

Liability Proposal Form

Instructions

- Please provide a full answer to every question.
- A Partner/Director/Principal must sign and date this form and any separate sheets on behalf of the firm having consulted to ensure that the answers given are true and complete.

Proposer Details

Please note: If there are additional Insured's that cover is required for under this policy, you should answer all questions on this proposal form in relation to all parties to be insured under this policy.

Company Name: _____

Address (including associated or subsidiary companies) requiring cover under this policy: _____

Telephone No: _____ Contact Name: _____
 Mobile No: _____ Email Address: _____
 Employers Reference Number (ERN): _____ Date business established: _____

Please provide a description of your business activities: _____

Do you handle asbestos? Yes No
 Do you use the application of heat? Yes No
 Do you work at heights exceeding 15 meters? Yes No

Please provide details of your estimated turnover for the forthcoming year: _____

Annual cost of materials purchased £ _____
 (e.g this is the amount that you spend on buying materials on behalf of your customers)

Charges made by you for Hire Only £ _____
 (eg the amount you charge annually to your customers for the hire of equipment such as scaffolding)

Please categorise your business activities and advise the percentage of your turnover each activity represents:

Domestic		
Commercial		
Industrial/Agricultural		
		100%

Do you currently have a Liability Insurance policy in force? Yes No

If Yes, please advise the Insurer: _____ Renewal Date: _____

Premium: _____ Trade Member: _____

Please indicate the level(s) of indemnity you would like us to obtain quotations for:
 £1,000,000 £2,000,000 £5,000,000 Other: £ _____

Is Employers Liability Required Yes No

Please give details of your estimated wage/payments for the forthcoming year:

Direct Wages		Amounts (£)	Number of Person's
	Manual Directors		
	Clerical Directors		
	Clerical / Admin		
	Manual Paye		
	Drivers / Yardsmen		
Sub Contractors	Labour Only Sub Contractors		
	Bona Fide Sub Contractors		

Do you currently;
 Have a full Health & Safety Policy within your business Yes No
 Document, retain method statements and undertake risk assessments Yes No
 Undertake staff training / tool box talks Yes No

Do you require Contractors 'All Risks' Cover? Yes No

If yes please provide details of your estimates for the forthcoming year:

Maximum contract period		Average contract period	
Projected turnover for the forthcoming 12 month period	£	Maximum contract price	£
New replacement value of plant and equipment	£	Current market value of all plant and equipment	£
Projected hiring charges for the forthcoming 12 month period	£	Value of hand held tools	£
Number of properties working on at any one time		Average value of each premises	£

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? Yes No

Has any claim, or are you aware of any circumstance that may give rise to a claim, whether successful or not been made against you or your predecessors in business or any past or present principal, partner, director or employee (whether insured or not) in the last 10 years? Yes No

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed

Title
 (to be signed by Partner, Director or Principal or equivalent)

Date

If you have ticked any shaded boxes please give full details on a separate piece of paper