

Liability Proposal Form



INTRODUCTORY STATEMENT:

You must answer all questions accurately and completely. You must provide us with all further information we request and any other information of which we should be made aware.

Client Details

Proposer/Company Name

Trading Name(s)

Do you currently hold this risk?

Yes / No

What is the renewal or expected start date of this policy

Company Type

Limited Company / Partnership / Sole Trader / LLP

How many full years have you been trading?

Correspondence Address

Additional Trading Addresses

Trade

<input type="text"/>

% of Turnover

%
%
%
%
%

The Business

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 losses whether insured or not or had any claims made against you?

Yes / No

If the above answer is Yes: Please provide details of all claims below, including:

Type of Loss, Date of Loss, Amount of Loss, Claim Status and Claim Details

Do you or any of your employees engage in the application of heat (other than catering) either on or away from your business premises?

Yes / No

If the above answer is Yes: Please provide details of the type and amount of heat work carried out away from the business premises

Do you or any of your employees handle, transport or work with any of the following: Radioactive substances or devices, explosives, asbestos, silica, toxic or hazardous chemicals, materials giving rise to dust of fumes, lifts, cranes, Hoists, slings, cradles, steeples, spires, pylons processes involving a noise level in excess of 85db or liquids (other than water) in volumes greater than 500 litres

Yes / No

If the above answer is Yes: Please provide details of any work involving the materials or processes above

Do you or any of your employees work on, manufacture or sell products used in aircraft, spacecraft, marine craft, offshore, in nuclear installations, oil or gas refineries or storage facilities, chemical or petrochemical works, safety critical parts, motor vehicles, railways, septic tanks, anaerobic digestion equipment or sewage treatment plants

Yes / No

If the above answer is Yes: Please provide details of any work in connection with the above

Do you design, give advice or prepare specifications in respect of any products supplied or contract?

Yes / No

If the above answer is Yes: Please provide details below:

Do you maintain rights of recourse/recovery against all of your suppliers?

Yes / No

Do you have a formal written Health and Safety policy appropriate to your activities?

Yes / No

If the above answer is No: Do you have less than 5 employees?

Yes / No

Have you carried out and documented risk assessments appropriate to your activities?

Yes / No

Are all risk assessments reviewed annually and communicated to all employees with evidence being retained that they have been read and understood?

Yes / No

Do you have a formal documented safety-training plan for employees which is appropriate to your activities?

Yes / No

Do all employees receive induction training when they start, which includes reference to the Health and Safety policy and a review of risk assessments?

Yes / No

Is a written record kept of all training received by employees?

Yes / No

Are any goods derived from the far east?

Yes / No

If the above answer is Yes: Please provide additional details of any advice or specifications provided

If you wish to disclose any additional information that you feel may be important to an underwriters' assessment of this risk please do so below:

NB: This WILL appear on documents

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 a County Court Judgement or Sheriff Court Decree?

Yes / No

had any County Court Judgement(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?

Yes / No

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)?

Yes / No

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

Yes / No

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?

Yes / No

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

Employers Liability

Do you require Employers Liability (£10,000,000 limit)

Yes / No

If Employers Liability is required:

What is the company's Employers Reference Number (ERN)? Please enter
"exempt" if this is not applicable

/

Please provide details below of additional companies insured under this policy:

Company Name	ERN	Principal/Subsidiary	Address

Estimated Annual Wagerolls

Clerical/Non Manual Principals

£

Clerical Employee's and Non Manual labour

£

Manual Principals

£

Drivers / Yardsmen

£

Woodworking machinists

£

All other employees/LOSC's working at your

£

All other employees/LOSC's working away from

£

Number of Persons working within the company at any one time

If the Insured is a sole trader with no employees please enter 1 in the Manual Principals / Directors question

Clerical Principals/Directors

Manual Principals/Directors

Clerical Staff

Manual Staff/LOSC's

Do you want to include cover for temporary employees (up to 50 man days per year)?

Yes / No

Public / Products Liability

Public Liability limit required (£1m/£2m/£5m/£10m)

£

Is Products Liability cover required?

Yes / No

Estimated Annual Turnover

UK

£

USA / Canada

£

Rest of the World

£

If Rest of the World Turnover is entered, please list the countries and split in turnover:

Annual payments to bona-fide subcontractors

£

If payments to bona-fide subcontractors is over £0:

Do all Bona-fide subcontractors carry their own public liability insurance with the same or higher limit of indemnity as held by you?

Yes / No

If the above answer is No: Please provide details below:

Within an overall contract timescale, are all Bona-fide subcontractors able to decide what work to do, how and when to do the work and where to provide the services?

Yes / No

If the above answer is No: Please provide details below:

Do all Bona-fide subcontractors provide their own tools and materials?

Yes / No

If the above answer is No: Please provide details below:

Do all Bona-fide subcontractors regularly work for other clients (not only you)?

Yes / No

If the above answer is No: Please provide details below:

Do all Bona-fide subcontractors work under a contract of service as opposed to a contract of employment?

Yes / No

If the above answer is No: Please provide details below:

Legal Expenses

Do you require cover for Legal Expenses?

Yes / No

Policy Cover:

Our Commercial Legal Expenses package includes:

- Employment Disputes
- Employment Compensation Awards
- Employment Restrictive Covenants
- Tax Protection
- Property
- Legal Defence
- Compliance & Regulation
- Statutory Licence Appeals
- Loss Of Earnings
- Employees' Extra Protection
- Crisis Communication
- Contract & Debt Recovery

Tools Cover

Tools of Trade - Add great value protection for your Tools of Trade:

Please provide the **TOTAL** value of all portable tools, business equipment including portable electronic equipment and stock in trade

£

Specified Tools

Please list any tools over £1,000 separately below

Tool Description

Sum Insured

£ <input type="text"/>

Additional Notes:

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