



Cladding Questionnaire

This questionnaire must be completed signed and dated by your Principal, Director or Partner

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- 1 Since the year 2000 have you undertaken or will you undertake any contracts where you (or anyone working on your behalf) been involved with or responsible for the
- a) Specification
 - b) Selection
 - c) Design
 - d) Installation
 - e) Certification
 - f) Project management

of cladding or rainscreen systems including those designed by a third party?

YES NO

If you have answered Yes to Q1 above, please answer the remaining questions and complete the contract details section on pages 2– 6 of this questionnaire.

- 2 Are any of these contracts related to multiple occupancy residential properties, mixed-use developments or Public Buildings?
In this context, Public Buildings are defined as 'Hospitals and other care sector facilities (including care homes), educational facilities, sports grounds & stadia, hotels and other buildings providing overnight accommodation'.

YES NO

- 3 Are any of these contracts involved with structures in excess of 18 metres in height?

YES NO

- 4 Are any of these contracts involved with the use of aluminium composite materials (ACMs)?

YES NO



Contract Details

Please provide details of your 5 largest contracts undertaken during the past 6 years (or anticipated in the next 12 months if a new venture)

Contract 1

Date	Principal
<input type="text"/>	<input type="text"/>

Location	Type of Structure
<input type="text"/>	<input type="text"/>

Total Number of Storeys	New-build or Refurbishment	Total Project Value
<input type="text"/>	<input type="text"/>	<input type="text"/>

Services provided by you

Details of third parties to whom you contracted elements of the work

Details of relevant fire safety tests undertaken by the Building Research Establishment

Please give details of BRE Tests

1	ACM with polyethylene filler and foam insulation with fire breaks and cavity barriers in place	PASSED	FAILED
2	ACM with polyethylene filler with stone wool insulation	PASSED	FAILED
3	ACM with fire retardant polyethylene filler and PIR (Polyisocyanurate) foam insulation	PASSED	FAILED
4	ACM with fire retardant polyethylene filler with stone wool insulation	PASSED	FAILED
5	ACM with limited combustibility filler and PIR (Polyisocyanurate) foam insulation	PASSED	FAILED
6	ACM with fire retardant polyethylene filler and phenolic foam insulation	PASSED	FAILED
7	ACM with limited combustibility filler and stone wool insulation	PASSED	FAILED

Other comments



UNDERWRITING

Contract 2

Date Principal

Location Type of Structure

Total Number of Storeys New-build or Refurbishment Total Project Value

Services provided by you

Details of third parties to whom you contracted elements of the work

Details of relevant fire safety tests undertaken by the Building Research Establishment

Please give details of BRE Tests

1	ACM with polyethylene filler and foam insulation with fire breaks and cavity barriers in place	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
2	ACM with polyethylene filler with stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
3	ACM with fire retardant polyethylene filler and PIR (Polyisocyanurate) foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
4	ACM with fire retardant polyethylene filler with stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
5	ACM with limited combustibility filler and PIR (Polyisocyanurate) foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
6	ACM with fire retardant polyethylene filler and phenolic foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
7	ACM with limited combustibility filler and stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>

Other comments



Contract 3

Date	Principal
<input type="text"/>	<input type="text"/>

Location	Type of Structure
<input type="text"/>	<input type="text"/>

Total Number of Storeys	New-build or Refurbishment	Total Project Value
<input type="text"/>	<input type="text"/>	<input type="text"/>

Services provided by you

Details of third parties to whom you contracted elements of the work

Details of relevant fire safety tests undertaken by the Building Research Establishment

Please give details of BRE Tests

1	ACM with polyethylene filler and foam insulation with fire breaks and cavity barriers in place	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
2	ACM with polyethylene filler with stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
3	ACM with fire retardant polyethylene filler and PIR (Polyisocyanurate) foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
4	ACM with fire retardant polyethylene filler with stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
5	ACM with limited combustibility filler and PIR (Polyisocyanurate) foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
6	ACM with fire retardant polyethylene filler and phenolic foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
7	ACM with limited combustibility filler and stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>

Other comments



Contract 4

Date	Principal
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Location	Type of Structure
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Total Number of Storeys	New-build or Refurbishment	Total Project Value
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Services provided by you

Details of third parties to whom you contracted elements of the work

Details of relevant fire safety tests undertaken by the Building Research Establishment

Please give details of BRE Tests

	PASSED	FAILED
1 ACM with polyethylene filler and foam insulation with fire breaks and cavity barriers in place	<input type="checkbox"/>	<input type="checkbox"/>
2 ACM with polyethylene filler with stone wool insulation	<input type="checkbox"/>	<input type="checkbox"/>
3 ACM with fire retardant polyethylene filler and PIR (Polyisocyanurate) foam insulation	<input type="checkbox"/>	<input type="checkbox"/>
4 ACM with fire retardant polyethylene filler with stone wool insulation	<input type="checkbox"/>	<input type="checkbox"/>
5 ACM with limited combustibility filler and PIR (Polyisocyanurate) foam insulation	<input type="checkbox"/>	<input type="checkbox"/>
6 ACM with fire retardant polyethylene filler and phenolic foam insulation	<input type="checkbox"/>	<input type="checkbox"/>
7 ACM with limited combustibility filler and stone wool insulation	<input type="checkbox"/>	<input type="checkbox"/>

Other comments



Contract 5

Date	Principal
<input type="text"/>	<input type="text"/>

Location	Type of Structure
<input type="text"/>	<input type="text"/>

Total Number of Storeys	New-build or Refurbishment	Total Project Value
<input type="text"/>	<input type="text"/>	<input type="text"/>

Services provided by you

Details of third parties to whom you contracted elements of the work

Details of relevant fire safety tests undertaken by the Building Research Establishment

Please give details of BRE Tests

1	ACM with polyethylene filler and foam insulation with fire breaks and cavity barriers in place	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
2	ACM with polyethylene filler with stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
3	ACM with fire retardant polyethylene filler and PIR (Polyisocyanurate) foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
4	ACM with fire retardant polyethylene filler with stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
5	ACM with limited combustibility filler and PIR (Polyisocyanurate) foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
6	ACM with fire retardant polyethylene filler and phenolic foam insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>
7	ACM with limited combustibility filler and stone wool insulation	PASSED	<input type="checkbox"/>	FAILED	<input type="checkbox"/>

Other comments

Declaration

I/we declare that the above answers statements particulars and any additional information are true to the best of our knowledge and belief
 I/we confirm that all material facts have been disclosed and this questionnaire makes fair presentation of the risks posed to insurers

Signature		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Position	Date