

Excess of Loss - Public Liability Proposal Form



INTRODUCTORY STATEMENT:

Our acceptance of this risk is based on the information presented to us being a fair presentation of your business including any unusual or special circumstances which increase the risk and any particular concerns which have led you to seek insurance.

In the event of deliberate or reckless misrepresentation and/or non-disclosure of any unusual or special circumstances which increase the risk, we may void the policy.

Proposer Details

Proposer/Company Name

Trading Name(s)

Copmany Type

Contact Name

Correspondence Address

Policy Holder Type

Trade Information

Please provide details of your trade

Does the above description differ to your Primary Policy trade?

If the above anwer is Yes: Please type the trade to match your Primary Policy

Please provide your estimated annual turnover split as follows:

UK £

USA / Canada £

Rest of the World £

If Rest of the World entered: Please provide details of all turnover outside of the UK in the last 3 years split by country, Including

Public / Products Liability Claims

Within the last 5 years, have you or any of your Partners or Directors in connection with any business which you/ they have been involved had any Public / Products Liability losses whether insured or not or had any Public / Products Liability claims made against you?

Yes / No

If the above answer is Yes: Please provide details of all claims below, including: Date of Loss, Amount of Loss, Claim Status and Claim Details

Excess Layer Details

What is the ADDITIONAL Public Liability Limit required

£

Statement of Fact

Have you or any individual involved in the business of the Proposer/Insured in a capacity listed in A. to E. below, being:

- A. director;
- B. business partner;
- C. a family member;
- D. an individual providing working capital or loan guarantees to this business; and
- E. 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 A. to E. above or in a personal capacity ever:-

been declared bankrupt or are the subject of any current bankruptcy proceedings?

Yes / No

been disqualified from being a Company Director?

Yes / No

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 judgements have been entered?

Yes / No

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?

Yes / No

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?

Yes / No

had any insurance proposal declined, renewal refused, had any special or increased terms applied, had insurance cancelled midterm by Underwriters, had a policy declared void or claim repudiated?

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)?

been party to, or involved in a company which was party to, a Company Voluntary Arrangement (CVA)?

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?

If you have answered yes to any question above, please provide additional information

Would you like to provide any further information to enable us to underwrite this risk?

I confirm that I have answered the questions above accurately and completely to the best of my knowledge, information and belief.

I understand that if I do not tell you about changes or have provided incorrect information, the wrong terms and conditions may have been quoted and you may be entitled to:

- reject payment of a claim or a payment could be reduced, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

In some circumstances your policy might be invalid, and you may not be entitled to a refund of premium

Signature

Print name

Date

Please complete and sign this form and send it back to your Insurance Broker