

Combined Liability Proposal Form

- When completing this Proposal Form, ALL sections of the form must be completed. You must disclose all material facts (i.e. information likely to influence the underwriters consideration of this application), if such facts are omitted this could result in the invalidation of this policy and claims subsequently refused.
- If sections of this form are not applicable to you, please state 'Not Applicable' or 'N/A' or 'None', where blank we shall treat it as not applicable
- Should you have any queries in completing the form, please do not hesitate to contact your broker.

Please complete in BLOCK CAPITALS and tick where indicated, use additional sheets if necessary

Part A – Your Business Details

- a) Name of Applicant(s) (Please list all parties to be insured, the policy will be issued in the name or name(s) you state)

- b) Trading Title

- c) Category of Assureds' Business Sole Trader Limited Company / PLC Partnership

- d) Date Established as Ltd Co/PLC

- e) Employer PAYE Reference

- f) Postal Address

Postcode

- g) Daytime Telephone

Mobile Telephone

- h) Website

Email

- i) Business Description

- j) Cover Required From (DD/MM/YYYY)

Part B - Public Liability*Is this section required*Yes No a) Indemnity limit required: **GBP** 1,000,000 2,000,000 5,000,000 10,000,000 **Part C - Products Liability***Is this section required*Yes No a) Indemnity limit required: **GBP** 1,000,000 2,000,000 5,000,000 10,000,000 b) Turnover within the UK **GBP** _____c) Turnover within the USA and Canada **GBP** _____d) Turnover Elsewhere, state countries: _____ **GBP** _____e) Payments to Bona Fide Sub-Contractors working away from your premises **GBP** _____**Part D - Employers Liability***Is this section required*Yes No a) Indemnity limit provided **GBP** 10,000,000b) Manual Directors No **GBP** _____c) Clerical Staff, Directors, Managerial Staff No **GBP** _____d) Woodworking machinists and their labourers No **GBP** _____e) Manual Employees working on own premises No **GBP** _____f) Manual Employees working away from premises No **GBP** _____g) Please provide a description of work undertaken by manual Employees **b), e) & f)**h) Do you undertake work or visits away from the premises involving Heat? Yes No

If "Yes" state type of heat used: _____

i) Do you undertake work at height or at depth? Yes No

If "Yes" state Maximum Height (m) & depth (m) _____

j) Do you work or supply products, incorporated into aircrafts, airports, marine vessels, automobiles, railways, offshore installations, oil or nuclear installations? Yes No

If "Yes" provide details of work undertaken _____

k) Do you sell, process, repair products or services exported, to the USA or Canada. Yes No

If "Yes" provide details of Products sold _____

l) Do you handle materials containing, asbestos, silica, acids, gases, explosives? Yes No

If "Yes" please give full information _____

m) Do you handle radioactive substances or devices? Yes No

If "Yes" please give full information _____

n) Do you use Power driven machinery (other than hand tools)? Yes No

If "Yes" please give full information _____

o) Do you use Lifts, cranes or power lifting equipment, steam or other pressured vessels Yes No

If "Yes" please give full information _____

Part E – Health & Safety

- a) Do you have a written Health & Safety Policy? Yes No

If "Yes" state name of person responsible _____

- b) Have you or any director, partner, employee or representative ever been Prosecuted under the Factories Act or Health and Safety at Work Act, or any similar legislation? Yes No

If "Yes" provide details _____

- c) Served with a Prohibition Notice under the Health and Safety at Work Act or similar? Yes No

If "Yes" Provide details of Notices issued _____

Part F – General Questions

- a) Have you ever traded under another name? Yes No

If "Yes" Provide details _____

- b) Are you now or have you previously been insured in respect of any of the risks to which this application relates? Yes No

If "Yes" state name of Insurer & Policy No _____

- c) In respect of the risks to be insured, whether at these premises or elsewhere has any company or underwriter declined to issue or renew a policy or imposed special terms? Yes No

If "Yes" please provide details _____

Have you or Any Director, Partner Employee or Representative ever been;

- a) Been convicted of (or charged with but not yet tried for) any offence other than a driving offence? Yes No

If "Yes" Provide details _____

- b) Been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures? Yes No

If "Yes" Provide details _____

- c) Had any County Court Judgments made against you in personal capacity, any organisation, company, business or firm in which you have been involved as a trustee, Director or partner or in a similar capacity? Yes No

If "Yes" Provide details _____

Any Other General/Additional Information

Question No

Question No	

Part G – Claims Declaration

Give details of all claims you and/or any Directors/Partners/Financially Associated Person(s) have made in the insured name or previous trading name, during the last 5 years

Date of Loss DD/MM/YYYY	Details of Claims / Circumstances	Improvements made to prevent further losses	Amount Paid, Outstanding or Reserve

Part H – Declaration

To the best of my knowledge and belief the answers given, whether in my own hand or not, are true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence assessment of this risk or the terms on which it is accepted by Underwriters.) If you are in any doubt as to whether a fact is material or not you must disclose it in the space on page 3.

Data Protection Act 1998

By signing this Proposal Form I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling which may necessitate your providing such information to third parties

Certain information relating to your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers' Liability Tracing Office (the 'ELTO') and added to an electronic database, (the Database').

This information will be made available in a specified and readily available form as required by the Employers' Liability Insurance: Disclosure By Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for the employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the 'Claimants'):

Name

Signature

Position Date

FOR OFFICE USE ONLY *Initials* *Date*



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