**Tradesman Insurance Questionnaire**

**Pre-Contractual Duty of Disclosure -**

By completing this Questionnaire, you are looking to enter into a legal contract with an insurance company, via Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd and, in order to provide all necessary information to Insurers so that we are able to obtain a quotation, please can we ask for you to complete and return this document. This document is not an exhaustive list of all information that an Insurer may find relevant to the risk, if you feel that there is additional information that you wish to make the Insurer aware of, please advise in your covering email.

If you are not in a position to answer all of the questions asked of you in this Questionnaire, honestly and with reasonable care, then you should not proceed with your insurance quotation request.

It is your duty to take reasonable care to answer all questions honestly, fully and accurately and disclose all information that the Insurer may find relevant to the risk as they are the basis upon which an insurance cover quotation will be offered or refused – and that such volunteered information is not misleading. Your duty exists at all times in the placement of this insurance; before the cover is placed, when renewed, or changed at any time during the policy period. Failure to do so may result in your policy being cancelled or we may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the Impact of Misrepresentation section, which you should read carefully.

If any of your answers or the information provided in this Questionnaire is incorrect or inaccurate or, becomes inaccurate, incorrect or has changed beyond what was reasonably contemplated when originally completing this Questionnaire, you must notify us immediately or as soon as reasonably possible, complete a new, correct, accurate and updated Questionnaire and obtain a revised quotation. If your contract of insurance has already been placed based on this incorrect, inaccurate or changed information, you must contact us immediatelyas this may affect the cover provided and any claims made by you on your policy.

We would like to ensure that all claims are paid for you, but unfortunately, we may find ourselves defenceless to assist you, when all the information is not disclosed at the outset. Such items include (but are not limited to); all previous claims or incidents, description of risk to be covered and inaccurate general information.

This is an important document for you to read carefully and to retain in a safe place.

We offer a range of tools to support our customers, have tried to make the questions in this document as clear as possible and, only ask about what we need to know. However, if you have any questions, need anything explaining or believe this Policy would not meet your needs for any reason, please contact us immediately.

We are always available and happy to discuss any aspect of our services with/ to you in order to make the process of obtaining and maintaining a policy of insurance as easy as possible. We understand that the ever-changing world can add increased demands and pressure on to you and, that this may mean you require additional support with your insurance policy i.e., if you encounter any issues with your premium payment(s). If you ever feel that you do require any additional support, at any time during your dealings with us, please contact us as soon as possible and we will endeavour to assist to the best of our ability.

**About You –**

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| **Name of Insured/ Company Name:** |  |
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| **Your Name (if different from above):** |  |
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| **Insured Address:** |  |
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|  |  |
| **Postcode:** |  |
|  |  |
| **Home/ Work/ Mobile Number:** |  |
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| **Email Address:** |  |
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| **Your Country of Birth:** |  |
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| **Your Country of Residence:** |  |
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| **Your Occupation:** |  |
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| **Would you define yourself as a Politically Exposed Person (PEP) –** an individual who is or has been entrusted with prominent public functions in a foreign or domestic country? \* |  |
|  |  |
| **Business Type i.e., PLC/ Ltd/ Sole Trader:** |  |
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| **Business Description - The trade description that best suits your business activities:** |  |
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| **Do you undertake any other activities in relation to your main business?** |  |
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| **Please advise the types of locations you undertake work in i.e., residential properties, commercial etc.** |  |
|  |  |
| **How many years has the business proposed been trading?** |  |
|  |  |
| **Annual Turnover:** |  |
|  |  |
| **Does any of the business require the use of heat?** |  |

**Assumptions –**

In order to obtain a quotation, you must confirm that the following statements are correct: -

* The business meets all statutory obligations including Fire Safety, Electrical Inspections and Health and Safety regulations relevant to the business
* The business does not undertake any work or has never previously undertaken any work involving asbestos or asbestos containing materials
* The business does not undertake any work in aircraft operational areas, chemical works, gas works, nuclear installations, offshore installations, petrochemical works, power stations or railway infrastructure
* All persons working with children have their staff Garda vetted at least once per annum
* The business does not undertake any demolition work
* The business does not do any excavation work over 3 meters in depth
* The business does not have a waste transfer or waste carriers licence
* The business has been trading for at least 2 years with insurance continuously in force or the proposer has at least 3 years’ experience in their trade
* The proposer only works in Republic of Ireland and Great Britain, Northern Ireland, the Channel Islands or the Isle of Man
* There are no current or potential matters that may give rise to a legal or contractual dispute

**Confirmation Yes**  **No**

Please confirm that all principals, partners or directors have not:

* Had more than 2 claims in the past 5 years
* Been declined insurance, had an insurance policy terminated, been refused a renewal or had special terms imposed (increased excess, restriction in cover)
* Been charged with (but not yet tried) or convicted of a criminal offence (other than motor offences)
* Had any prosecutions or received notice of an intended prosecutions under Safety Legislation
* Had any Court Judgements against them
* Been declared bankrupt or insolvent
* Previously traded without insurance

**Confirmation Yes**  **No**

**About your Employees –**

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| --- | --- |
| **How many manual Principal/ Partners/ Directors and their annual wage?** |  |
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| **How many manual workers (including Permanent Labour Only Subcontractors) and their annual wage?** |  |
|  |  |
| **How many clerical Principals/ Partners and Directors and their annual wage?** |  |
|  |  |
| **How many other clerical workers and their annual wage?** |  |
|  |  |
| **Do you have/ use any temporary Labour Only Subcontractors? And their annual wage?** |  |
| **Do you use any Bone-Fide Subcontractors?** |  |
|  |  |
| **If yes, please advise the annual Turnover applicable to Bone-Fide Subcontractors:** |  |

**Limits of Liability –**

Please select the level of Public Liability indemnity required:

EUR2,600,000

EUR6,500,000

Do you wish to include EUR13,000,000 cover in respect of Employers Liability?

Yes  No

Do you require Contract Works / Plant and Equipment?

Yes  No

Please advise the level of Turnover applicable to Contract Works:

EUR

Do you require Tools and Business Equipment cover?

Yes  No

Please advise the value for which you would like your Tools and Business Equipment covered:

EUR

Are you aware of any current or potential matters that will give rise to any legal or contractual disputes?

Yes  No

Is an increased excess of €1,000 required?

Yes  No

**Claims Information –**

Are you currently or have you been previously Insured for Employers or Public Liability?

Yes  No

If YES, please provide the following details: -

|  |  |  |
| --- | --- | --- |
| Name of Present/ Previous Insurer | Policy Number | Expiry Date |
|  |  |  |

Have any Employer’s or Public Liability claims been made against you in the last 5 years whether Insured or Not?

Yes  No

If YES, please provide full details below: -

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| --- | --- | --- |
| Date of Claim | Details | Approximate Cost of Claim |
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\* A “PEP” is defined as a person who is, or has at any time in the preceding 12 months been, entrusted with prominent public function, this includes:

* Heads of State, heads of government, ministers and deputy of assistant ministers.
* Members of Parliament
* Members of supreme courts, constitutional courts or other high-level judicial bodies whose decisions are not generally subject to further appeal, except in exceptional circumstances.
* Members of courts of auditors or the board of central banks
* Ambassadors, charges d’affaires and high ranking officers in the armed forces
* Members of the administrative, management or supervisory boards of state owned enterprises

A Family member/ close associate of one of the above

**Declaration –**

I/ We declare that to the best of my/ our knowledge, all the information given above is true and complete and contains all the necessary detail in order for Insurers to adequately quote my/ our risk. No facts or information material to the risk proposed for insurance have been misstated or concealed.

I/ We understand that this Questionnaire shall form the basis of any contact between me/us, Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd and Insurers and any incorrect statements/ information may render such contract void.

I/ We accept that the basis of Insurance will be the standard Policy for this type of insurance as agreed between Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd and Insurers.

I/ We accept that I/we will report to the Insurer immediately, in writing, any material changes in my/ our activities, products and services and any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission of this Application.

I/ We accept that the Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

I/ We accept that by providing Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd with contact details such as telephone numbers/ email address, Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd may use these in order to make contact regarding insurance products and/or services.

Has any Insurance Company ever, for ANY reason? -

Declined your proposal? Yes  No

Refused to renew your policy? Yes  No

Cancelled your policy? Yes  No

Required an increased rate or imposed special terms on renewal (for reasons other than claims history)? Yes  No

If YES to any of the above, please provide further details: -

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**Status:**

Altitude Insurance Ltd is regulated by the Central Bank of Ireland.

Altitude Insurance Brokers Ltd is regulated by the Financial Conduct Authority.

**Terms of Business:**

You have been or, will be at the point of us providing you with our Quotation, given a copy of the Company’s Terms of Business, which outline the basis on which we provide services to our clients. Please ensure that you read this document carefully. These Terms of Business apply to all business transactions undertaken for you or services provided to you and will remain in force until further notice. Should we make any material changes to our Terms, we will advise you in advance of providing any further services to you.

**Privacy Policy**

Here at Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd, we take your privacy seriously and will only use your personal information to provide the products and services you have requested from us.

However, from time to time we would like to contact you with details of other General Insurance products and services we provide. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

Post

Email

Telephone

We may also use your datafor Profiling for Marketing purposes – e.g., to identify if you are likely to want/ require any other forms of insurance we offer or in respect of risk assessments for fraud prevention/ AML purposes. If you would like to Opt Out from Profiling for Marketing purposes but not for Fraud Prevention or AML, please tick this box -

**Impact of Misrepresentation**

The Impact of any Misrepresentation by you, is as follows:

(a) Innocent Misrepresentation: Where you have answered all questions in your application form honestly and with reasonable care but where you made an innocent misrepresentation (that is, one that is neither negligent nor fraudulent) we will pay any covered claim event subject to the terms and conditions of your policy.

(b) Negligent Misrepresentation: If you make a negligent misrepresentation or fail to take reasonable care in completing your application form your cover may not fully operate and in the event of a claim, we will exercise one of the following remedies:

     (a) If knowing the full details, we would not have entered into the insurance contract, we may avoid the contract, refuse all claims and return any premiums paid by you.

     (b) If we would have entered into the insurance contract, but on different terms (excluding terms relating to the premium), the contract may be treated as if it had been entered into on those terms.

     (c) If we would have entered into the insurance contract but have charged a higher premium, we may reduce proportionately the amount to be paid on your claim.

     (d)  Where there is no outstanding claim under the insurance contract, we may either:

          (i) give notice to you that in the event of a claim we will exercise the remedies in paragraphs (a) to (c), or

          (ii) terminate the contract by giving reasonable notice to you.

(c) Fraudulent Misrepresentation: If you make a fraudulent misrepresentation or where any conduct by you involves fraud of any kind we shall be entitled to avoid the contract of insurance and refuse any claims.

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| --- | --- |
| Signature: |  |
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|  |  |
| Name: |  |
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|  |  |
| Date: |  |

Printing your name in the box above/ sending an unsigned but otherwise completed document to us via email constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd complies with the requirements of the General Data Protection Regulation 2018 and the Irish Data Protection Act 2018. Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd is a Data Controller as defined in the Data Protection Act 1988 (Amended 2003). The 2003 Amendment Act brought the law into line with the[EU Data Protection Directive 95/46/EC](http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:31995L0046).

We only keep data for a purpose(s) that is specific, lawful and clearly stated and the data is only processed in a manner compatible with that purpose(s). An individual has a right to question the purpose for which we hold his/her data, and we must be able to identify that purpose. The data which you provide to us will be held on a computer database and paper files for the purpose of arranging transactions on your behalf. The data will be processed only in ways compatible with the purposes for which it was given and as outlined in our Data Privacy Notice and Data Protection policy.

We will take all reasonable steps to ensure that any and all personal data you provide, will be held securely and in accordance with this Legislation(s). We will ensure that our data security procedures are adequate, abided by and robust enough to prevent unnecessary risk of loss of data and financial crime. In return, we will retain all ownership/ title/ copyright and other intellectual property over any and all materials utilised in the placement of your Policy.

We will only use your personal data for the purposes for which you have provided it to us – general insurance. We request this information as we believe that it is necessary in order for us to provide our services to you, including but not limited to, quotations/ arranging Policy coverage/ conducting our relationship with you/ marketing/ research and statistical analysis/ internal record keeping/ crime prevention.

In carrying out our services, it may be necessary to disclose any/ all of your personal data to Third Parties, including but not limited to, Insurers/ agents and service providers/ consultants/ our Affiliates/ industry regulators and professional advisors and auditors. Depending on the circumstances, the disclosure of personal data (including sensitive personal data) to any of the above may involve a transfer of data outside of the European Economic Area.

If personal data about any person other than the original proposer is included within this Questionnaire (and any subsequent documentation provided by us/ received by you), you confirm that they have given you permission to do so, have explained to them who we are and what we will use their data for, that you have made that person aware that we hold their personal data (i.e. name/ D.O.B. etc of any named Pilots) and that they can also request a copy of our TOBA for more information on our Data Protection policy.

Insurers may subscribe to industry databases for credit and/or fraud prevention i.e. the electoral roll and credit information, in this instance, your data may be passed on in order to share information. A record of the enquiry may be viewed by other companies if you apply for their services. Insurers may also pass information onto the Claims and Underwriting Exchange Register, run by Insurance Database Ltd (IDS Ltd). The aim is to help insurers to check information provided and also prevent fraudulent claims. When insurers deal with requests for insurance, they may search the register. When insurers are informed about an incident, which may or may not give rise to a claim, they will pass information relating to it to the register. You can ask insurers for more information about this. Insurers may also pass your information to reinsurers and/or loss adjusters.

By providing us with your personal data, you consent to all of the information being used/ processed/ disclosed and retained as required by Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd. More information regarding Data Protection can be found in our Terms of Business Agreement.

We will endeavor to utilize either A or B rated (S&P and/or AM Best) market security however, depending on the risk you ask us to provide terms for, this may not be possible. In the event of us providing a quotation utilizing non-rated Security, your agreement to our quotation and request to incept cover is deemed as agreement and authorization to utilize said Security. We will not however, under any circumstance, guarantee the solvency of any security used. We agree to provide details of proposed security, including their rated/ non-rated position, at the point of providing our initial quotation to you, after that date, this information will not be provided unless there is a change in the rated/ non-rated position of said Insurer. If your quotation is being provided via another Broker, i.e., we do not have direct contact with you, this disclosure to you is their responsibility rather than that of Altitude - all security used is at your own risk.

We are not contractually restricted in relation to the insurance providers we can deal with but, we may choose to only deal with and approach for a quotation on your behalf, a select number of insurance providers - who have advised they are able to provide you with the type of aviation coverage required, we feel offers the best product available on the market for your type of business and have already assessed their ability to provide the necessary terms/ conditions/ premiums etc. in a competitive manner.

We can look to approach others on your behalf but, this is subject the Insurer in question is able to write this type of business, we have a Terms of Business Agreement in place with them and only on receipt of written instructions from you. Because we do not approach a large number of insurance contracts in the market – mainly because for your type of insurance, there are only limited numbers of Insurers available – we do not meet the “fair and personal analysis” standard.

Immediate notice of any claim is to be given to –

Altitude Insurance Limited, Ground Floor, 71 Lower Baggot Street, Dublin, D02 P593, ROI

Altitude Insurance Brokers Ltd, 3 Armon Grove, Littlehampton, West Sussex, BN17 6FG, UK  
Telephone – 00353 (0)89 2231051/ 0044 (0)7780 552494  
Email – [office@altitudeinsuranceltd.com](mailto:office@altitudeinsuranceltd.com)

For any urgent assistance, out of office hours, telephone 00353 (0)89 2231051/ 0044 (0)7780 552494 – if we are unavailable, please leave a message detailing the reason for your call.

In the event that you have a query about the placement or performance of a Policy you should, in the first instance, contact Laura Durcan. Should this develop into a complaint you should address your complaint in writing to: -

Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd, C/o Laura Durcan, Ground Floor, 71 Lower Baggot Street, Dublin, D02 P593, ROI or Laura@altitudeinsuranceltd.com with the email titled “Complaint”.

We will acknowledge, in writing, all complaints within 5 working days of receipt unless the compliant has already been resolved to the satisfaction of the complainant within this time frame. If you are dissatisfied with the handling/ outcome of your complaint you may refer your complaint to the Financial Services Ombudsman. Referring your complaint to the Financial Services Ombudsman does not affect your legal rights. A full copy of our complaint’s procedure is available on request.