

PROPOSAL FORM Contracting and General Liability



Contact Name _____

Business / Trading Name _____

Business Address _____

Postcode _____

Date Business Established
(or Years Experience if a Sole Trader) _____

Fully describe the business activities undertaken (if possible give % of types of work)

Renewal Date _____

Employers Liability Limit Required £10,000,000

Public / Products Liability Limit Required _____

Tools & Transit cover required? Yes No

If Yes, Limit per Incident £ _____

Please provide details of estimated numbers and annual gross payments to the following

	Number	Payments (£)
Clerical Including non-manual Principals / Directors	_____	_____
Direct manual employees	_____	_____
Labour only sub-contractors	_____	_____
Manual Principals/Directors	_____	_____
Bona-fide sub-contractors	_____	_____

Please provide annual turnover

Category	Estimated Turnover (£)
Within the UK only	_____
Within the USA and/or Canada	_____
Elsewhere in the world	_____

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Do you carry out any work involving the use of heat away from your premises? Yes No

If Yes, clarify type (e.g. soldering, hot air, guns, blow lamps, welding or flame cutting equipment)

What percentage of your overall work away does heat work represent? %

Please state the maximum height in metres worked at: m

Please state the maximum depth in metres worked at: m

Is any work undertaken outside the UK? Yes No

If Yes, please state

Where work is undertaken:

% of turnover relating to this work %

Are foreign nationals employed? Yes No

Is work undertaken:

Using or handling of substances/goods known to be hazardous to health?

(including but not limited to asbestos, explosives, gases, chemicals, radioactive substances) Yes No

At any hazardous locations?

(hazardous locations are defined as docks, harbours, railways, watercraft, offshore gas or oil installations, chemical/petrochemical works, oil/gas refineries, aircraft/airports or airfields, power stations, nuclear power stations, nuclear processing installations, towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, flyovers, dams, motorways, quarries, mines or collieries)

Yes No

At noise levels exceeding 85 db?

Yes No

By direct employees or labour only sub-contractors involving the erection of scaffolding or roofing work?

Yes No

If Yes to any of the above provide full details

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Do you have a Health & Safety policy statement that is reviewed annually? Yes No

If Yes, is it distributed to each employee and/or sub-contractor? Yes No

If applicable do you check that bona-fide sub-contractors carry the same level of Employers, Public and Products Liability cover as yourselves? Yes No

Have you or any Principals or Directors in the business or any company in which you or such Principal or Director have or had an interest:

Ever had a proposal refused or declined or had an insurance cancelled, renewal refused or had special terms imposed? Yes No

Any convictions or criminal offences or prosecutions pending other than motoring offences? Yes No

Ever been declared bankrupt, the subject of bankruptcy proceedings, insolvency, winding up? Yes No

Ever been prosecuted or awaiting intended prosecution under any Health & Safety Work Act? Yes No

If Yes, provide details

Have you or any Principals or Directors in the business or any previous company in which you were involved suffered any liability or tools & transit claim, loss or incident during the last 5 years whether insured or not? Yes No

If yes, provide details below:

Cover (Public Liability Employers Liability Etc)	Date of Loss	Details	Settled Claims Amount Paid	O/S claims estimated cost

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Notes

Some or all of the information which you supply to Affinity Select Insurance Services Limited in connection with the insurance will be held by ourselves on computer. Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of Insurance. The insurance does not come into force until your Proposal has been accepted by Affinity Select Insurance Services Limited.

Non Disclosure Warning

Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your proposal. Failure to do so will entitle the Insurer to avoid any insurance granted. Please mention such facts or if you are in doubt refer to your Insurance Adviser.

Declaration

I/We declare that to the best of my/our knowledge and belief all statements made with regard to this proposal form are true and I/We agree that this proposal form shall be the basis of the contract for the Insurance to be expressed in the usual terms of the policy issued.

I/We consent to the seeking of information from other Insurers to check the answers. I/We have provided and I/We authorise the giving of such information for such purposes.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Proposer(s) Signature(s)

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Date

.....

Broker

Affinity Select Insurance Services Limited

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Contact Name

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Telephone Number

01825 745 410

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Fax

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Email Address

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