



Camberford
Underwriting

Arboricultural Contractors Insurance

Statement of Facts

Contents

Contents	2
1. Important Information	3
Important Information	3
Data Protection	3
2. Contact Information	5
3. Proposer Details	6
4. Business Activities	8
5. General Questions	9
6. Premises	11
7. Insurance Products	12
8. Claims History	17
9. Declaration	18

1. Important Information

Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'you' or 'your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

All questions and statements apply to the whole of the proposal and any policy effected subsequently. We try, where possible, to prevent repetition. This means that information shown in a particular section of cover is relevant to us and your Insurers for **all** sections of cover.

Unless you advise us otherwise policy documents will be issued by email.

Data Protection

How we will use your data

The Basics

Camberford Law Limited Trading as Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberford.com/privacy:

Contact Details:

2. Contact Information

2.1 Name of insurance broker (if any) making this declaration of facts:

Business Cover UK Ltd

2.2 Name of person providing information within this form:

Paul Bettles

2.3 Contact Email:

Paul@treeins.co.uk

2.4 Contact Telephone:

01732373864

3. Proposer Details

Proposer(s)

3.1 Full name of Proposer including trading name. Also include any/all subsidiary companies to be included.

Out On A Limb Treecare Ltd

3.2

Individual Name(s)

Please list the names and date of births of all Directors and/or Partners. If the proposer is a Sole Trader, please simply confirm relevant date of birth:

Proposer	First Name	Surname	Title	Date of Birth
Out On A Limb Treecare Ltd	Lance John	Isitt	Director	01/04/2006
Out On A Limb Treecare Ltd	Marc	Isitt	Director	24/10/1986
Out On A Limb Treecare Ltd	Maria	Isitt	Director	01/07/1985

Company Registration Number

3.3 Please provide your companies registration number:

14339145

3.4 Correspondence Address

Premises 1

Address Line 1:

Town/City:

County:

Postcode:

3.5 Years Established

Number of years the proposer has been established:

2 Years

3.6 Years Experience

Number of years experience of the proposer within your business activities:

10+ Years

FCA Classification

3.7 Please complete the following information which we must have for regulatory classification.

Does the proposers annual turnover exceed EUR 2,000,000 ?	No
What is the total number of full time employees of the proposer?	0

4. Business Activities

Business Description

4.1 Please answer 'Yes' in the boxes below to confirm the full activities that You undertake.

Landscaping, Fencing, Planting	Yes
Tree Surgery	Yes
Forestry Felling	No

4.2

Other Activities

Any other activities that You undertake that are not listed above must be disclosed in this box. You will not be covered for activities that are not disclosed.

Hedge Cutting

4.3

Qualified /Accredited

Can you confirm that you and all employees and contractors working for you are experienced, qualified / accredited where and to the extent necessary to comply with local law, regulation and industry best practice; and that any trainee employees are supervised at all times

Yes

4.4

Asbestos

Can you confirm that you do NOT undertake any work that involves coming into contact with asbestos (other than where asbestos is discovered accidentally and immediately dealt with only by qualified licenced subcontractors)?

Yes

Building Contractor Contracts

4.5 Does the proposer undertake any building contractor contracts (for example new builds, extensions or renovations)?

No

4.6 Specific Hazardous Work

(a) Is any Rhododendron burning undertaken?	No
(b) Is any work, advice, design or specification undertaken with any of the following: - Demolition - Basement Construction - Swimming Pool Construction - Waste to energy - Underpinning - Cladding	No

5. General Questions

5.1

General Questions

Please read and answer the following questions carefully. If the answer is 'Yes' to ANY of these, please provide full details in the 'Additional Information' box at the end of this form, or separately if you prefer.

Have you or any individual involved in the business of the Proposer/Insured in a capacity listed in (1) to (5) below, being:

- (1) a director;
- (2) a business partner;
- (3) a family member;
- (4) an individual providing working capital or loan guarantees to this business; or
- (5) anyone else who plays a significant role in making decisions about how the Proposer/Insured is to be managed or organised; whether in relation to the business of the Proposer/Insured or any previous business or any other business in which you or they have been involved in any of the capacities listed in (1) to (5) above or in a personal capacity:

ever had a proposal for insurance declined, had special conditions imposed onto an insurance policy or had a claim rejected by an Insurer; No

ever been charged with or convicted of, or been involved in a company charged with or convicted of, a breach of the Health and Safety at Work Act or other legislation relating to employee safety and safe working practices, or been served with, or been involved with a company served with, an improvement order or a prohibition notice under such legislation; No

ever been declared bankrupt or been disqualified from being a company director; or
ever been subject to a recovery action or fines exceeding £25,000 by HM Revenue & Customs, or been involved in a company subject to such a recovery action or fines; or
ever been, or are currently a director or officer of a company which has been, declared insolvent or had a receiver or liquidator appointed or entered into arrangements with creditors in accordance with The Insolvency Act 1986, or had an Individual Voluntary Arrangement (IVA); or
ever been party to, or involved in a company which was party to, a Company Voluntary Arrangement (CVA); No

ever been convicted or have any prosecution pending or been given an official police caution in respect of any criminal offence other than motoring offences and any offences which are spent under the Rehabilitation of Offenders Act 1974, or been involved in a company subject to such a conviction, prosecution or caution; No

ever had any County Court Judgment(s) (CCJ) or Sheriffs Court Decrees entered against you or them, or been involved in a company against which such judgments have been entered; No

ever had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by you or which you have occupied at the time of such event. No

Financial Status And History Of The Proposer

5.2 Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

No

5.3

Work, Domicile & Registered in The UK, Channel Islands or Isle of Man

Is the Proposer **domiciled** and **registered** in and does the Proposer **only undertake work** within the United Kingdom, the Isle Of Man and the Channel Islands?

Yes

5.4 Northern Ireland

Does the proposer undertake any work in Northern Ireland?

No

6. Premises

Premises

6.1 Please list the full addresses of any Premises to be insured:
(If Property is not being insured, please still list the locations from which you trade)

Premises 1

Address Line 1:

Town/City:

County:

Postcode:

7. Insurance Products

2. Contract Works

7.2.1 Please complete the following table to detail the Contract Works and/or Contractors Plant cover you require.

Section	Sum Insured/Limit
Owned Plant Tools and Plant with a single article limit under £1,500. (Overall Limit of Liability to reflect 'as new' valuations)	£00.00
Owned Plant All other Plant with a single article limit equal to or over £1,500. (Overall Limit of Liability to reflect the cost of replacement with items of similar age, wear and tear)	£9,000.00
Owned Plant Harvesters and forwarders (Overall Limit of Liability to reflect the cost of replacement with items of similar age, wear and tear)	£00.00
Hired In Plant (State the Any One Occurrence/Accident Limit)	£00.00
Hiring Charges (estimate for the next 12 months) Hired in plant cover is not available unless this information is provided	£00.00
Continuing Hire Charges. This is automatically included where Hired In Plant is insured. You must ensure that the sum insured for Hired In Plant is sufficient to incorporate up to 3 months of Continuing Hire Charges.	
Employees Tools and Effects (Limited to £500 per Employee)	£00.00
Contract Works (State the Maximum Value of any one Contract) The maximum Contract Period is 12 months (Contact us if this is insufficient)	£00.00
Turnover (You must state estimated turnover if Contract Works cover required)	£00.00

3. Legal Liability

Employers Liability Limit

7.3.1 Please state the Limit of Indemnity required for Employers Liability (if required)

£10,000,000

Public & Products Liability Limits

7.3.2 Please state the Limit of Indemnity required for Public and Products Liability (if required)

£5,000,000

Wageroll, Turnover and Employee Number

Please complete the table below to detail:

- 7.3.3** (1) your estimate for turnover for the next 12 months
(2) your estimate for wageroll (including payments to labour only sub contractors) for the next 12 months
(3) the number of employees you have (including working directors, partners and labour only sub contractors)

Type Of Work Undertaken	Estimated Annual Turnover	Estimated Annual Wageroll	Number of Employees
Clerical (Non manual work) Employees		£30,000.00	
Landscaping Fencing and Planting	£30,000.00	£8,000.00	
Tree Surgery with Chainsaw use at Ground Level; and work involving Woodchippers or Stump Grinders).	£85,000.00	£16,000.00	
Tree Surgery involving climbing	£45,000.00	£11,000.00	
Tree Work at Ground Level and NOT involving use of Chainsaws, Woodchippers or Stump Grinders.	£00.00	£5,000.00	
Forestry Felling (Mechanised)	£00.00	£00.00	
Forestry Felling (Manual)	£00.00	£00.00	
Powerline Work	£00.00	£00.00	
Timber Sales	£00.00	£00.00	
Hiring Out of Plant	£00.00	£00.00	
Please state any other activities clearly and fully in the boxes below and show the relevant turnover, wageroll and employee numbers for each			
	£00.00	£00.00	
	£00.00	£00.00	
	£00.00	£00.00	

7.3.4

Risk Assessments

Do you undertake generic, site specific and covid-19 risk assessments and are these provided to, and confirmed by signature as seen and understood by, all employees and subcontractors?

Yes

7.3.5 Hazardous Locations

Do you undertake work in any of the following locations?

Towers	No
Steeple	No

Chimney Shafts or Well Shafts	No
Blast Furnaces	No
Dams	No
Canals	No
Viaducts	No
Bridges or Railways	No
Tunnels	No
Aircraft	No
Airports or aerodromes	No
Ships	No
Docks or harbours	No
Piers	No
Wharves	No
Breakwaters or sea walls or collieries	No
Mines	No
Nuclear or Chemical Works	No
Gas Works	No
Oil Refineries	No
Power Stations or Offshore Installations	No
Bulk Oil, petrol, gas or chemical storage tanks or chambers	No
Motorways	No
Reservoirs or Wells	No
Demolition Sites	No

Depth Work

7.3.6 Do you undertake work at depths exceeding 2 metres?

No

Health & Safety

7.3.7 Please answer the following questions regarding your work process and health and safety

Are all employees and contractors assessed for suitable qualifications, health and safety knowledge and practices and records kept of such? Yes

Are records kept of all training provided to employees and contractors? Yes

Can you confirm that no employee or contractor under the age of 18 years old is left to use power operated equipment unsupervised? Yes

Do all employees (and sub contractors under your supervision, direction or control) sign and date a document confirming that they have received and will wear personal protective equipment provided by you - or alternatively will provide their own? Yes

Are PUWER (Provision and Use of Work Equipment Regulations) complied with? Yes

Are LOLER (Lifting Operations and Lifting Equipment Regulations) complied with? Yes

7.3.8 Railway Work

Do you undertake work in or on railways?

Red Zones No

Green Zones No

7.3.9 Debris Burning

Do you undertake any burning of debris / waste materials?

Yes

Hired Out Plant

7.3.10 Do you hire out any plant or equipment?

No

7.3.11 BFSC's

Please answer the following questions in relation to bona fide sub contractors.

(a) Estimated payments You will make to bona fide sub contractors within the next 12 months. £00.00

(b) Do You direct, supervise &/or control any bona fide sub contractor work? No

(c) Do bona fide sub contractors ever work to a specification from You &/or do You sign off on their work? No

Bona Fide Sub Contractors – Different Scope Of Work

7.3.12 Will Bona Fide Sub Contractors undertake work that is of a type other than arboriculture?

No

7.3.13 HMRC Employers Reference Number

Company	ERN Status	ERN Number
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Out On A Limb Treecare
Ltd

All Employees Earn Less
Than The PAYE Threshold

6. Legal Expenses

Wageroll

7.6.1 What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)?

£66,000.00

7.6.2

Disputes, Prosecution, Activities

Have you, your Business or Employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

No

Redundancies

7.6.3 To the best of your knowledge and belief are any redundancies envisaged in your Business within the next 12 months?

No

7.6.4

Mergers/ Takeover

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

No

8. Claims History

8.1

Claims

Have you or any of your directors or partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner sustained any loss or damage or had a claim made against you during the last 5 years?

Please provide details of each/any such loss, damage or claim and also provide details of any incidents which might reasonably be expected to give rise to a future claim that would fall within the scope of the expiring or proposed insurance.

Click on the 'Add a Claim' button below.

None

9. Declaration

9.1

Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk, is a particular reason that has led you to seek insurance or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

Tool & Plant cover is for a woodchipper only.

DECLARATION

This Statement of Fact is a record of information provided by you or your broker, intermediary or agent acting on your behalf and any assumptions made about you and/or your business.

We assume that you have conducted reasonable searches for all relevant information held:

(a) within your business (including that held by your senior management and anyone who is responsible for your insurance); and

(b) by any other person (such as your broker, intermediary or agent or a person for whom cover is provided for by this insurance).

Information regarding the cover and sums insured that you have requested are included in the schedule and this Statement of Fact.

The information you have provided has been relied upon to calculate a premium and apply terms and conditions upon which insurance cover is offered.

WARNING

You must check all the information in the schedule and this statement of fact and tell your broker, intermediary or agent acting on your behalf immediately if any details are incorrect, incomplete or have been omitted. Failure to do so may mean that your insurance policy is not valid or that all or part of your claim(s) will not be paid.

If any changes in circumstances arise during the period of insurance please provide full details to the broker, intermediary or agent acting on your behalf.

