LIABILITY GENERAL PROPOSAL FORM

|  |  |
| --- | --- |
| Proposer’s Name (in full):  Business Address:  Web Site Address:  Trade or Business:  Full Description of Activities:  What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, Treat or Supply? |  |

Please answer all the following questions carefully.

In order to avoid delay it is important no blank spaces are left.

Answers may be continued on a separate sheet of paper if designated space proves insufficient.

**General**

|  |  |  |
| --- | --- | --- |
| 1. How long have you been trading 2. On your present premises 3. On any other premises?   Are your premises in a good state of  Repair and regularly maintained?  If not please provide details | Yes/No | |
|  |  |  |
| 1. Do you have ISO 9002 or similar accreditation   If so please state details | Yes/No | |
|  |  |  |

|  |  |
| --- | --- |
| 1. Are you at present insured, or have you ever been insured, in respect of the classes of insurance now proposed?   If so please state the name of insurer: | Yes/No |

|  |  |
| --- | --- |
| 1. Has any insurer ever declined your proposal, cancelled or declined to renew your policy or imposed special terms?   If so please provide full details.  Has any product, work or location been excluded from any previous insurance cover or uninsured or self insured?  If so please provide full details | Yes/No    Yes/No |

|  |  |
| --- | --- |
| 1. Have you or any director or partner ever been 2. Convicted of or charged (but not yet tried) with any criminal offence? 3. On any other premises? 4. Prosecuted under the Health and Safety Act or any other statute or regulation?   If you have answered Yes to any of the above please provide full details. | Yes/No  Yes/No  Yes/No |

|  |  |
| --- | --- |
| 6. Remarks on any special features of the risk: |  |

|  |  |
| --- | --- |
| 7. Please circle/state the limits of indemnity required for:   1. Employers Liability 2. Public/Products Liability | a. £10m  a. £1m b. £2m c. other £ |

|  |  |
| --- | --- |
| 8. Please estimate the following for the period of insurance proposed:  Clerical and Managerial (non Manual):  Manual staff working on premises only (please describe)   * Height Work * Woodworking   Staff working away from premises (please describe)   * Heat Work   Gross turnover: U.K.  Europe  Elsewhere | **Estimated Wages and other earnings**  £  £  £  £  £  £  £  £ Turnover £  £  £ |

9. Claims experience during past Five Years:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employers Liability (inc entries in your accident book) | | | | | | | | | |
|  | | | | Claims | | | | | |
|  | | | | Paid | | Outstanding | | Total | |
| Year | Total Wages | | Accident Book  No | No | Amount | No | Amount | No | Amount |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |
| Public and Products Liability | | | | | | | | | |
|  | | | | Claims | | | | | |
|  | | | | Paid | | Outstanding | | Total | |
| Year | | Total Wages | | No | Amount | No | Amount | No | Amount |
|  | |  | |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |

**Employers Liability**

|  |  |
| --- | --- |
| 10. Please provide full particulars of any of  the following used by your business   1. Woodworking machinery 2. Other power-driven machinery 3. Lifts, cranes, hoists or the like |  |

|  |  |
| --- | --- |
| 1. Are your ways, works, machinery, and plant properly fenced, guarded and in good order and condition?   If not, please specify with explanations. | Yes/No |

|  |  |
| --- | --- |
| 1. Do any of your employees work on or visit: 2. Offshore installations? 3. Ships, other water-borne vessels and/or aircraft?   If so please provide full details. | Yes/No  Yes/No |

|  |  |
| --- | --- |
| 1. Do any of your employees work overseas?   If so please provide full details. | Yes/No |

|  |  |
| --- | --- |
| 1. Do any of your employees work away apart from collection/delivery?   If so please provide full details. | Yes/No |

|  |  |
| --- | --- |
| 1. Please state maximum height/number of storeys worked at by any manual employees.   Please state maximum weight of any  products manufactured/worked upon. |  |

|  |  |
| --- | --- |
| 16. Are any of your employees exposed to noise levels above 85db?  If so what provisions are made to protect employees? | Yes/No |

|  |  |
| --- | --- |
| 17. Are any of your employees exposed to chemicals or other toxic or carcinogenic substances which are known to be associated with conditions such as dermatitis, cancer, asbestosis or respiratory problems etc.?  If so please provide full details (including any preventative measures taken.) | Yes/No |

|  |  |
| --- | --- |
| 18. \* Have any of your employees complained of repetitive strain injury or pain in their upper limbs?  If so please provide full details (including any preventative measures taken) | Yes/No |

\* Please complete the attached Questionnaire even if answer was “No”

|  |  |
| --- | --- |
| 19.\* Have any of your employees complained of stress ?  If so please provide full details (including any preventative measures taken) | Yes/No |

\* Please complete the attached Questionnaire even if answer was “No”

|  |  |
| --- | --- |
| 20. Do you permit smoking at work?  If so where? | Yes/No |

|  |  |  |
| --- | --- | --- |
| 21. Do you have a written H & S Policy  Does it cover:  Risk Assessments  COSHH Assessments  Personal Protective Equipment  Manual Handling  Staff/Induction Training  Workplace Inspections  Are you complying with and will you continue to be able to comply with the EC 1992 directives on Health and Safety at Work (‘Six Pack’)?  If not, please give full details of your proposed program of implementation.  Are you aware of the Control of Asbestos at Work Regulations 2002?  Do you own or occupy any buildings that were built before 1986?  Are you complying with the requirements of the Control of Asbestos at Work Regulations 2002?    If yes, summarise the action that you are taking: | Y | N |

**Public Liability**

|  |  |
| --- | --- |
| 22. Do you or have you in the past  discharged trade waste chemicals  effluent fumes or anything of a noxious  nature into water (inc sewers/drains)  land or the atmosphere?  If so please provide details  Do you process, handle or store any  Industrial materials that are toxic  Explosive flammable or corrosive?  If so please provide details | Yes/No |

|  |  |
| --- | --- |
| 23. Are you aware of any risks to any third  party persons or property arising out of  pollution or contamination which may  occur on or from the premises?  If so please provide details | Yes/No |

|  |  |
| --- | --- |
| 24. Do you check to ensure that all Bona-  Fide Contractors have their own Public  Liability Insurance with an adequate  Limit of indemnity and an indemnity to  Principal clause? | Yes/No |

**Products Liability**

|  |  |  |
| --- | --- | --- |
| 1. Please provide a percentage split in your expected annual turnover between:   Do you retain all rights of recourse against Manufacturers/suppliers? | Goods Imported from within the EEC | Goods imported from outside the EEC |

|  |  |
| --- | --- |
| 26. Do you supply any products for nuclear  petrochemical pharmaceutical aviation  motor marine or any other high risk  industries?  If so please provide details | Yes/No |

|  |  |
| --- | --- |
| 1. Do all products manufactured/supplied   by you comply with all relevant  European CE, British BS or other  standards?  If no please provide details  Have any of your Products been subject to  Recall?  If yes please provide details | Yes/No  Yes/No |

|  |  |
| --- | --- |
| 1. Do you plan to manufacture/supply any new products in the next 12 months?   If Yes please provide details | Yes/No |

|  |  |
| --- | --- |
| 1. Have you exported any goods to North America in the last 10 years?   If Yes please provide details | Yes/No |

Please supply any further information you may feel may be of use on a separate sheet of paper

**E.U. Disclosure Clause (U.K.)**

Notice to the Proposer/Insured

The Parties are free to choose the law applicable to this Insured Contract. Unless specifically agreed to the contrary this insurance shall be subject to the English Law.

**Declaration**

**I/We hereby declare that the above statements and particulars which We/I have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers and that should the above particulars alter in any way I/We will advise the Underwriters immediately. I/We have not suppressed, misrepresented or mis-stated any material fact and have fairly estimated our Wages and Salaries expenditure and Turnover and agree that this proposal shall hold promissory and form the basis of the contract between me/us and the Insurers. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Insurers refusing to provide indemnity or voiding the policy in every respect. I/We the undersigned agree to render, at the end of each period of insurance, declarations in the form required by the Insurers and to pay any additional premium due in excess of the amount estimated.**

Date of Proposal Signature of Proposer