office Based (Manual / Project Managers / Supervisors)	
Office Based (Clerical / Administrative / Design Staff)	

5. Contractual Relationships

Do you always enter into formal contracts with those companies to which you provide services, and with any subcontractors? Yes No

Please advise what form these contracts take.

Health, Safety and Environmental Addendum

The attached Health, Safety and Environmental addendum has been developed with a view to rewarding those companies who recognize the importance proper HSE procedures play in minimizing their risk. Although we do recognize that not all of the answers to the attached addendum are readily available we ask that you take the time to complete it to the best of your ability.

If the responses to the questions are contained in your existing HSE manual please provide excerpts as required. Where possible information and documentation should be given in electronic format only (eg, floppy disc, CD, e-mail attachment).

For the purpose of the addendum, the term "employees" includes persons over whom you have direct day-to-day control including labour-only sub contractors, agency personnel, 'temps', etc.

Disclosure

Material facts must be disclosed. These are facts which an Insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance intermediary. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. You should keep a record (including copies of letters) of all information supplied for the purpose of entering into this contract.

Declaration

I declare that to the best of my knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I agree that this proposal shall form the basis of the contract. I agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until the proposal has been accepted by the Company.

For and on behalf of	
Signature	
Name	
Position	
Date	

PLEASE NOTE THAT THIS PROPOSAL FORM MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT. INCOMPLETE PROPOSAL FORMS WILL NOT BE FORWARDED TO UNDERWRITERS.



QBE Rail Contractors' Liability Facility Health, Safety and Environmental Addendum

Please complete all sections in full.

1. Competent Person

a. Detail the relevant qualifications and experience of the company's Competent Person for Safety

b. Is this person employed directly by your company or a retained consultant? Employed Consultant

c. On average, what percentage of the working week does this person devote to the management of Health & Safety (H&S) within your company? _____

2. Management and Supervision of 'Work Away'

a. What safety qualifications do your contracting managers and Directors hold? _____

b. How do you ensure safe operation on work away exposures from a management and supervision standpoint? (eg qualification / site visits / non compliance reporting)

3. Employee Competence

a. How do you ensure your employees have adequate experience and training for any given contract? (special emphasis on all higher hazard activities eg, height / mobile plant / heat / etc)

4. Enforcing Authorities (HSE, Fire Authority, EMAS, etc)

a. Has your company received any Prosecutions, Prohibition or Improvement Notices in the last five years? Yes No

b. If 'Yes', on a separate page please give full details of any Prosecutions, Prohibition or Improvement Notices and any additional written correspondence and also detail the remedial actions taken as a consequence of the above.

5. Occupational Health

a. In respect of occupational health of your employees, please comment on the exposure, procedure and monitoring to mitigate your risk.

6. Accident History

In the previous 12 months:

- a. In total, how many accidents have been reported? _____
- b. How many accidents have incurred Lost Time of 1 or more days? _____
- c. How many injury accidents have been "Reportable" under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) regulations? _____
- d. How many working days have been lost due to work-related injury/disease? _____

If known, give details of accident rate trends over the last five years.



7. Return to Work

- a. What, if any, arrangements are in place to help injured employees return to their pre-accident working capability and hence return to work as soon as possible?

8. Control of Bona Fide Sub Contractor (BFSC) activity

- a. Is there a formal process for selecting and appointing BFSCs? Yes No
- b. Is safety performance considered and documentation in the selection process? Yes No
- c. What checks are undertaken to ensure adequate insurance covers are held by BFSCs?

- d. Particularly, what checks are made about any Policy restrictions on activities such as Work at Height, depth of excavations, avoiding underground services, Use of Heat, handling asbestos or other hazardous agents, etc?

9. Environmental Management

- a. What substances do you make, use, transport or store that have a pollution potential?

- b. What arrangements are in place to ensure that pollution incidents do not occur? (e.g. monitoring, bunding)

Is a formal Environmental Management System operated, eg ISO 14000? Yes No

- c. Detail any licences or authorisations held by virtue of environmental legislation, eg, waste transfer licence, extraction licence, special waste licence, etc.

- d. On a separate page please detail any adverse history with the Environment Agency and any actions taken as a consequence

10. Understanding your needs

Please rate the value that you would place on the insurance industry providing risk management services such as newsletters, seminars, conferences, technical papers, training, etc.

- High Medium Low

Please advise of any other general risk management services that might be beneficial to your organisation or your trade sector.
