towergate
underwriting

Liabilities
Proposal Form

www.towergate.co.uk

IMPORTANT INFORMATION

Your insurance contract will be prepared based on the information supplied by you, which is shown on this Proposal. To the best of your knowledge and belief, you must be satisfied the information is correct.

It is important that you let us know about anything that could influence the insurers attitude to your proposal.

PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS

Your Personal Details

Proposer's Full Name: (including any subsidiary companies to be covered)

Address of Premises:

Postcode:

Telephone No: Fax No:

Address for correspondence (if different):

Postcode:

Telephone No: Fax No:

E-mail address:

Business (please describe fully):

Your Business established): (If new detail Partners'/ Directors' experience)

Directors/Partners full names (where not shown):

Date on which insurance is to commence: / /

Renewal date (if not 12 months from commencement date) / /

Cover Required

(please tick)

Section A	Employer's Liability	Yes ☐	No ☐
Section B	Public Liability	Yes ☐	No ☐
Section C	Products Liability	Yes ☐	No ☐

Section A Employer's Liability

Legal liability for damages, costs and expenses in respect of accidental bodily injury to employees.

Standard Limit of Indemnity £10,000,000 any one claim

1. Estimated annual wages, salaries and all other payments for the next twelve months £
2. Description of employees, including any person supplied to hired or borrowed

PAYMENTS

(a) Clerical and managerial employees not engaged in manual labour £

(b) All other employees (please describe activities) £

£

(c) Labour only sub contractors £

(d) Bona Fide sub contractors £

Section B Public Liability

Legal liability for damages, costs and expenses in respect of accidental bodily injury to any person or for accidental loss of or damage to property.

3. Limit of Indemnity required any one occurrence (Please tick)

   £2,000,000 ☐ £5,000,000 ☐ Other amount. Please specify £

4. Estimated annual turnover in the next twelve months split, if applicable

   a) United Kingdom £
   b) Europe £
   c) Worldwide (ex USA/Canada) £
   d) USA/Canada £

   TOTAL £

Section C Products Liability

Legal liability for damages, costs and expenses in respect of accidental bodily injury to any person or for accidental loss of or damage to property caused by any products supplied or worked upon.

5. Limit of Indemnity required any one occurrence and in the aggregate (Please tick)

   £2,000,000 ☐ £5,000,000 ☐ Other amount. Please specify £

Business Questions

(please tick)

6. Do any of your activities now or at any time in the past involve noise levels exceeding 85dB(A)? Yes ☐ No ☐

7. Do you use, handle, store or transport any of the following?
   a) Radioactive Substances or other sources of ionising Radiation Yes ☐ No ☐
   b) Explosive Substances including Pyrotechnics and Special Effects Yes ☐ No ☐
   c) Asbestos or Silica or Materials containing these Substances Yes ☐ No ☐
   d) Acids, Gases, Chemicals or other Toxic, Dangerous or Notifiable Substances Yes ☐ No ☐
   e) Any materials giving rise to dust fumes or vapours Yes ☐ No ☐
   f) Any Flammable or Combustible Materials Yes ☐ No ☐

8. Do you use any of the following in connection with your Business?
   a) Woodworking or Power Driven Machinery Yes ☐ No ☐
   b) Lifts, Cranes, Hoists of other Lifting Apparatus Yes ☐ No ☐
   c) Slings or Cradles Yes ☐ No ☐
   d) Any other Mechanical Plant Yes ☐ No ☐
   e) Naked Flame or Heat Work away from your own business premises Yes ☐ No ☐
   f) Hazardous activities, such as
      - Fairground and amusement rides Yes ☐ No ☐
      - Bouncy castles, bungees or other inflatables Yes ☐ No ☐
      - Foam or bubble machines Yes ☐ No ☐

9. Do your business operations require employees and labour only sub contractors to work at heights exceeding 3 metres? Yes ☐ No ☐

   If YES, please answer the following questions:
   a) Maximum height worked ☐ metres
   b) Percentage of turnover relating to height work over 3 metres? ☐ %
   c) Do your business operations include the construction or use of scaffolding, mobile towers, hydraulic access platforms and the like? Yes ☐ No ☐

   If YES, please advise:
   i) whether the construction or use of the access equipment is undertaken by
   - bona fide sub contactors ☐ %
   - Your own employees ☐ %
   - Labour only sub contractors ☐ %

ii) whether employees and labour only sub contractors responsible for constructing or operating access equipment are properly trained and sufficiently experienced to perform the task safely — Yes ☐ No ☐

iii) type of training given and the training organisation

d) Have Risk Assessments been carried out and formal documented safe working procedures been produced for persons working at height? — Yes ☐ No ☐

e) Are all structures and equipment regularly inspected by a competent person and records kept? — Yes ☐ No ☐

10. Do you ensure that all sub contractors engaged have adequate liability insurance in force? — Yes ☐ No ☐

11. Do you enter into any contracts or agreements with customers, suppliers or sellers which may affect your liability under statute or common law? — Yes ☐ No ☐

12. Do you design, give advice or prepare specifications for a fee in connection with products supplied? — Yes ☐ No ☐

13. For products supplied do you

a) waive rights of recovery against the manufacturer? — Yes ☐ No ☐

b) alter, adapt or change any product? — Yes ☐ No ☐

14. Are any of your products supplied directly, or to your knowledge indirectly, to the USA or Canada? — Yes ☐ No ☐

15. Do you have any representation outside of the United Kingdom? — Yes ☐ No ☐

16. Have you supplied any goods or services for the nuclear, aerospace, marine or offshore industries? — Yes ☐ No ☐

17. Does your business involve any use of toxic and/or hazardous goods, materials substances or waste? — Yes ☐ No ☐

General Questions

19. Do you have a formal written Health & Safety policy? — Yes ☐ No ☐

20. Have you carried out form Risk Assessments (RA's) documented with safe systems of work? — Yes ☐ No ☐

21. Do you have a formal safety training plan for employees? — Yes ☐ No ☐

22. Have you or has any Director or Partner ever been prosecuted under the Factories Act, Health and Safety at Work Act, the Consumer Protection Act or any other Statutory Regulations? — Yes ☐ No ☐

23. Have you or has any Director or Partner or employee

a) been convicted of arson or any offence involving dishonesty of any kind, e.g. fraud, robbery, theft or handling stolen goods? — Yes ☐ No ☐

b) in the last 5 years traded in another name? — Yes ☐ No ☐

If YES please provide details

24. **INSURANCE HISTORY**

Have you or has any Director or Partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years for any risks against which you wish to insure? — Yes ☐ No ☐

If YES please provide details

a) State name of previous Insurer(s), Policy Number(s) and Expiry Date

b) Has any such previous Insurer declined a proposal, refused to renew a policy or imposed special terms or conditions for any of the risks against which you wish to insure? — Yes ☐ No ☐

If YES please provide details.

51 **LOSS/CLAIMS HISTORY**

In respect of any of the risks against which you wish to insure have you or has any Director or Partner

a) Incurred any loss, destruction or damage or made a claim } (whether under a current or any previous trading name or interest during the last 5 years) Yes ☐ No ☐

b) Had any claim made against you by employees or other parties. Yes ☐ No ☐

If YES please provide details

Date	Brief description of claim(s)	Amount paid	Amount outstanding
		£	£

Payment

Do you wish to pay the premium monthly by direct debit? Yes ☐ No ☐
If YES an application form will be sent to you

NO INSURANCE IS IN FORCE UNTIL YOUR APPLICATION HAS BEEN ACCEPTED AND FULL PREMIUM HAS BEEN RECEIVED

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer the insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form and the claim form, together with other information relating to the claim will be put on the register and made available to participants

To set up and administer your policy Towergate Underwriting Group Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Towergate Underwriting Group Limited may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details. ☐

Insurance Premium Tax

The Finance Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Declaration

To the best of my knowledge and belief the information and statements provided in connection with this proposal, whether in my own hand or not, are true and complete and no material facts or information have been withheld or suppressed. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of the risk by insurers. If you are in any doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or insurers to accept, this insurance. I understand and agree that insurers may seek information from credit and other agencies in connection with this proposal.

Signature(s): _____ Date _____

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Authorised and regulated by the Financial Services Authority

5267/085/PF/07.09

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