

## ***COMBINED LIABILITY INSURANCE PROPOSAL FORM***

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### COMPANY DETAILS

1. Proposer's Full Name

2. Legal Trading Name  
(Name to appear on policy documentation)

3. Occupation / Business / Trade Description (please detail all activities)

4. Address

Postcode

5. Web Site Address

6. What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, treat or Supply?

7. Do you have ISO 9002 or similar accreditation?

Yes  No

If so please state details

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### GENERAL

8. How long have you been trading
- (i) At your current premises
- (ii) At any other premises?
- 
9. Are your premises in a state of repair and regularly maintained?  Yes  No
10. Are you at present insured or have you ever been insured, in respect of the classes of insurance now proposed.  Yes  No
11. Has any insurer ever declined your proposal, cancelled or declined to renew your policy or imposed special terms?  Yes  No
12. Has any products, work or location been excluded from any previous insurance cover or uninsured or self insured?  Yes  No
13. Have you or any director or partner ever been
- (i) Convicted of or charged with any criminal offence  Yes  No
- (ii) Prosecuted under the health and Safety Act or any statute or regulation?  Yes  No

If you have answered YES to any of the above please provide full details

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14. Do you require cover for:

- a. Employers' Liability       b. Public Liability       c. Products Liability

15. For public and/or Products Liability, state Limit of indemnity required. Please tick

- £1,000,000       £2,000,000       £5,000,000

Other limit of indemnity required

16. If Employers' Liability is required, please provide the Employee Reference Number or Employee PAYE Number^

**ERN Information** ^The HMRC Employer Reference Number (ERN) is required if you wish to be insured for Employers' liability. The ERN is also referred to as the Employer PAYE reference on HMRC documentation. It always starts with three digits, followed by a slash ('/'), then a string of letters and numbers.

If the company or entity does not have an ERN, please enter the reason in the relevant box above, which should be one of the following:

- the business does not have any employees
- the business is registered outside England, Scotland, Wales or Northern Ireland
- all employees earn below the current PAYE threshold

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### WAGEROLL AND TURNOVER ESTIMATES

#### 17. Employers' Liability Information

Description	Estimated Number of Employees	Estimated annual payments for forthcoming insurance period	
		Work at your premises	Work away from your premises
Clerical			
All other Employees (please specify what type i.e. roofers, Bona Fide Subcontractors)			
Labour only subcontractors, labour gangers & self employed sub-contractors supplying labour only			
Proposer's own annual remuneration, if working manually in the business			

#### 18. Public/Products Liability Information

UK	£
Rest of the World	£
USA/Canada	£
Total Turnover	£

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### CLAIMS HISTORY

19. Have you had any claims made against you during the last 5 years?  Yes  No  
If 'YES', please provide details

Year/ Description	Type (EL/PL/ Products)	Total Wages	Deductible	Settled Claims		Outstanding	
				No.	Amount	No.	Amount
		£	£		£		£
		£	£		£		£
		£	£		£		£
		£	£		£		£
		£	£		£		£
		£	£		£		£
Total		£	£		£		£

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*Please answer the following if you require:*

### EMPLOYERS LIABILITY

- 20.** Please provide full particulars of any of the following used by your business
- (i) Woodworking machinery
  - (ii) Other power-driven machinery
  - (iii) Lifts, cranes, hoists or the like

- 21.** Are your ways, works, machinery, and plant properly fenced, guarded and in good order and condition?

Yes  No

If not, please specify.

- 22.** Do any of your employees work overseas?

Yes  No

If so please provide full details including countries worked in.

- 23.** Do any of your employees work on or visit
- (i) Offshore Installations
  - (ii) Ships, other water-borne vessels and/or aircraft?

Yes  No

If so please provide full details

- 24.** Do any of your employees work away apart from collection/delivery?

Yes  No

If so please provide details.

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**25.** Please state maximum height/number of storeys worked at by any manual employees.

**26.** Are any of your employees exposed to noise levels above 80 dB(A)

Yes  No

**27.** Have any of your employees complained of repetitive strain injury or pain in their upper limbs?

Yes  No

**28.** 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?

Yes  No

If so please provide full details

**29.** Have any of your employees complained of stress?

Yes  No

If so please provide full details (including any preventative measures taken)

**30.** Do you have a written H & S policy and are you complying with relevant health and safety regulations

Yes  No

If not, please give full details of your proposed program of implementation.

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*Please answer the following if you require:*

### PUBLIC LIABILITY

31. Are the hazardous areas of your premises and all operational sites securely fenced to prevent free access by third parties?  Yes  No
32. Do you control the access of all visitors and third parties to your premises and sites?  Yes  No
33. Do you require Bona Fide subcontractors to provide you with risk assessments and method statements for the work you have contracted them to undertake?  Yes  No

If not, please give full details of your proposed actions

34. 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
35. 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?  Yes  No

If so please provide details

36. Do you process, handle or store any Industrial materials that are toxic explosive flammable or corrosive?  Yes  No

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If so please provide details

**37.** 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?

Yes  No

If so please provide details

*Please answer the following if you require:*

### PRODUCTS LIABILITY

**38.** Do you retain all rights of recourse against manufacturers/suppliers?

Yes  No

**39.** Do you supply any products for nuclear petrochemical pharmaceutical aviation motor marine or any other high risk industries?

Yes  No

If so please provide details

**40.** Do all products manufactured/supplied by you comply with all relevant European CE, British BS or other standards?

Yes  No

If no please provide details

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41. Do you have a formal quality assurance, inspection, testing and recording programme in place? 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.**

NAME:

SIGNATURE:

POSITION IN COMPANY:

DATE: