

Public Liability Insurance Proposal Form

Proposers Details	
Name of Insured/Proposer	
Business Name	
Address	
Postcode	
Phone	
Email Address	
Web address	

Which Insurance is required?	
Public Liability	
Products Liability	
Employers Liability	
Your Employer's Reference Number (ERN)* (*commonly referred to as your Employer's PAYE Reference)	

Please provide a description of your Business

Date business established

Please give details of your larger contracts in hand or for which you are tendering

Who Is Your Contract With?	Contract Value	Wages	Period	Description of work

Please provide all details (if any) relating to

Wood work machinery –

Lifts, hoists and cranes –

Other fixed machinery and plant –

Mechanical plant other than fixed machinery –

Are your ways, works, machinery and plant properly fenced and otherwise in good order and regularly inspected to comply with statutory requirements (where necessary)?

Do you carry out contracts involving any of the following

- | | | |
|-------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Welding or cutting plant or other equipment involving the application of heat away from your premises | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Radioactive substances or devices | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Explosive Substances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asbestos, silica or materials containing these substances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Toxic or hazardous chemicals | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any materials giving rise to dust or fumes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Processes involving a noise level in excess of 85db | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work outside the United Kingdom | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work in, on or about Aircraft / Airports | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work in, on or about Vessels, Dams, Reservoirs, Docks or Harbours | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work in, on or about Offshore Installations, Oil Refineries, Oil, Gas or Petrol Storage Depots | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work in, on or about Nuclear Installations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work in, on or about Railways | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Underground or Underwater Work | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Tank Cleaning, Steel Erection, Scaffolding or Demolition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work at a height exceeding 10 metres or at a depth exceeding 1 meter | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

***If you have answered Yes to any of the above questions, please provide some details:**

Have you ever been prosecuted under the Factories Act, the Health and Safety at Work act, the Consumer Protection Act or any other Statutory Regulation?

Yes No

If Yes, Please Provide Details

Current Liability Limit Required Liability Limit (If Different)

Current Insurers

Has any previous insurer Declined your proposal? Yes No

Cancelled or refused to renew your insurance Yes No

Required an increase in premium or imposed special terms Yes No

Previous Claims History

Please provide details relating to any claims in respect of Employers Liability or Public Liability Claims over the past 5 Years. Please include any industrial disease claims:

Date of Loss	Settled (£)	Outstanding (£)	Details

Please provide details of wage roll

Description of Persons	Number of Persons	Estimate of annual payments to all employees and other persons	
		Working on your premises	Working away from your premises
Clerical, Commercial Travellers and Managerial Employees who do not work manually			
Wood Working Machinists and their Labourers			
All other Direct Employees			
Labour Gangs, Labour only Sub-Contractors and Self Employed persons for labour			
All other Sub-Contractors (Bona-Fide)			
Proposer's own remuneration if working manually in the business			

N.B. The term "payments to all employees" means the total wages, salaries and earnings without any deductions in respect of National Insurance, Income Tax, Holiday with pay or Contributory Pensions.

Financial Status

Please provide details / estimates relating to your Gross Annual Turnover. Complete all that apply.

	Turnover For Last Financial Year	Estimate Turnover For This Year	Estimate Turnover For Next Year
United Kingdom	£	£	£
European Union	£	£	£
USA and Canada	£	£	£
World Wide Excluding USA and Canada	£	£	£

General Details

Have you, your Directors, Partners or family members involved with the business or any other business ever:

Been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation?

Yes No

Been convicted or charged (but not yet tried) or been given an Official Police Caution, in respect of any criminal offence?

Yes No

Been the subject of any County Court Judgements or Sheriff Court Decrees?

Yes No

If you answer **Yes** to any of the above, please provide details on an additional sheet

Additional Material Information

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor)

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(NB: A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor).

I understand that signing this proposal form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this form and the statements made therein shall form the basis of the contract.

Signature of Principal/Partner/Director

Date

Please note: Unless dated this Proposal will not be valid

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