



Supplementary Questionnaire

Setting Out Work

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

Please ensure that all questions are answered in full and where there is insufficient space available in the form any relevant additional information is provided on a separate sheet.

All material facts must be disclosed to us whether or not they are the subject of a specific question herein and you have a continuing duty to disclose such facts to us throughout the duration of the period of insurance. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy avoidable or cover reduced

Company Name

- 1. Do they use their own equipment or their client's equipment? Own equipment Client's equipment
- 2. If their own, please confirm that the equipment is calibrated in line with manufacturers guideline Yes No

3. Please supply brief details of any checking/quality assurance procedures in place to check accuracy of work prior to construction commencing

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

Client	Services Provided	Location	Completion Date	Your Income	Total Contract Value

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 proposal makes fair presentation of the risks posed to insures

I/we understand and agree that this application form shall be the basis of the contract with Air Underwriting

Name	Position	Date
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Please retain a copy of this application form for your records