



Combined Liability Proposal Form

GB UNDERWRITING PROPOSAL FORM: COMBINED LIABILITY

The following basic information **MUST** be supplied and the declaration signed.

Full name of Proposer (name or names you or your business trade under):

.....
.....

Full Business address:

.....
..... Postcode:

Website address:

What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, Treat or Supply?

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

Please answer all the following questions carefully.
In order to avoid delay it is important no blank spaces are left.
Answers may be continued on a separate sheet of paper if designated space proves insufficient.

1. How long have you been trading?

- i. On your present premises:
- ii. On any other premises:
- iii. Are your premises in a good state of repair? Yes No

2. Do you have ISO 9002 or similar accreditation? Yes No

If so please state details:

.....
.....



3. Are you at present insured, or have you ever been insured, in respect of the classes of insurance now proposed?

Yes No

If so please state the name of insurer:

4. Has any insurer ever declined your proposal, cancelled or declined to renew your policy or imposed special terms?

Yes No

If so please state details:

.....
.....

Has any product, work or location been excluded from any previous insurance cover or uninsured or self insured?

Yes No

If so please state details:

.....
.....

5. Have you or any director or partner ever been:

i. Convicted of or charged (but not yet tried) with any criminal offence? Yes No

ii. Prosecuted under the Health and Safety Act or any other statute or regulation? Yes No

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

.....
.....

6. Remarks on any special features of the risk:

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

7. Please indicate the limits of indemnity required for:

i. Employers Liability: £10m

ii. Public/Products Liability: £1m £2m other £



8. Please estimate the following for the period of insurance proposed (estimated wages and other earnings):

Clerical and Managerial (non Manual) £

Manual staff working on premises only (please describe):

£

£

£

Height Work: £

Woodworking: £

Staff working away from premises (please describe):

£

£

£

Heat Work: £

Gross turnover:

United Kingdom: £

USA / Canada: £

Elsewhere: £

9. Claims experience during past five years (if none, state NONE):

Employers Liability:

Year	Total Wages (£)	CLAIMS PAID		CLAIMS OUTSTANDING		CLAIMS TOTAL	
		No.	Amount (£)	No.	Amount (£)	No.	Amount (£)
.....
.....
.....
.....
.....



Public and Products Liability:

Year	Total Wages (£)	CLAIMS PAID		CLAIMS OUTSTANDING		CALIMS TOTAL	
		No.	Amount (£)	No.	Amount (£)	No.	Amount (£)
.....
.....
.....
.....
.....
.....
.....

EMPLOYERS LIABILITY

10. 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:

11. Are your ways, works, machinery, and plant properly fenced, guarded and in good order and condition? Yes No

If not, please specify with explanations:

.....

.....

12. Do any of your employees work on or visit:

- i. Offshore installations? Yes No
- ii. Ships, other water-borne vessels and/or aircraft? Yes No

If so please provide full details:

.....

.....

13. Do any of your employees work overseas? Yes No

If so please provide full details:

.....

.....



14. Do any of your employees work away apart from collection/delivery?

Yes No

If so please provide full details:

.....
.....

15. Please state maximum height/number of storeys worked at by any manual employees:

Please state maximum weight of any products manufactured/worked upon:

.....

16. Are any of your employees exposed to noise levels above 85db?

Yes No

If so what provisions are made to protect employees?

.....
.....

17. 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 (including any preventative measures taken):

.....
.....

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

Yes No

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

.....
.....

** Please complete the attached Questionnaire on page 10 even if answer was "No"*

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

Yes No

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

.....
.....

** Please complete the attached Stress Questionnaire on page 12 even if answer was "No"*



20. Do you permit smoking at work?

Yes No

If so where?

.....
.....

21. Do you have a written H & S Policy?

Yes No

Does it cover:

Risk Assessments: Yes No

COSHH Assessments: Yes No

Personal Protective Equipment: Yes No

Manual Handling: Yes No

Staff/Induction Training: Yes No

Workplace Inspections: Yes No

Are you complying with and will you continue to be able to comply with the EC 1992 directives on Health and Safety at Work ('Six Pack')? Yes No

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

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

Are you aware of the Control of Asbestos at Work Regulations 2002? Yes No

Do you own or occupy any buildings that were built before 1986? Yes No

Are you complying with the requirements of the Control of Asbestos at Work Regulations 2002? Yes No

If yes, summarise the action that you are taking:

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



PUBLIC LIABILITY

22. 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:

.....
.....

23. 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:

.....
.....

24. 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

PRODUCTS LIABILITY

25. Please provide a percentage split in your expected annual turnover between:

Goods Imported from within the EEC: %

Goods imported from outside the EEC:: %

Do you retain all rights of recourse against manufacturer/supplier? Yes No

26. 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:

.....
.....

27. 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:

.....
.....



28. Do you plan to manufacture/supply any new products in the next 12 months?

Yes

No

If Yes please provide details:

.....
.....

29. Have you exported any goods to North America in the last 10 years?

Yes

No

If Yes please provide details:

.....
.....

Information to be passed on to the Employers Liability Tracing Office (ELTO)

The ELTO has been established to maintain a data base of employers and their Employer's Liability (EL) Insurance. This is in response to the difficulty that an employee can encounter when making a claim, in particular for an industrial disease (such as asbestosis) that may manifest itself decades after employment.

The ELTO will be an additional resource for employers should they receive an EL claim in the future, to identify who their insurer was at the time.

EL insurers will be required to submit details to the ELTO, most of which they already hold such as the policy number. There is, however, additional information that we need you to provide.

Firstly, we need your Employer Reference Number (ERN). This is also known as the Employer PAYE Reference and will be used to identify employers in the event of a potential claim.

Secondly, we will need up-to-date details of any trading names that you use and subsidiary companies with their ERNs.

COMPANY NAME

TRADING NAMES

ERN

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

SUBSIDIARY COMPANY NAMES

TRADING NAMES

ERN

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

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 I / we 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.

SIGNATURE OF PROPOSER:

DATE OF PROPOSAL:



WORK RELATED UPPER LIMB DISORDERS / REPETITIVE STRAIN INJURIES QUESTIONNAIRE

1. Have there been any reported incidents of WRULD or RSI amongst your employees? Yes No

If so give details:

.....

.....

.....

2. Do any employees show evidence of such discomfort (i.e. sore wrists etc.)? Yes No

If so give details:

.....

.....

.....

3. a. What percentage of work involves the use of keyboards or other repetitive processes within the office/workplace (including production areas)? %

- b. What percentage of employees are involved solely with such work? %

4. a. Has the office/workplace undergone an ergonomic survey? Yes No

- b. If so, by whom. Please provide a copy and confirm that all recommendations have been implemented:

.....

.....

- c. Do you have written Health & Safety procedures regarding WRULD/RSI and do you comply with the Health & Safety (Display Screen Equipment) Regulations 1992? Yes No

- d. Who is responsible within your organisation for implementation and control of these procedures?

.....

.....

5. What steps are taken to minimise WRULD/RSI within the office/workplace? e.g. maximum period at the screens, job rotation etc.?

.....

.....



6. a. What training and instruction is given to employees regarding the use of keyboards and other repetitive processes etc.?

.....
.....

b. Are any records kept of this training instruction? Yes No

7. Are total earnings of any employees directly dependent upon their output? Yes No

If so give details:

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

8. Are any medical enquiries made of prospective new employees regarding any existing WRULD/RSI problems? Yes No

If so give details:

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

9. a. Are medical examinations carried out prior to employment (with specific questions relating to stiffness/aches in the hands and arms, and eye tests)?

If so give details:

.....
.....

b. How often are such medical examinations carried out during employment?



STRESS QUESTIONNAIRE

1. Are you aware of any stress claims or employment related disputes? Yes No

2. Do you have any employees with symptoms of suffering from stress?
(e.g. time off for stress related illness) Yes No

3. What is your reporting policy on stress, bullying and harassment?

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

Is this included in your staff handbook? Yes No

4. Do you operate an Employee Assistance programme or similar? Yes No

5. Do you employ a nurse/occupational specialist? Yes No

What role do they play in identifying and recording stress complaints?

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





www.gbunderwriting.co.uk

GB UNDERWRITING

Little Braxted Hall Little Braxted Witham Essex CM8 3EU

T 01376 515702 F 01376 515122 www.gbunderwriting.co.uk

GB Underwriting Limited is an independent underwriting agency which is authorised and regulated by the Financial Conduct Authority. FCA No. 304281.
Company Registration No. 4692971. GB Underwriting Ltd, Little Braxted Hall, Little Braxted, Witham, Essex, CM8 3EU.

KURTZ v7