



RENEWABLE ENERGY EMPLOYER'S AND PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Please complete all details on BLOCK LETTERS. Where applicable, indicate YES or NO.
Insurance will not be in force until proposal is accepted by Underwriters.

Proposers Full Name:

Trading Name (if different from above):

Postal Address:

Postcode:

Telephone:

Email:

Address of premises to be insured (if different from postal address):

Postcode:

Occupation / Business / Trade Description

Date from which insurance required:

If you are registered for VAT, any claim for loss or damage to property will be paid exclusive of VAT, and you are advised to arrange your sums insured accordingly. Allowance should be made to include an amount for VAT in the sum insured if you are not registered.

VAT Status / Registration No:

1 Do you require a Quotation for:

Employers Liability

Public Liability

Products Liability (available only with public liability)

For Public and/or Products Liability, state limit of indemnity required:

Please tick £1,000,000

£2,000,000

£5,000,000

Other (please state)

2 Date Business Commenced:

a) Are you a member of trade association? **YES / NO**
 i) If YES, which?
 ii) Do you comply with the associations working code of practice? **YES / NO**

b) Do you have a standard contract between you and your client to which you comply? **YES / NO**
 i) If YES, please supply a copy
 ii) What is the proportion of your work undertaken based on this contract?

d) Do you have a written Health & Safety Policy? **YES / NO**

3 Are you premises in good state of repair, and are your ways, plant and machinery (at your own premises and all contract sites) properly fenced, guarded and otherwise in good order and condition? **YES / NO**

4 Do you undertake design work for:
 a) your own contract? **YES / NO**
 b) other work **YES / NO**

5 Are all your employees United Kingdom nationals? **YES / NO**
 If NO, state number and nationality of foreign employees

6 Are any of the following used in connection with your business?
 a) Woodworking or Power Driven Machinery **YES / NO**
 b) Lifts, Cranes, Hoists or other Lifting Apparatus **YES / NO**
 c) Slings or Cradles **YES / NO**
 d) Any Other Mechanical Plant **YES / NO**
 e) Processes involving a noise level in excess of 85 dB(A) **YES / NO**
 f) Asbestos or Silica **YES / NO**
 If YES, please give details:

7. Is there any work at height? **YES / NO**
 If YES, please give details including maximum height and safety procedures

8. Is there any use of heat on third party premises? **YES / NO**
 If YES, please confirm the type of heat use (e.g. blow lamps) and % of usage.

9. Do you discharge any hazardous waste products (e.g. chemicals, gases, radioactive substances, dust, fumes of vapours) into the atmosphere, sewers, waterways or elsewhere? **YES / NO**
 If YES, please advise type of waste and give details of:
 a) Storage and Disposal Methods
 b) Treatment of Waste
 c) Disposal Licenses Held

10. Do you carry out any manual work away from your own premises? **YES / NO**
 If YES, please give details

- 11.** Do you design, give advice or prepare specifications **YES / NO**
- a) For a fee? **YES / NO**
- b) In connection with products supplied? **YES / NO**
- If YES, please give details, including products involved.

- 12.** Do you supply any products that you do not manufacture? **YES / NO**
- If YES, do you
- a) Retain rights of recovery against the manufacture **YES / NO**
- b) Alter, adapt or change any products? **YES / NO**
- If YES, please give details including product, use, source of supply and type of alteration, adaptation or change.

- c) Give Details of imported products including source and use

- 13.** Give details of any products used:

- a) In air or space craft
- b) In marine craft
- c) Offshore
- d) In nuclear installations
- e) In safety critical parts or motor vehicles

- 14.** Are any of your products, currently or any in past 3 years, supplied directly or to your knowledge indirectly to the USA or Canada? **YES / NO**
- If YES, please give details

- 15.** Are any of the goods known to be potentially harmful to health or require any hazard warning? **YES / NO**
- If YES, please give full details and attach particulars of safeguards, warnings, instructions for use and terms of sale.

- 16.** Do you have any representation outside the UK? **YES / NO**
- If YES, please give details and state territories involved

17	Description	Estimated No of Employees	Estimated Annual Payments
	Clerical / Administrative		
	Manual Work at premises		
	Manual Work away from premises		
	Wages paid to labour only sub-contractors (sub-contractors without their own insurance, working under the supervision of the Insured)		
	Payment to bona fide sub-contractors (sub-contractors with their own insurance, working under their own supervision)		

b) GROSS ANNUAL TURNOVER	Renewable Energy (Wind)	£
	Renewable Energy (Hydro)	£
	Renewable Energy (Other)	£
	Total:	£

c) What percentage of your turnover is from:	UK	%
	UK/Europe	%
	Rest of the World	%

18. Have you had any claims made against you during the last 5 years **YES / NO**
(If YES, please give details)

Employers Liability

Year	Total Wages	Settled Claims		Reserves for Outstanding Claims	
		No.	Amount	No.	Amount
Total:					

Public Liability

Year	Total Wages	Settled Claims		Reserves for Outstanding Claims	
		No.	Amount	No.	Amount
Total:					

19. Have you ever been prosecuted under the Health & Safety at work act or other statute or regulation? **YES / NO**

If YES, please give details

20. Please state name of present and previous insurers over the last three years

21. Please state the total number of

Wind Turbines	
Hydro turbines / sites	
Tide Turbines	
Other (_____)	

TO BE COMPLETED IN ALL CASES
IMPORTANT NOTICE

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to the Underwriters.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between the Insurers and Myself/Ourselves.

Name Position

Signature Date.....

Law Applicable to Contract : If the proposer shown on this Proposal Form is a private individual or a sole trader then they are free to choose the law applicable to this Insurance Contract. This Contract will be subject to English Law (or Scottish Law where applicable)