

## **COMBINED LIABILITY PROPOSAL FORM**

| Please complete all details in BLOCK LETTERS. Where applicable indicate Insurance will not be in force until proposal is accepted by Underwriters. Proposers Full Name |  |
|--|--|
|  |  |
| Trading Name (If different from above)   |  |
|  |  |
|  |  |
| Postal Address   |  |
|  | Occupation / Business / Trade Description  |
| ••   |  |
|  |  |
|  |  |
|  |  |
|  | Date from which insurance required   |
|  |  |
|  | ••   |
| Telephone  |  |
| Address of premises to be insured if different from postal   | 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 |
| address  | 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   |
|  |  |
| Postcode   |  |
|  |  |
| <b>1.</b> Do you require a Quotation for:-   |  |
| <ul> <li>Employers Liability</li> </ul>  |  |
| Public Liability   |  |
| Products Liability (only available with publication)   | c liability)   |
| For Public and/or Products Liability, state limit of inden   | nnity required.  |
| Please tick £ 1,000,000  |  |

Combined Liability Proposal Form – V4 Feb 09

1

| 2.             | Date Business   | s commenced:   |  |  |
|----------------|---|--|--|--|
|                | A   |  | F2   | VEC/NO   |
|                |   | ember of a trade associa<br>S which?   | tion?  | YES/NO   |
|                | do yo   | ou comply with the asso  | ciations working code of practice?   | YES/NO   |
|                | if YES  | S please supply a copy   | ween you and your client to which you comply? ertaken based on this contract?  | YES/NO   |
|                | Do you have   | a written Health & Safe  | ty Policy ?  | YES/NO   |
| 3.             |   |  | epair, and are your ways, plant and machinery (at your own<br>d and guarded and otherwise in good order and condition  | n premises<br>YES/NO                                     |
| 4.             | Do you under  | rtake design work for  | (a) your own contract<br>(b) other work  | YES/NO<br>YES/NO   |
| 5.             | (if NC  | employees United Kingd<br>O state number and nati  | lom nationals?<br>ionality of foreign employees)   | YES/NO   |
| 6.             | Are any of the (a) (b) (c) (d) (e) (f) (e) If YES, please | Woodworking or Pow<br>Lifts, Cranes, Hoists<br>Slings or Cradles<br>Any Other Mechanica<br>Processes involving a<br>Radioactive substant<br>Asbestos or Silica | nection with your business ? ver Driven Machinery or other Lifting Apparatus al Plant a noise level in excess of 85 dB(A) tes or other sources of ionising radiation's | YES/NO<br>YES/NO<br>YES/NO<br>YES/NO<br>YES/NO<br>YES/NO |
| <br><b>7</b> . | fumes or vapo   | ors) into the atmosphere   | ste products (e.g. chemicals, gases, radioactive substances, e, sewers, waterways or elsewhere?  | , dust,<br>YES/NO  |
|                | (a)   | advise type of waste ar  | nd give rull details or :<br>I Methods   |  |
|                | (b)   | Treatment of Waste   | Ticalous   |  |
|                | (c)   | Disposal Licenses He   | eld  |  |
| 8.             | Do you carry  | out any manual work a  | way from your own premises   | YES/NO   |
| 0.             | If YES, please  | •  | way from your own premises   | 1L3/NO   |
|                |   | _  |  |  |
|                |   |  |  |  |
| 9.             | •   | work at height?  |  | YES/NO   |
|                | If YES, please  | e provide details includir   | ng maximum height and safety procedures.   |  |
|                |   |  |  |  |
| 10.            | Is there any ι  | use of heat on third part  | ty premises?   | YES/NO   |

|     | If YES, please confirm type of heat use (eg. blow lamps) and % of useage. |
|-----|---|
|     |   |
|     |   |
| 11. | Do you design, give advice or prepare specification                       |

For a fee? (a)

(b) In connection with products supplied? if YES, please give details, including products involved.

YES/NO YES/NO

| 12.         | Do you supply<br>If YES, do you              | any products that you do not manufacture?  | YES/NO               |
|-------------|--|--|----------------------|
|             | (a)<br>(b)                                   | Retain rights of recovery against the manufacture Alter, adapt or change any products?   | YES/NO<br>YES/NO     |
|             |  | ive details including product, use, source of supply and type of alteration, adaptation or cl<br>f imported products including source and use                                | nange                |
|             |  |  |                      |
| <b>13</b> . | Give details of                              | f 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 USA or Canad (if YES, please |  | tly to the<br>YES/NO |
|             | •••••  |  |                      |
| 15.         | •  | e goods known to be potentially harmful to health or require any hazard warning<br>e give full details and attach particulars of safeguards, warnings, instructions for<br>) |                      |
| <b>16</b> . |  | any representation outside the UK ? e give details and state territories involved)   | YES/NO               |

.

| Description  | Estimated No of<br>Employees | Estimated Annual Payments |  |  |
|--|------------------------------|---------------------------|--|--|
|  |                              | Work at your premises (£) | Away from your premises $(\underline{\mathfrak{t}})$ |  |
| Clerical, Commercial Traveler<br>& Managerial employees who<br>do not engage in manual<br>labour           |                              |                           |  |  |
| All other Employees  |                              |                           |  |  |
| Labour Gangers, Labour only<br>sub-contractors & self<br>employed sub-contractors<br>supplying Labour only |                              |                           |  |  |
| Self employed sub-<br>contractors  |                              |                           |  |  |
| Proposers own annual remuneration if working   |                              |                           |  |  |

| manually in the Business     |  |  |
|------------------------------|--|--|
| Fixed woodworking machinists |  |  |

| GROSS ANNUAL TURNOVER | Supply and Fit | £ |
|-----------------------|----------------|---|
|                       | Supply only    | £ |
|                       | Total          | £ |

**18.** Have you had any claims made against you during the last 5 years (if YES please give details)

YES/NO

## **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 Y (if YES please give details)                                  | on<br>'ES/NO |
|-----|--|--------------|
| 20. | Please state name of present and previous insurers over the last three years   |              |
|     |  |              |
| ••• |  |              |
|     | Has the Insurer ever declined your proposal, refused to renew or cancelled your policy, increased y premium, or imposed special terms (if YES please give details) | our<br>ES/NO |
|     |  |              |
|     |  |              |

7

## 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.

II/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 |
|-----------|----------|
|           |          |
|           |          |
| Ci        |          |
| 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)