



COMBINED LIABILITY INSURANCE PROPOSAL FORM

1. Full Name of Proposer
(Please show trading name and names of all subsidiary companies to be insured)

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2. Date Business Established

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3. Postal Address

Post Code	Tel No.

4. a) Addresses of All the Proposer's Business Premises

Address	Description e.g. Office, Factory	Approximate Age

- b)

Whether Owned, Leased or Rented	Whether Purpose Built	Single/Multi Tenure

5. Full Business Description

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6. Period of Insurance

From	To
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7. Cover and Limit Required

Employers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text" value="£10,000,000"/>
Public Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text" value="£"/>
Products Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text" value="£"/>

8. Does the Proposer have:

- a) A written Health and Safety Policy? Yes No
- b) A record of regular risk assessments Yes No
- c) A record of regular instruction and training sessions Yes No

9. Are the Ways, Works, Machinery and Plant of the Proposer properly fenced and guarded and otherwise in good order and regularly inspected to comply with Statutory Requirements? Yes No

10. Do any of the Proposer's premises have
 a) Railway sidings? Yes No
 b) Facilities for Loading, Unloading or Berthing of Watercraft? Yes No
 If Yes, please give details

11. Are any of the following used in connection with the Proposer's business?
 a) Woodworking or Power Driven Machinery Yes No
 b) Lifts, Cranes, Hoists or other Lifting Apparatus Yes No
 c) Slings or Cradles Yes No
 d) Any Other Mechanical Plant Yes No
 If Yes, please give details. Feel free to continue on extra sheets if required.

12. Does the Proposer use, handle, store or transport any of the following?
 a) Radioactive Substances or other sources of Ionising Radiation Yes No
 b) Explosive Substances Yes No
 c) Asbestos or Silica or Materials containing these substances Yes No
 d) Acids, Gases, Chemicals or other Toxic, Dangerous or Notifiable Substances Yes No
 e) Any materials giving rise to dust, fumes or vapours Yes No
 f) Any Flammable or Combustible Materials Yes No
 If Yes, please give details

13. Do any of the Proposer's activities involve or have any of their activities in the past involved exposure to noise levels exceeding 85 dB(A)? Yes No
 If Yes, please give details, including precautions to prevent impairment of hearing, and results of any noise surveys undertaken.

14. Does the Proposer discharge any hazardous waste products (e.g. chemicals, gases, radioactive substances, dust, fumes or vapours) into the atmosphere, sewers, waterways or elsewhere? Yes No

If Yes, please advise type of waste and give full details of:

a) Storage and Disposal Methods

b) Treatment of Waste

c) Disposal Licences Held

15. Is any manual work (other than collection/delivery) undertaken away from the Proposer's own premises Yes No

If Yes, please answer the following and give details

a) Does any of this work involve the application of heat? (e.g. use of welding, flame cutting equipment, blowlamps, hot air strippers) Yes No

- b) Any work on or at
- | | | |
|----------------------------|------------------------------|-----------------------------|
| i) Aircraft | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ii) Ships | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iii) Airports or Docks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iv) Offshore Structures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| v) Oil or Gas Refineries | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| vi) Chemical Works | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| vii) Nuclear Installations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, please give details

c) Maximum external working height above ground level

d) Maximum internal working height above ground level

e) Maximum working depth below ground level

f) Any work outside the United Kingdom Yes No
If Yes, please state wages applicable, work undertaken and territories involved

16. Does the Proposer hire plant in or out Yes No

If Yes, please state contract conditions, details of plant, and annual hiring charges

- a) Hired in
- b) Hired out

17. **HOW** does the Proposer ensure that any sub-contractors they employ (other than labour only sub-contractors) hold and maintain adequate liability insurance with an indemnity limit at least as high as their own?

18. Does the Proposer enter into any contracts or agreements with any customers, suppliers or sellers which may affect your liability under statute or common law? Yes No
If Yes, please supply copies of contracts or agreements

19. Does the Proposer design, give advice or prepare specifications
a) For a fee? Yes No
b) In connection with products supplied? Yes No
If Yes, please give details, including products involved, design staff qualifications and experience

Questions 20-29 must be answered if Products Liability cover is required. Please attach copies of any catalogues, brochures or other descriptive literature.

20. Are any products supplied by the Proposer that they do not manufacture? Yes No
If Yes, do you
a) Retain rights of recovery against the manufacturer? Yes No
b) Alter, adapt or change any products? Yes No
If Yes, please give details including product, use, source of supply and type of alteration, adaptation or change

21. Give details of imported products including source and use

22. Give details of any products used:-

- a) In air or space craft
- b) In marine craft
- c) Offshore
- d) In nuclear installations

23. Does the Proposer provide any services or treatments other than the supply of products? Yes No
If Yes, please give details

24. Are any of the Proposer's products supplied directly, or to their knowledge indirectly, to the USA or Canada? Yes No
If Yes, please give details

25. Have any of the Proposer's products previously been supplied directly, or to their knowledge indirectly to the USA or Canada? Yes No
 If Yes, please give details and turnover applicable to each of the last 3 years

26. Are there any other goods previously but no longer supplied by the Proposer which are likely to be still in use on the market? Yes No
 If Yes, please give details

27. Are any of the goods known to be potentially harmful to health or require any hazard warning? Yes No
 If Yes, please give full details and attach particulars of safeguards, warnings, instructions for use and terms of sale

28. Give details of the Proposer's quality control procedures

29. Does the Proposer have any representation outside the U.K.? Yes No
 If Yes, please give details and state territories involved

Details of Product	Whether Manufactured, Imported, Wholesaled, Repaired, Installed

30. Annual Turnover £
 Split if applicable
 UK £
 Exported to USA/Canada £
 Exported to Elsewhere £
 Please State:

31. a) Has the Proposer ever been prosecuted under the factories act, Health and Safety at Work Act, the Consumer Protection Act or any other Statutory Regulations? Yes No
 b) Has the Proposer, or any of their Business Partners or Directors, ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence? Yes No
 If Yes, please give full details including dates and outcome

32. Has the Proposer or any of their directors or partners been involved in any other business in the last 5 years? Yes No
 If Yes, please give details

33. Give name of existing insurer

34. Has any insurer ever

a) Declined to offer Insurance to the Proposer? Yes No

b) Cancelled or refused to renew the Proposer's policy? Yes No

c) Required an increased premium or imposed special terms? Yes No

If Yes, please give details

35. a) Give details of all claims or incidents over the last 5 years (state 'NONE' if none)

Employers Liability					
Year	Manual Wage	Paid Claims		Outstanding Claims	
		No.	Amount	No.	Amount

Public/Products Liability					
Year	Turnover	Paid Claims		Outstanding Claims	
		No.	Amount	No.	Amount

b) Give details of

i) Any industrial deafness or disease claims

ii) Any claim paid or outstanding costing or estimated at £10,000 or more

36. Please complete the following schedules

Description of All Employees	Estimated No.	Estimated Annual Wage Salaries and Payments	
		At your Premises	Away from your Premises
Clerical and Managerial Employees who do not work Manually			
Woodworking Machinists and their Labourers			
All other Direct Employees			
Labour only sub-contractors e.g. self employed persons, labour hands			
Employees using welding, flame cutting equipment, blowlamps or other equipment for the application of heat			
All others (please specify)			
Payments to bona-fide (supply and fix) Sub-contractors			
Proposer's own Remuneration if working manually in the business			

DATA PROTECTION

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time).

In the course of providing insurance services to the proposed insured/insured, the insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the insurer (whether such disclosure is made directly by the proposed insured/insured to the insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the insurer). The insurer shall be the Data Controller of any Personal Data provided to it.

The insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the insurer

The insured acknowledges that the insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Services Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

I/We declare that to the best of my/our knowledge and belief the above statements and particulars, whether written by me/us or on my/our behalf, are true and complete and that I/We have not mis-stated or suppressed any materials facts. I/We agree that this proposal and declaration, together with any information supplied to me/us, shall be the basis of the contract between myself/ourselves and the Underwriters, and I/We agree to accept the Underwriter's standard form of policy for this class of insurance.

Signed	Date
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Position in Company

IMPORTANT: Material facts are those facts which are likely to influence the acceptance or assessment of this Proposal and it is essential that you disclose them. If you are in doubt whether a fact is material then for your own protection you should disclose it since failure to do so could invalidate your insurance.