

## **RECOMMENDED PRACTICE FOR THE DISCLOSURE OF CLAIMS HISTORY**

### **MATERIAL DAMAGE AND BUSINESS INTERUPPTION INSURANCES**

In recognition of the need of those insurers who are asked to quote for business held by another insurer to have certain verified basic information regarding the claims experience for that business and the need for all concerned (i.e. both insurers and brokers) to have the same basic information, it is recommended that the enclosed forms (Parts 1 and 2) be used to provide such information. The forms are for completion by the holding insurer (a list of companies who have indicated their agreement to completing the forms is enclosed); they should be requested by the quoting insurers as an essential part of the brokers presentation of the case. The name of the completing insurer should be overprinted on each form.

### **THEFT, MONEY AND RELATED RISKS, ENGINEERING AND CONTRACT WORKS**

Similar forms (Parts 3,4 and 5) have been produced for the above classes. For convenience these are included in this document, together with a list of those insurers who have indicated their agreement to completing these forms.

\* Use of the recommended forms does not preclude individual insurers seeking additional information where they deem it necessary and in this event the onus for providing this additional information falls upon the broker.

\*The co-operation of the broker market has been obtained through the British Insurance Brokers' Association.

\*These procedures should be adopted whether or not a broker is involved.



**BUSINESS INTERRUPTION CLAIMS EXPERIENCE**  
Including those, part of a multi-class or combined policy  
(for risks with annual premium £5000 and above)

Name of Insured:

Registered Address:

Main ABI Classification:

Renewal Date:

LTA Expiry Date:

†Perils Insured:  
completed:

Date to which experience

Last five years' claims – 100% figure including adjusters fees but net of deductible or excess if any:-

POLICY YEAR	CLAIMS		TOTAL CLAIMS		DEDUCTIBLE/EXCESS APPLICABLE
	Paid	Outstanding	No.	Amount £	
	Amount £	Amount £			

Individual losses over £100,000 during last five years (included above)

YEAR	CAUSE†	ADDRESS	AMOUNT PAID /OUTSTANDING £

- |                |                      |                                   |
|----------------|----------------------|-----------------------------------|
| †F = Fire      | MD =Malicious Damage | I =Impact                         |
| A =Aircraft    | Eq =Earthquake       | IOV =impact Own Vehicles          |
| Exp =Explosion | S =Storm             | BOR =Balance of Risk              |
|                |                      | AD =Accidental Damage             |
| FI =Flood      | BP =Burst Pipes      | R&CC = Riots & Civil<br>Commotion |

Other (specify)

Any significant changes in cover during period.....

Where less than five years' experience, including the current year is available, name and address of previous insurer.....

Insurer compiling this experience.....Signature.....  
Branch Address.....Date.....

**THEFT, MONEY AND RELATED RISKS CLAIMS EXPERIENCE**  
Including multi-class, package or combined policy (for risks with annual premium £1,000 and above)

Name of Insured:

Registered Address:

Main ABI Classification:

Renewal Date:

LTA Expiry Date:

†Perils Insured:  
completed:

Date to which experience

Last five years' claims – 100% figure including adjusters fees but net of deductible or excess if any:-

POLICY YEAR	CLAIMS		TOTAL CLAIMS		DEDUCTIBLE/EXCESS APPLICABLE
	Paid	Outstanding	No.	Amount £	
	Amount £	Amount £			

Individual losses over £100,000 during last five years (included above)

YEAR	CAUSE†	ADDRESS	AMOUNT PAID /OUTSTANDING £

†Cause: Hold Up, Forcible and Violent Entry or Not Forcible and Violent Entry or other (specify)

Any significant changes in cover during period.....

Where less than five years' experience, including the current year is available, name and address of previous insurer.....

Insurer compiling this experience.....Signature.....

Branch Address.....Date.....

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**CONTRACT WORKS**  
**For risks with a Turnover above £2 million**

Name of Insured:

Registered Address:

Policy No:

Date to which experience completed:

Renewal Date:

Cover –

(a) in year prior to renewal

Contract Works	Limit	£
Construction Plant	Total Sum Insured	£
Is TSI new replacement value? *yes/no		
Temporary Buildings and Contents	Total Sum Insured	£
Hired in Plant	Sum Insured any one item	£
	Hire Charges	£
Public Liability	Limit	£

\*Delete as appropriate

**EXPERIENCE**

- 1) 100% figures including adjusters fees but net of excess/deductible
- 2) Excluding claims terminating with Nil payments
- 3) Where turnover/wages is not adjusted show 'E' against estimated figure
- 4) Give full details overleaf if varying Excess levels apply

**CONTRACT WORKS**

Policy Year	Turnover	Claims Paid		Outstanding Claims		Total Claims (Paid & Outstanding)		Deductible/excess Applicable £
		No.	Amount £	No.	Amount £	No.	Amount £	

**CONSTRUCTION PLANT (incl. Hired-in Plant) and Temporary Buildings and Contents**

Policy Year	Own Plant Sum Insured	Hired-in Plant Hiring charges	Claims Paid		Outstanding Claims		Total Claims (Paid & Outstanding)		Deductible/excess Applicable £
			No.	Amount £	No.	Amount £	No.	Amount £	

Construction Plant, Temporary Buildings and Contents experience \*is/is not included under Contracts Works Section

\*Delete as appropriate

**LEVELS OF VARIABLE EXCESS (WHERE APPLICABLE)**

Year	Contract Works			Plant		
	Major Perils*	Theft & MD	Other	Major Perils*	Theft & MD	Other

\*Major Perils = Storm, tempest, frost, water damage, subsidence, collapse

**PUBLIC LIABILITY**

Policy year	Turnover/wages (delete as appropriate)	Claims paid		Outstanding Claims		Total Claims (Paid and Outstanding)		Excess
		No.	Amount £	No.	Amount £	No.	Amount £	

Give details of any

1) Special features for restrictions of cover (e.g. defective design material or workmanship clause)

2) Individual losses over £10,000 forming part of the above:

Year	Description	Amount Paid/Outstanding £

Where less than five years experience, including the current year, is available, give name of previous insurer and branch address:

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Insurer compiling the experience .....Signature.....

Branch Address: .....Date.....

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