

LIABILITY RENEWAL FORM

Please read the following questions carefully and answer them all providing additional information where required. Should you require more space please provide answers on a separate sheet of paper, clearly highlighting the question number. Answer the questions using BLOCK CAPITALS and tick boxes where appropriate.

1. PROPOSERS DETAILS

Full Name of Proposer

Premises Address

Policy Number

Full Business Description

2. EMPLOYERS LIABILITY

Please estimate wages & salaries for the next 12 months including directors & labour only sub-contractors.

	No. of Staff	Estimated Wages/Salaries
Clerical Staff	<input type="text"/>	<input type="text"/>
Manual Staff	<input type="text"/>	<input type="text"/>

Please state the type of Manual Staff:

3. PUBLIC LIABILITY

Please state the limit of indemnity required:

Please state estimated turnover in the next 12 months:

Do you undertake any work away from the premises stated above ?

YES

NO

If YES please state where and the nature of the work:

4. CLAIMS

During the last 5 years have you suffered any loss for Employers, Public or Products Liability or have any incidents occurred that could have resulted in a claim against you?

YES

NO

If YES please state full circumstances including details of any reserves or payments made:

5. MATERIAL FACTS

All material facts must be disclosed a material fact is one which may if known to the underwriter, may influence him in his underwriting of the risk proposed.

6. DECLARATION

I/We understand that failure to disclose any material facts which would influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the possibility in every respect.

I/We hereby agree and accept that this Declaration shall be the basis of the renewal contract between both parties if entered into.

I/We hereby warrant that I/We have full authority and capacity to sign on behalf of, and the bind, the Proposer.

SIGNATURE

POSITION

NAME

DATE