

Haulage Liability

Risk Capture Form

Broker:

Insured

Full Name(s) of the Proposer /Partners /Limited Company:

Address of the Business:

Website Address:

Business

Date Business Established:

Details of Previous Experience:

Renewal Date: /...../.....

Name of Existing Insurer:

General Disclosure

Have the Proposer(s), Partner(s) or Director(s) involved in the business or any other business ever;

- a) had any proposal or insurance declined, cancelled, refused, had any renewal refused, had any special terms or conditions imposed No/Yes
- b) been convicted or charged (but not yet tried) for any criminal offence or police caution (other than a motoring offence) No/Yes
- c) been subject of any County Court Judgement or the Scottish equivalent, declared bankrupt or insolvent or been disqualified from being a company director or been involved as Owner(s), Directors or Partner with any company which went into receivership, administration or liquidation No/Yes
- d) been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act 1974, Consumer Protections Act or any other legislation or regulation No/Yes

If Yes, please provide full details:

Employers Reference Number

ERN for each policyholder/joint insured or confirmation if exempt:

Claim History

Have you suffered a claim or loss or incident including theft which would have given rise to a claim whether insured or not during the last 5 years relating to any employers, public/products or vehicle servicing No/Yes

If Yes, provide details below

Date	Type	Description of the Claim	Paid/Outstanding (£)
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Describe what actions have been taken to prevent reoccurrence for each incident

Trade Registrations/Memberships

Is the company accredited by or a full member of any trade association, federation or other body: No/Yes

If Yes, state name(s) of organisation(s)

Cover and Limits selected

- Employers Liability - Limit £10,000,000: No/Yes
- Public Liability /Products Liability £1 /2 / 5,000,000

- Own Vehicle Servicing extension (subject to additional premium) No/Yes
 If Yes, please state the;
 - i. number of mechanics employed:
 - ii. number of years experience for each person:years
 - iii. amount of turnover relating to servicing of own vehicles: £

Excess Option

- Discounts are available for choosing an increased third party property damage excesses.
- Select Excess required: £500/£1000/£2,500/£5,000

Use of Heat

Do you use any blow lamps, flame cutting or welding plant or other heat producing plant or processes away from your premises by you or your employees No/Yes

If Yes, please state the:

- a) type of equipment used:
- b) percentage of work involving use of heat:%

Health and Safety

Licences

- Do you check to ensure that all operators' licences are valid at least annually No/Yes

Training

- Do you check and ensure all personnel operating the machinery & equipment have been trained in their safe and proper use No/Yes
- Do you maintain and retain training and competency records for all employees in the use of such equipment No/Yes

Plant, Equipment & Vehicles

- Is there a system for the inspection of all work equipment and vehicles in order to identify defects and hazards and to ensure any corrective action is taken No/Yes
- Is all equipment requiring statutory inspection identified and routinely inspected No/Yes

Lifting

- Has all Manual Handling operations been properly assessed No/Yes
- Have all relevant employees been provided with instruction and training on safe lifting techniques No/Yes
- Is appropriate mechanical and/or personnel assistance available No/Yes

Safety Policy

- Do you have a general policy statement with a clear declaration to ensure the health, safety and welfare of employees and others No/Yes
- Are arrangements provided for health and safety induction training and maintaining H&S training records No/Yes

Personal Protective Equipment (PPE)

- Is PPE provided to all employees, in an efficient working order and maintained in accordance with the Personal Protective Equipment at Work Regulations 1992 No/Yes
- Is someone named as responsible for identifying and issuing PPE No/Yes

Risk Assessment

- Have you completed a written Risk Assessment that includes manual & mechanical lifting No/Yes

If you have answered No to any of the above questions, please provide full details below:

Activity Information

- a) Do you undertake work away from your premises other than collection and delivery No/Yes
- b) Do you transport any toxic, notifiable waste, explosives, hazardous goods, livestock or watercraft No/Yes
- c) Do you operate any road tankers No/Yes
- d) Do you own or operate a quarry, landfill site or waste tip site No/Yes
- e) Do you undertake work involving the handling, use, storage or transport of toxic, radioactive, hazardous chemicals or materials including asbestos or silica or materials containing these substances No/Yes
- f) Do you undertake work on or at aircrafts or airports, on or at docks, piers, wharfs or jetties, ships, vessels, railways, offshore gas or oil installations, chemical or petrochemical oil or gas or storage facilities, power stations or any installations where nuclear processing is undertaken No/Yes
- g) Is any work undertaken outside the Great Britain, Northern Ireland, The Isle of Man and The Channel Islands No/Yes

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

Wages and Turnover

Please state your estimated wages and payments for the next 12 months for the following categories;

Description

- a) Clerical/administrative work £
- b) Servicing and repair of own vehicles £
- c) Servicing and repair of third party vehicles £
- d) Warehousing/manual work at own premises £
- e) Driving £
- f) Use of fixed woodworking machinery +/- or other power driven machinery(own premises) £
- g) All other work away (describe activities below): £

- h) Payments to Bona Fide sub-contractors £

Estimated Turnover for next 12 months

Total Turnover for all activities £

Types of Vehicles Operated

Please describe the type, size and the number of vehicles operated:

Material Facts

Are there any material facts or any other information which needs to be disclosed to the Insurers which has not already been answered in the previous questions and statements:

No/Yes

If Yes, please provide full details