



**Joint Insurance Programme
for Site Specific Projects**
Reasonable Search Document



Correspondence Name	
Correspondence Address	

Where available, please provide the following information:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▶ Site Plan & Drawings ▶ Ground Condition Reports / Summary ▶ Security Arrangements | <ul style="list-style-type: none"> ▶ Schedule of Works / Gantt Chart Water Management Plan ▶ Site Health & Safety Plan ▶ Schedules of Condition |
|---|--|

PARTIES TO THE CONTRACT

(where applicable)

Under the terms of your contract, who is responsible for the arrangement of the Contractors All Risk insurance

Employer Contractor

Please complete below the names of all parties to be listed on the policy where required.

Employer / Principal Name	Main Contractor
Other Subcontractors to be noted on the policy	Lender / Funder
Architect	Engineer
Surveyor	Other

THE PROJECT

Breakdown of the contract value (including free issue materials)

Site Preparation	£	Mechanical and Electrical	£
Piling & Foundations	£	Fitting Out	£
Substructure	£	Superstructure	£
Roads & Landscaping	£	Utilities	£
Substructure Utilities	£	Other	£
Total Contract Value	£	Is Terrorism Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Poole RE Compulsory	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the Contract Phased, if so please advise;

Description of Phase	Start Date	Date of Handover	Contract Value of Phase
			£
			£
			£
Name of Project and Project description			
Contract Site Address			
Planning Permission Number		Council Office	
Is the Project being carried out under a standard JCT Contract? Please provide details of the Contract Conditions you are undertaking			
Main Use of the Property When Complete			
Estimated Start Date		Completion Date	
Maintenance Period / Defects Period Required		(Months)	

Is the Property Timber Framed?	<input type="checkbox"/> No <input type="checkbox"/>	If yes, are there any additional risk management procedures being undertaken in respect of the timber frame exposure?	
Please advise the construction materials to be used for any new; - Floors - Walls - Roof			
Specification of any Cladding used			
Any Combustible Linings			
No. of Floors (excluding underground floors / basements)		No. of underground floors / basements	
Any heat work to be used in the process. If yes, please provide details of what equipment is used. Will you comply with the Joint Code of Practice on the prevention from Fire of Construction Sites and Buildings Undergoing Renovation?			
Generic or specific risk assessments (RA) and method statements (MS) used	Generic <input type="checkbox"/> Specific <input type="checkbox"/>		
How is the Project Site Managed	Site Visits <input type="checkbox"/> Permanent Site Manager <input type="checkbox"/> Other <input style="width: 100%;" type="text"/>		
What Security is on the site to prevent theft & Malicious Damage?	CCTV/Gated entrance <input type="checkbox"/> Perimeter Fencing <input type="checkbox"/> Alarms <input type="checkbox"/> 24 Hour Manned Guards <input type="checkbox"/> Visitor Sign ins <input type="checkbox"/>		
Any Asbestos being Removed from the Site? If yes please provide further information			
Do you check all Contractors on site have Public Liability Insurance in Place	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are all contractors experienced and known to you previously	
Do you provide induction training for all contractors on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

OPTIONAL EXTRA INSURANCES

(PLEASE ANSWER THE BELOW QUESTIONS ONLY WHERE COVER IS REQUIRED)

1) Plant, Hired in Plant, Tools and Equipment and Site Huts

Hired in Plant Total Sum Insured	£	Hired in Plant Any One Accident/Location	£
Hired in Plant Any One item	£	Hired in Site Huts and other equipment (excluding Plant)	£
Estimated Hiring Charges	£	Continuing Hiring Charges	£
Is all Plant Hired under CPA Conditions or Similar	Yes <input type="checkbox"/> No		
Own Plant Total Sum Insured (Please provide a Plant schedule)	£	Own Site Huts Sum Insured	£
Value of Employee Tools and Personal Effects on Site	£	Maximum any one item of any Employee tools or personal effects	£
Is Terrorism Required	Yes <input type="checkbox"/> No <input type="checkbox"/>		

2) Delay in Start / Advanced Loss in Profit Cover

Basis of Cover	Advanced loss of Profit <input type="checkbox"/>	Advanced Loss of Revenue <input type="checkbox"/>
	Advanced Loss of Rent <input type="checkbox"/>	Loss of Bank Interest <input type="checkbox"/>
Limit of Indemnity	£	
Indemnity Period (Months)		
Deductible / Time excess Required		
Any Time-Critical Elements of Construction schedule and/or Critical Plant or Machinery		
Is Terrorism Required	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3) Existing Structure

Age of Property			
Condition of the Property			
Rebuild Value	£	Value of any Contents to be insured	£
Is the property currently, or likely to be occupied during construction? If yes, please provide full details.			
If occupied, what measures are in place to separate the occupants from the works?			
If vacant, how long has the property been vacant for?			
Is Terrorism Required	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What materials are the walls constructed of			
What materials are the floors constructed of?			
What materials is the roof constructed of?			
No. of floors ex underground floors / basement		No. underground floors / basements	
Will the property be occupied during the works, if yes, how long has the property been vacant for			

Are the windows boarded	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are letter boxes Sealed	Yes <input type="checkbox"/> No <input type="checkbox"/>
What security is on final exit doors		Is the Property Alarmed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any manned 24 hour security guards	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Alarm	
Is all water switched off at the mains and all pipes drained	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any Monitored CCTV	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the existing structure listed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is all Gas and Electric switched off at the mains	Yes <input type="checkbox"/> No <input type="checkbox"/>

4) Public Liability

Limit of Indemnity Required	£		
Do you require cover for Employer only or all Parties including SubContractors	Employer Only <input type="checkbox"/>	All Parties <input type="checkbox"/>	
Is there a Health and Safety Policy in Place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Estimated payments to SubContractors			
Maximum Depth Worked to	m	Maximum Height Worked to	m

5) JCT 6.5.1 or Equivalent Non-Negligent Liability

Limit of Indemnity required	£
	Aggregate <input type="checkbox"/> Any One Claim <input type="checkbox"/>
Defects Liability Period Required (months)	
Edition of contract if not JCT 1980 Edition incorporating 1986 amendments	

Summary of the Works

Please complete only those sections below that are relevant to the project

1) Demolition

What is being Demolished	Number of Stories	Method of Demolition	Distance from Nearest Property	Maximum Depth Below Ground level

If any shoring or propping is necessary, please provide details of method below

2) Construction and Extensions

Please provide a general description of ground conditions

Number of Stories	
Will a basement be included	Yes <input type="checkbox"/> No <input type="checkbox"/>

Nature of Construction

Please give details of method of tie in for extensions with existing building if applicable

Will there be any of the following

a) Excavation	Yes <input type="checkbox"/> No <input type="checkbox"/>	b) Piling	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Depth		i) Type	
ii) Means of supporting excavation		ii) Number	
		iii) Maximum Depth	
iii) Distance to nearest property		iv) Distance to nearest Property	
c) Underpinning	Yes <input type="checkbox"/> No <input type="checkbox"/>	d) Ground Stabalisation	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Overall length involved		Method	
ii) Maximum depth			
iii) Maximum length any bay		e) Dewatering	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Method	

3) Alteration and Repair

Approximate age of existing structure	
General condition of existing structure	
Occupation of existing structure	
Subject to any preservation order	
What is the nature of any alteration or repair	
Any work on columns beams, slabs or loadbearing walls requiring temporary propping or support If yes, please provide further details	
Any Underpinning Necessary Overall length involved Maximum Depth Maximum length any one bay	

NEIGHBOURING PROPERTIES

Please provide details of all surrounding property not forming part of the contract works – please continue on separate sheet if necessary.

Address	Description	Approx. Distance from Site	Approx. Age	Occupation

Please provide a copy of any Schedules of Condition you may have drawn up at this time.

DISCLOSURE OF INFORMATION

In accordance with the provisions of The Insurance Act 2015, you must ensure that the information provided by you in connection with your commercial insurance policies (including new business and existing business) is presented in a clear and accessible manner and contains all known material facts relating to the risk/risks in question. This information should not exclude anything material which is known by you and is likely to be of relevance to the insurer in deciding whether or not to accept the risk/risks and on what terms.

Therefore, any quotation or renewal terms provided to you will be based on the information supplied by you within this form. If after completion, you find that there are any discrepancies or any information is incorrect, please make contact immediately.

DECLARATION

Have you had any claims or losses for the insurances in question on this form: Yes No

Directors /partners have no history of;

County Court Judgements

Declared bankrupt or had a liquidator or receiver appointed or has entered into arrangements with creditors

Or have been convicted prosecuted under the Health & Safety regulations

Had insurance refused or declined or ever had insurance cancelled, renewal refused or any special terms imposed

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 declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy.
- ▶ 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)

Title of signatory

Date of signing

Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.



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