THAMES UNDERWRITING

Asbestos - Supplementary Questionnaire

Name of Insured:

Gen	eral	
•	How much of your turnover relates to work involving removal/handling of asbestos (approx %)?	%
•	Do you hold or have you ever held an asbestos licence issued by HSE? If Yes, provide details:	Yes/No
•	Do you only carry out work with asbestos that does not require a licence to be issued by HSE? Do you comply with your legal duties under the Control of Asbestos Regulations 2012? If No, provide details:	Yes/No Yes/No
Trai	ning	
•	Has adequate information, instruction and training been given to those employees who are liable to be exposed to to asbestos in line with the Control of Asbestos Regulations 2012? Do you carry our 'Refresher Training' each year to all appropriate workers? If No, provide details:	Yes/No Yes/No
Risk	Assessments & Planning the Work	
•	Do you carry out individual risk assessments for each site/workplace?	Yes/No
•	Do you prepare a plan of work that all employees are made aware of?	Yes/No
•	Does the plan of work include details of what to do if you uncover or damage materials that may contain asbestos? Are you aware of the requirements and procedures for reporting notifiable non-licensed work (NNLW)? If No, provide details:	Yes/No Yes/No
Pers	onal Protective Equipment (PPE)	
•	Is someone named as responsible for identifying and issuing PPE?	Yes/No
•	Have all employees been trained in the use of personal protective equipment including any respiratory protective equipment?	
•	Have all employees signed to acknowledge receipt of such equipment?	Yes/No
•	Is PPE provided to all employees in an efficient working order and maintained?	Yes/No
•	Do you follow HSE guidelines on the use, training & maintenance of personal protective equipment? If No, provide details:	Yes/No
Claims Have you ever had any previous claims or incidents relating to asbestos? If Yes, provide details		Yes/No
	itional Information ase provide any other material information below)	
Sign	ed: Position:	
NI -		
Nan	ne:	

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