

Combined Liability Proposal Form

1. Full name of the Insured (including the name of all subsidiary companies):

2. Date Business established:

3. Period of Insurance

4. Business Address (if more than one location, please state all premises – use an additional schedule if necessary):

5. Full business description (please outline all activities undertaken by the Business and/or all facilities offered by the Business and/or any Products that you Manufacture, Sell, Process, Repair, Alter, Test, Treat or Supply):

6. Trade Association Membership (please state if you are a member of any trade associations and list them below):

7. Employers Liability. Please provide the estimated gross waggeroll for your staff below and total number of employees:

Clerical and managerial £.....

Manual staff at your premises (please specify) £.....

£.....

Work away from premises (please specify) £.....

£.....

Others (please specify) £.....

8. Public/Products* Liability (*Please delete as appropriate)

Limit of Indemnity required: £.....

Estimated gross turnover UK: £.....

Elsewhere (please specify) £.....

USA/Canada £.....

9. Do you use concessionaires / Bona Fide Sub-Contractors? YES NO

If "YES", please state details in the box below and please also confirm that they have their own Employers' Liability & Public / Products Liability policies in place, with limits of Indemnity for not less than your own policy and that this is checked prior to any work taking place? You will need to prove this in the event of any claim taking place. YES NO

10. If you are a provider of goods, are any of the products or parts thereof provided by third parties? YES NO

If "YES", please state the origin of the product and/or your supplier.

11. Do you retain the rights of recovery against manufacturers and suppliers of goods, materials and services? YES NO

12. With regard to goods supplied, are records kept, for a minimum period of 10 years from the date of supply, which identify the customer to whom individual products or products have been sent to and also the source of components or raw materials used there? YES NO

If "NO", please advise to what extend records are kept

13. Will you handle, use, store or transport any of the following in connection with your business:

a) Industrial Dusts of a known harmful nature (e.g. silica, asbestos or substances containing asbestos)? YES NO

b) Acids, gases, explosives, radioactive or other substances which may be dangerous or harmful to health? YES NO

If "YES" to either of the above, please provide full details

14. Do or could your activities result in the escape or discharge of any toxic or pollutant substances? YES NO

If "YES", please provide full details:

15. Have you entered into any contract which imposes upon your liability for which you would not have otherwise been responsible? YES NO

If "YES", please provide full details:

16. Do you undertake work at height? YES NO If "YES", please state metres:

17. Do you undertake work at depth? YES NO If "YES", please state metres:

18. Do you undertake any heat work? YES NO If "YES", please state percentage:

19. Do you undertake work at any of the hazardous premises below: (If yes, please attach contract details)

a) docks, harbours, railways, piers or wharves? YES NO

b) chemical or petrochemical works, oil or gas refiners or storage facilities? YES NO

c) airports or airfields? YES NO

d) power stations, nuclear power stations? YES NO

e) waste, recycling or scrap yards, centres and plants? YES NO

f) any installation where nuclear processing is undertaken? YES NO

g) towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, tunnels, flyovers, dams, motorways, quarries, mines or collieries? YES NO

20. Do you undertake work involving:

- a) piling, ground stabilisation, underpinning or dewatering? YES NO
- b) roofing or scaffolding under separate contracts? YES NO
- c) water diversion, flood protection or sea defences? YES NO
- d) Any demolition work under separate contracts? YES NO

21. Health & Safety:

Do you have a written health and safety policy in place? YES NO

Does it cover:

- Risk Assessments: YES NO
- COSHH Assessments: YES NO
- Personal Protective Equipment: YES NO
- Manual Handling: YES NO
- Staff Induction/training: YES NO
- Workplace Inspections: YES NO

Please confirm you comply with the Health & Safety at Work Act 1974? YES NO

Please confirm you have a written emergency and/or evacuation plan in the event of say a bomb scare or fire. YES NO

Please confirm that you inspect your premises and equipment daily and any repairs are carried out immediately. YES NO

Please confirm that you have a maintenance program in place for your equipment, which is undertaken as per the manufacturers' instructions. YES NO

22. During the last five years has the Business or any Director or Partner, either in the name of the Business proposed or in the name of any other business in which you / they have had an interest, suffered a claim or loss or incident which could give rise to a loss (whether or not claimed for)? If "YES" please provide details: YES NO

Date	Circumstances	Paid	Outstanding
_____	_____	£ _____	£ _____
_____	_____	£ _____	£ _____

23. Has the Proposer(s), Partner(s) or Director(s) involved in the business or any other business ever:

- a) Had any proposal or insurance declined, cancelled, or refused or any renewal refused or any special terms or conditions imposed? YES NO
- b) Been convicted or charged (but not yet tried) for any criminal offence or police caution (other than a motoring offence)? YES NO
- c) Been subject of any County Court Judgment or the Scottish equivalent, declared bankrupt or insolvent or been disqualified from being a company director or been involved as Owner(s), Partner(s) or Director(s) with any company which went into receivership, administration or liquidation? YES NO
- d) Been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act, Consumer Protection Act, or any other legislation or regulation? YES NO

If "YES" to any of the above, please supply full details.

Declaration

I/We the undersigned declare that:

- I am/we are authorised by each of the Insured to sign this proposal form; and
- The above statements are correct, true and complete; and
- No information material to this Proposal Form have been withheld; and
- I/we understand that no insurance is in force until such time as the Insurer has confirmed acceptance of the contract of insurance; and
- I/we agree to immediately notify the Insurer of any material amendment to these facts and understand that no cover exists for such material amendments until such change has been approved by Insurers;
- I/we acknowledge that the insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance; and
- Except where indicated to the contrary, I/We understand that any statement made in this Proposal Form will be treated by the Insurer as a statement made by all persons to be insured.

Signed.....

Date.....

Position in Company.....

Website Address of Business: www.