



# Contractors FACTFINDER

The information you give on this form is a part of our risk assessment for insurance cover  
(i) at new business quotation stage, or  
(ii) on renewal.

## IMPORTANT NOTE

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy.

This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner.

Material facts are those which are likely to influence us in the acceptance of the terms of pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us.

Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

## Health and Safety Policy

Do you have a written and signed Health and Safety policy? Yes/No

When was the policy last reviewed? .....

When was it last communicated to all employees? .....

How was it communicated to employees? .....

Are your Health and Safety systems externally audited? Yes/No  
If yes, please provide name of auditing company

## Responsible Persons

Please give the name and position of the person(s) within your company that are responsible for Health and Safety spending.

Name .....

Position .....

Are they MIOSH qualified? Yes/No

Do all staff with responsibility for Risk Management on site have NEBOSH qualification Yes/No

## Business

Date you established your business .....

Name your current liability insurers .....

How many years have you been insured with them? .....

Have you had any enforcement action (Prohibition or Improvement Notices) by the HSE or Local authorities? Yes/No

If yes, please provide details.

Are you a member of a relevant trade association for your industry? Yes/No

If yes, please provide name:

If yes, do you participate in their Health and Safety scheme/initiative? Yes/No

What is your percentage rate of employee turnover for the last year? %

For each of the past 3 years, please provide details of your employee and accident numbers

	Last Year	Previous Year	Year minus 2
Total number of employees			

Total number of all accidents

Total number of RIDDOR accidents

### People

Do you have a trained competent person responsible for Health and Safety issues? Yes/No

If yes, please provide name and position of such person and details of formal training given

Name .....

Position .....

Training .....

NEBOSH Qualified? Yes/No

Please give the name of any external organisations you obtain Health and Safety advice from:-

### Risk Assessment

List your main workplace hazards

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Please continue on a separate page

List your main health hazards

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Please continue on a separate page

Have all the required risk assessments been carried out and recorded?	Yes/No
When was the last risk assessment carried out? .....	
Are method statements prepared for each contract/job?	Yes/No
Do you have a method statement in respect of safe working practices?	Yes/No
Do you undertake post-incident reviews following losses or near misses? If yes, please give details of your procedures	Yes/No

Training

Please give details of health and safety training given to employees and contractors working for you

Is training recorded?	Yes/No
Do you supply and enforce use of Personal Protective Equipment where required? If yes, please provide details	Yes/No

Procedures

Workplace inspections

Is all equipment that needs statutory inspection identified and routinely inspected?	Yes/No
Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective action is taken?	Yes/No
How often are these inspections carried out? .....	

Waste

Do you handle any asbestos waste material?	Yes/No
What waste do you produce? .....	
How do you store, manage and dispose of waste? .....	

Fire

Are you familiar with the Joint Code of Practice for Fire Prevention on Construction sites?	Yes/No
If yes, are Fire Safety plans prepared where required?	Yes/No
Is smoking restricted to designated site areas only?	Yes/No
Do you have a Fire Evacuation procedure?	Yes/No
What percentage of your work on site involves the application of heat?	%
What type of heat producing equipment do you use?	
If you use heat, what precautions are used?	
Do you operate a "hot work" permit system for heat applications?	Yes/No
If yes, are you registered to use the Fire Protection Association scheme?	Yes/No

Site Safety and Security

Do your site safety and security arrangements include:

- 1 materials storage? Yes/No
- 2 control of access / egress to site of visitors? Yes/No
- 3 full site perimeter fencing and boarding? Yes/No
- 4 arrangements for securing valuable and portable equipment outside working hours?  
Yes/No
- 5 larger items of plant and machinery coded or fitted with tracking devices? Yes/No
- 6. plant being registered with a scheme? The Equipment Register? Yes/No
- 7. covering or fencing of holes and openings? Yes/No

Construction, Design and Management Regulations (CDM)

- For what proportion of your work are you the main or sole contractor? %
- What are the maximum numbers of contracts you are responsible for at any one time? .....
- For what proportion of your contracts do you incur CDM responsibilities? %
- How do you manage your obligations under the CDM Regs?  
Do you use Bona-Fide sub-contractors? Yes/No

If yes:

- 1 how many do you use?
- 2 for what type of activities?
- 3 for how long have the Bona-Fide sub-contractors been known to you? yrs
- 4 How do you vet the quality of their work/Health and Safety?
- 5 do you check that they have Employers and Public Liability insurance? Yes/No
- 6 do you check and record all of their insurance details including Insurer, renewal date, limit of indemnity etc?  
Yes/No

Working at Height

- What proportion of your work is carried out above 10m? %  
Please provide details of any work above 10m
- Do you erect your own scaffolding or use a specialist contractor?
- If you erect your own, please provide the following:
  - 1 the type of scaffolding e.g. tower, tied?
  - 2 the frequency of use?
  - 3 the maximum height of scaffolding?
  - 4 frequency of inspections?
  - 5 are kick boards and safety rails always used? Yes/No

Working at Depth

Please provide details of the proportion of your total work carried out at the following depth limits:

1 0-1 metre %

2 1-3 metres %

3 3-8 metres %

4 8 metres plus %

What precautions and controls do you undertake for the identification of underground pipes, cables or other services which could be at risk or under the site?

Do you retain a written record of the precautions taken?

Yes/No

**Please use this section for any additional information.**

Signature  
Name (Print)  
Position Date