

# Professional Indemnity – Cladding

All questions must be answered. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

## 1. General Information

a. Name of Policyholder

b. Address of Principal Office

c. Date of establishment

d. Website address

e. Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

## 2. Cladding Information

- a. Has the Policyholder ever had any involvement in projects which have used an Aluminium Composite Panel (ACM) Cladding system?

For the purposes of this questionnaire, involvement includes, but is not limited to any activity involving; Advice, Design, Consultancy, Certification, Inspection, Installation, Sale, Specification or Supply of any Aluminium Composite Panel (ACM) Cladding system.

Yes  No

If you have answered "YES" to question 2. a., please complete Section 3. Additional Cladding Information.

## 3. Additional Cladding Information

- a. Have you undertaken any projects on buildings over 18m in height?

Yes  No

- b. Have any projects undertaken used combustible Aluminium Composite Panels?

Yes  No

- c. Have you been responsible for the Advice, Design, Consultancy, Certification, Inspection, Installation, Sale, Specification or Supply of any Aluminium Composite Panel (ACM) Cladding system chosen, including, whether you accepted this responsibility and sub-contracted this work to an independent third party?

Yes  No

d. With regards to any project that you have had any involvement in which has used an Aluminium Composite Panel (ACM) Cladding system, please provide full details of the project in the table below.

Project Completion Date	Name & Description of Project	Type of Building	Height of Building	Cladding Contract Value	Policyholder Role & Responsibilities	Cladding System (Please select from the table below)

## Cladding Systems

1.	Cladding system formed using ACM panels with an unmodified polyethylene core and a rigid polyisocyanurate foam (DCLG BS 8414 test no.1)
2.	Cladding system formed using ACM panels with an unmodified polyethylene core and a stone wool insulation (DCLG BS 8414 test no.2)
3.	Cladding system formed using ACM panels with a fire retardant polyethylene core and a PIR foam insulation. (DCLG BS 8414 test no.3)
4.	Cladding system formed using ACM panels with a fire retardant polyethylene core and a stone wool foam insulation. (DCLG BS 8414 test no.4)
5.	Cladding system formed using ACM panels with a limited combustibility filler with PIR foam insulation. (DCLG BS 8414 test no.5)
6.	Cladding system formed using ACM panels with a limited combustibility filler (category 1) with stone wool insulation (DCLG BS 8414 test no.6)
7.	Cladding system formed using ACM panels with a fire retardant polyethylene filler (category 2) with phenolic foam insulation. (DCLG BS 8414 test no.7)
8.	Any other Cladding system formed using a combination not listed above

<https://www.gov.uk/government/collections/grenfell-tower#fire-test-reports>

**3. d.** Continued

Project Completion Date	Name & Description of Project	Type of Building	Height of Building	Cladding Contract Value	Policyholder Role & Responsibilities	Cladding System (Please select from the table above)

# Declaration

**Please read carefully the following statement prior to signing where indicated.**

I/We declare that the statements and particulars in this Cladding Questionnaire are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Cladding Questionnaire, together with any proposal form and any other information supplied shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform the Insurer(s) of any material alteration to those facts occurring before the completion of the Contract of Insurance.

Signature of Partner / Director / Principal

Name:  Date:

Policyholder: