



RENEWABLE ENERGY MANUFACTURERS LIABILITY INSURANCE PROPOSAL FORM

Introduction

The information you provide on this proposal is vital to Underwriters' consideration of the relative risks associated with your business. The premium quoted will be based on a number of factors including the responses you give to the questions below.

This proposal must be signed and dated by a partner, principal or director of the business. It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence underwriters' judgement and acceptance of your proposal.

Should we underwrite your policy, any change or alteration to the information you give below, which occurs during the period of the policy, requires immediate notification to us. Failure to do so may result in cover not being available from the date at which the change or alteration occurred.

Do you require

	Indemnity limit
a) Employers' liability YES/NO	£
b) Public/Products liability YES/NO	£
Date from which cover is to commence	

Section 1: Your Business

1. Proposer's full name (including any trading names and subsidiary companies for which insurance is required)

.....

Registered Address

.....

Contact telephone number

E-Mail Address

2. Business description

.....

3. Date established

.....

4. Has any Insurer declined to renew or cancelled any policy due to a breach in terms and conditions contained therein?

YES/NO

If YES, please provide details;

.....
.....

5. Have you or any of your Directors or Partners ever been charged with a criminal offence other than a motoring offence?

YES/NO

If YES, please provide details;

.....
.....

6. Please detail any dealings your company has had in the last five years with the Health & Safety Executive, the Environmental Health Officer or any other enforcement agency and if you have been the subject to any enforcement measures, prohibition notices or criminal proceedings.

.....
.....
.....
.....

7. Is your company currently a member of a professional body or trade association?

YES/NO

If YES, please provide details including membership number;

.....
.....

8. In the event that an employee is injured at work, do you, as a matter of policy;

a. Provide rehabilitation/medical care to facilitate a return to work YES/NO

b. Continue to pay the employee's wages following the accident YES/NO

- if so, on what basis:

9. Do you own premises or have any representation outside the United Kingdom?

YES/NO

If YES, please provide details below to include whether those operations are subject to local insurance arrangements;

.....
.....
.....

10. Do you source directly or use products known to be imported from outside the EU?

YES/NO

If YES, list countries of origin and what proportion of your typical annual spend is attributable to each source;

.....

.....

.....

.....

11. Give details of any measures you employ to ensure your rights of recourse against suppliers are maintained, e.g. contractual indemnities, insurance vetting, etc.

.....

.....

.....

.....

12. Are your quality management systems accredited to a relevant standard, e.g. ISO?

YES/NO

If YES, which accreditation?.....

13. Please provide the following information in the space provided below:

a. Wages for the last 5 years and estimate for next year

Financial year	No. of Employees	Manual wages (own premises)	Manual wages (work away)	Clerical wages	Total wages
Next Year					

b. Turnover and export for last five years and estimate for next year.

Financial year	UK	EU	Rest of world ex USA & Canada	USA	CANADA	Total turnover
Next Year						

c. Insurance History

Policy Period		Insurer	Policy No	EL			PL/Prods		
From	To			No.	O/S	Paid	No.	O/S	Paid

Section 2 : Health & Safety at work

The following section is to be completed by the person who has overall responsibility for Health & Safety at work:

Full Name

Contact telephone number

E-mail address

Please provide details if your Health & Safety policy is endorsed by an independent consultant

.....

General

1. Do you have a Health & Safety policy which is available to your staff & visitors?.....YES/NO
(if yes, please append a copy to this submission)

2. By what process do you ensure that your Health & Safety policy is kept up to date?

.....
.....
.....

3. By what process do you minimise the likelihood of recurrence following an accident at work?

.....
.....
.....

4. How do you benchmark your Health & Safety processes and performance either internally or externally?

.....
.....
.....

5. Please confirm that you always retain the following documentation:

- Health & Safety risk assessment recordsYES/NO
- Instruction and training records.....YES/NO
- Method statements/work instructionsYES/NO
- RIDDOR forms YES/NO
- Contract and sub-contract documentation YES/NO
- Purchase orders and conditions of sale YES/NO

Risk Assessment

6. How do you assess and minimise the risk to the Health & Safety arising from the following:

a. The provision and use of work equipment

.....
.....

b. Manual handling

.....
.....

c. Noise in the workplace

.....
.....

d. Substances hazardous to health

.....
.....

e. Hand/arm vibration

.....
.....

f. Repetitive strains

.....
.....

g. Stress

.....
.....

h. Working at heights

.....
.....

i. Exposure to asbestos

.....
.....

7. What steps are taken to minimise the risks associated with loading/unloading? Please provide details of the number and types of rider operated plant used.

.....
.....
.....

8. What steps are taken to ensure compliance with Workplace (Health, Safety and Welfare) regulations?

.....
.....
.....

Managing Safety

9. Please advise whether you use, handle, store transport or dispose of acids, gases, explosives, radioactive substances, silicon, asbestos, cotton or other fibres, minerals or dusts or any other dangerous substances known to be harmful and how you minimise the likelihood of such substances coming into contact with people and the environment.

.....
.....
.....

10. Please describe the company policy on personal protective equipment with special reference to enforcement.

.....
.....
.....

11. Please provide any other information, regarding Health & Safety at work or otherwise, which you believe to be relevant to Underwriters' consideration of this risk.

.....
.....
.....

12. Where did you hear about Naturesave?

Declaration

I/We declare that the statements and particulars in this proposal are true and no material facts have been suppressed.

I/We confirm that no work is intentionally undertaken by the proposed company which involves the handling and/or stripping out of asbestos insulation, asbestos coating, asbestos insulation board and/or any other substance incorporating asbestos.

I/We understand that any contract of insurance effected hereafter shall indemnify only those judgements obtained in the Courts of Law of Great Britain, Northern Ireland, the Isle of Man and the Channel Islands and not any judgements obtained elsewhere nor judgements first obtained in any other jurisdiction in such Courts whether by way of reciprocal agreements or otherwise.

I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

I/We understand that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected hereafter.

I/We consent to Abacus Syndicates Ltd using any personal data above to provide a quote and/or to facilitate administration or renewal of an insurance and/or in the investigation or handling of a claim or circumstance notification by a Loss Adjuster or Solicitor acting under their direct instruction.

Signature Position

Date