



Defective workmanship questionnaire

Name / Insured:

Address :

No. Of Branches No. Of Staff

Est. Annual Wage Roll R Members Est. Annual R.....

Limit Of Indemnity Required (Any One Occurrence/Period) Turnover R.....

1. Give full details of all activities carried out in connection with the business and state clearly whether you construct, erect, repair, install or otherwise and the estimated annual turnover from each such activity.

ACTIVITY	Years carrying out activity	TURNOVER

2. How long have you been in business?
3. Are you involved in work connected in any way to the Marine and /or Aviation and / or motor manufacturing industry?..... YES / NO
If yes, give brief details
4. Do any of your activities involve work away from your premises?..... YES / NO
If yes, give brief details and state number of employees involved and the turnover of such activities ...
5. Do you employ sub-contractors? YES / NO
If yes, give brief details including annual turnover and state whether you are responsible for their actions
6. Give details of trading conditions normally used:
Any disclaimers YES/NO
Waiver of rights of recourse agreement..... YES/NO
If yes, attach copies of such conditions.

7. Give particulars of claims, losses or notifications you have received during the past five years.

Date of occurrence	Brief details of accident	Cost	O/S Estimate

8. Are you aware of any other facts that may be material to or have a bearing on our decision regarding this insurance?..... YES / NO
If yes, give details

DECLARATION
I confirm that the particulars in this questionnaire are true and complete and that I have not withheld any material information nor am I aware (after due enquiry) of any incidents that could lead to a claim other than those listed in 7. above.

DATE AUTHORISED SIGNATORY

DESIGNATION