



Liability Proposal Form



Thank you for choosing China Taiping Insurance (UK) Company Limited

You are in good hands.

We are committed to delivering an excellent and sincere customer service so we can give you the peace of mind you deserve.

China Taiping Insurance (UK) Company Limited received its trading license in 1983 and commenced underwriting business on 1 October 1985 so we have over 30 years of experience in the UK market. Our parent company, China Taiping Insurance Company Limited, is a Chinese state-owned insurance company headquartered in Hong Kong.

We are authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority and Prudential Regulation Authority in the UK to underwrite general insurance and reinsurance policies Registered in England and Wales under N. 202690.

China Taiping UK strictly adheres to the principals of prudent business underwriting and we transact business with the concept of 'Diligent Management and Sincere Service' in mind.

We have expert technical underwriters that fully understand your trade and your challenges as a business owner so we are confident that we can protect your business against the insured risks and give you the peace of mind you need.

We also have an excellent professionally trained in-house claims team who understand your needs and will diligently and sincerely listen to you so as to provide you with the best solutions to get your business back on track as soon as possible after a loss.

Your Policy is built of different parts that we advise you read carefully so as to understand all terms and conditions and also to check that all details are correct and relevant as they form the basis of your contract with us including this Proposal Form.

Please ensure that you contact us or your insurance adviser as appropriate as soon as reasonably possible if you think that there are amendments to be made or new circumstances that would affect your insurance.

If you would like to find out more about us please visit our web site at: http://www.uk.cntaiping.com/home.html

Xiaodong Yu Chief Executive

China Taiping Insurance (UK) Company Ltd

Your Duty of Fair Representation

Following the introduction of the Insurance Act (2015) which we fully embrace, you have the duty of fair representation which means that you have to disclose to us either every material fact that you know or ought to know by reasonable search both within your company or organisation, and externally or give us sufficient information so as to prompt our further enquiries on certain matters.

A material fact is defined as one that would influence the judgement of a prudent underwriter.

If in doubt, disclose the information to allow us to consider as appropriate.

Reasonable searches within and outside of your company or organisation include information held or suspected by your business senior management, anyone internal and external who contributes to the placement of your insurance including but not solely your insurance adviser, loss adjuster, any consultants etc.

Material facts should be disclosed in a reasonably clear and accessible manner and you may want to keep records of members of your senior management and individuals responsible to arrange your insurance so that you can easily access this information and disclose their knowledge as appropriate.

In case of breach of duty of fair representation, the Insurance Act (2015) stipulated the following remedies:

- In case of a deliberate or reckless breach of duty by the policyholder: the insurer will be able to avoid the policy and keep any premiums;
- if the breach of duty is neither deliberate nor reckless but the insurer would not have entered into the contract has they known the facts: the insurer will be able to avoid the policy but must return all premiums;
- if the breach is neither deliberate nor reckless and the insurer would have entered into the contract albeit on different terms other than terms relating to premium: the insurer will treat the contract as if those different terms applied for example, any additional conditions or exclusions that would have been imposed;
- if the breach is neither deliberate nor reckless and the insurer would have entered into the contract albeit at a higher premium: the insurer will be able to reduce the claim payment on a proportionate basis as per the difference between the premium charged and the premium that the insurer would have charged had the material facts been disclosed.

Our stance to Insurance Act (2015) is available on our website and can also be provided on request.

Average applies to some of the Sections so it is important that the sums insured are correct and regularly reviewed.

Please note that it is important that you check all of the facts, statements and information set out in your Commercial Combined Proposal Form as if any of the fact or information are inaccurate, please contact us immediately as this could invalidate your policy or also lead to a potential claim not being paid or only partially paid.

Should you have any queries please do not hesitate to contact your insurance adviser.

General Information

1. Full Business Name including trading name
2. If a Limited Company, please advise registration number
3. Subsidiaries if 100% owned (if not please note a separate policy will be necessary)
4. ERN including that of Subsidiaries
5. Your correspondence address
6. Your registered address (If same as above please write: 'same as above')
7. Your trading address (Please include all your premises address)
8. Full Business Description
9. Describe all work undertaken
10. Number of years trading (if new venture, please specify so and advise years of
experience in trade)
11. Website address

12. Do you have offices, presence, assets or representation overseas? (If so please specify country and type of presence)
13. Have you ever traded under a different name and if so please explain reason for name change?
14. Are you currently insured if so please give details of current insurer and policy number?
15. Have you ever been insured for any sections of this proposal? Please advise details, including insurer(s), dates and policy number(s).
16. When do you need cover to commence?
17. Do you carry out any of the following? Use, process or handle asbestos or any substances containing asbestos or silica? Use, process or handle radioactive substances or any toxic, flammable, corrosive, explosive or irritant substances? Work in or on nuclear plants or power stations, gas or chemical stores or work, foundries, railway sidings, airports, aircrafts, stadia, ships, docks, mines, offshore installations, oil refineries or storage? Bulk storage of gas? Work away from your business premises? If so please give details and percentage of turnover and give details of countries worked in?
If yes to the above question, does any work away involve any hot work (If so please give details and percentage of overall work) or any cradles/lifting equipment (If so please give details)?
18. Where you use Bona Fide subcontractors, do you check and keep records that they have valid public/products liability insurance up to the same limit of indemnity as yours?
19. Have you or any director, partner or employee ever been prosecuted or served a prohibition notice under the Health and Safety at Work Act, Factory Act, COSHH or any similar legislation?
20. Have you or anyone to your knowledge including former owners or occupiers of the premises ever been prosecuted or sued for pollution problems, ever carried out activities requiring an environmental license or had any incidents likely to cause pollution? If so please give details.

Public/Products Liability

Do you wish to insure for these sections? If yes please fill in the below

1. What limit of indemnity do you	ı require?			
2. What excess do you require?				
3. What is your annual turnover				
4. Please describe products man (catalogues are useful if availa	nufactured, sold, supplied, altered, serviced, pr ble)	ocessed and	l/or purchased for	resale
5. Do the goods (including those British Standards and/or EU d	not manufactured by you) comply with all rele irectives?	evant		
6. Will any of your products be used an aircraft?	sed on, fitted to or form part of another produ	et on		
7. Do you give professional advi	ce or any form of treatment? (If so please spec	ify)		
	manufacturers readily identifiable?			
	goods exported to (this includes indirect expoually exported to the country in question even			
10. Goods Manufactured or alter	ed/serviced/processed:			
	pase also state actual turnover for the past 12 months er in the next 12 months)		%	
European Union			%	
Rest of the World			%	
11. Goods Supplied/retailed/who	lesaled:			
	pase also state actual turnover for the past 12 months er in the next 12 months)		%	
European Union			%	
Rest of the World			%	
12. How many premises do you	trade out of?			
13. Do you organise events whe	re the attendance exceeds 2,000 people? (If so	please spec	ify)	

% of turnover)	ovide details of products and
15. Do you produce or distribute supplies such as gas, water or electricity?	
16. Do you import any raw materials, parts, components or finished products from over	erseas? (If so please describe type
of product, country and % of turnover)	
17. Do you issue guarantees for the goods?	
18. Are your goods known or intended to be installed as a part or a whole in any air, marine, space craft or offshore or nuclear installation?	
19. Do you have in place any hold harmless agreements or any similar contracts?	
20. Do you retain your right of subrogation against the manufacturers?	
21. Are you responsible for the goods design?	
22. Details of type of property worked upon (where relevant)?	
22. Details of type of property worked upon (where relevant)?	
22. Details of type of property worked upon (where relevant)?	
23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, wa	terways or elsewhere? (please if so
22. Details of type of property worked upon (where relevant)?23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, wa give details including treatment method and disposal)	terways or elsewhere? (please if so
23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, wa	terways or elsewhere? (please if so
23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, wa	terways or elsewhere? (please if so
 23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, wa give details including treatment method and disposal) 24. Please give details of the neighbouring premises occupation (range of 1km)? Agricultural Residential 	terways or elsewhere? (please if so
23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, wa give details including treatment method and disposal) 24. Please give details of the neighbouring premises occupation (range of 1km)? Agricultural Industrial Industrial Land or forest Public services (schools, hospital)	
23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, ware give details including treatment method and disposal) 24. Please give details of the neighbouring premises occupation (range of 1km)? Agricultural Industrial Land or forest Others (please specify) 25. Have you or will you enter into agreements where you assume additional liability for the services (schools, hospital).	uls etc) or illness, injury or loss/damage that
23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, ware give details including treatment method and disposal) 24. Please give details of the neighbouring premises occupation (range of 1km)? Agricultural Industrial Industrial Residential River/stream/surface water Public services (schools, hospital)	uls etc) or illness, injury or loss/damage that
23. Do you discharge toxic or dangerous substances into the atmosphere, sewers, ware give details including treatment method and disposal) 24. Please give details of the neighbouring premises occupation (range of 1km)? Agricultural Industrial Land or forest Others (please specify) 25. Have you or will you enter into agreements where you assume additional liability for the services (schools, hospital).	uls etc) or illness, injury or loss/damage that

	Type of Claim	Details		Amount Paid	Amount Outstanding	Insure
	oyers Liabili					
		ections? If yes please fill in the l	below			
/hat li	mit of indemnity do yo	ou require?				
/hat a	re vour annual wages	for the next 12 months? (The	re should include d	lirectors, self-	emploved perso	ns and
		ayment gross, before deduction		, , , , , , , , , , , , , , , , , , , ,		
• At tl	he premises					
	ectors/Partners					
Cle	rical					
• Mar	nual					
• Woo	odworking					
• Hot	work					
• Woı	rk at height (please specify	y max height)				
• Woi	rk Underground (please sp	ecify max depth)				
• Bon	na Fide subcontractors (ple	ease specify duties)				
oes a	ny of the work you ca	rry out produce noise levels o	of over 85Db? Pleas	e give details	including preca	utions
	or your sub-contract					
		ors carry out any:				
Work	abroad (please give deta	ails)				
Work	abroad (please give deta					
Work	abroad (please give deta	ails)				
Work	abroad (please give deta	ails)				
Work Hot w	abroad (please give details)	ails)				

•	Tunnel	lling/sewers work				
•	Work o	on machineries/equ	ipment not guarded or maintained			
•	Burnin	g of waste				\Box
•	Use of	cranes, lifts, cradle	es			
•	Diggin	g below ground lev	vel			
5. W	hat is	the total number	of employees?			
6. A	re you	r premises soun	d and in good repair?			
7. Is	your r	machinery sound	d, in good repair and properly fenced and guarded	1?		
8. D	o you l	have and implem	nent a strict no smoking policy?			
		smoking areas o	ver 5 metres away from the premises and any			
10. [Do you	ı keep an Accide	nt Book and job training records for employees?			
			your pressure and lifting plant inspected by a qua atutory Regulations?	llified		
		ı have a written i ıularly trained?	mplemented Health and Safety policy on which er	mployees		
		ı provide your en nent/monitor its s	nployees with Protective Personal Equipment and	1		
	mbien	ientinonitor its s	Strict use?			
14. F	Please	list all claims ma	ade against you in the last 5 years (whether you w	vere insured or no	ot and including	claims
14. F	Please	ated and notifica	ade against you in the last 5 years (whether you w tions of claims)	vere insured or no	ot and including	claims
14. F	Please epudia	list all claims mated and notifica	ade against you in the last 5 years (whether you w tions of claims) Details	vere insured or no Amount Paid	Amount Outstanding	claims Insurer
14. F	epudia	ated and notifica	tions of claims)	Amount	Amount	
14. F	epudia	ated and notifica	tions of claims)	Amount	Amount	
14. F	epudia	ated and notifica	tions of claims)	Amount	Amount	
14. F	epudia	ated and notifica	tions of claims)	Amount	Amount	
14. F	epudia	ated and notifica	tions of claims)	Amount	Amount	
14. F	epudia	ated and notifica	tions of claims)	Amount	Amount	
14. F	epudia	ated and notifica	tions of claims)	Amount	Amount	
14. F	ate	Type of Claim	Details	Amount	Amount	
14. F	ate	ated and notifica	Details	Amount	Amount	
14. F	ate anda	ated and notifica Type of Claim atory Que	Details Details Stions s/ partners or any person responsible for managing the stions of claims of claim	Amount Paid	Amount Outstanding	
14. F	anda ave yo ever be	atory Que	Details Pations Pations Pations Pations Pations Solve partners or any person responsible for managinary with any criminal offence?	Amount Paid	Amount Outstanding	Insurer
14. F	anda ave yo ever be ever be	ated and notifica Type of Claim atory Que ou / your directors een convicted of or claim	Details Details Stions s/ partners or any person responsible for managing the stions of claims of claim	Amount Paid	Amount Outstanding	Insurer
14. F	anda ave yo ever be ever be as a dir	ated and notifica Type of Claim atory Que ou / your directors een convicted of or of een disqualified under	Details Details Stions Stions Symptomic and person responsible for managinary thanged with any criminal offence?	Amount Paid ng your business ubsequent legislation	Amount Outstanding	Insurer
14. F	anda ave yo ever be ever be ever be ever be ever be ever be	ated and notifica Type of Claim Type of Claim atory Que ou / your directors een convicted of or an erector of a company of the prosecuted for a convicted of or a convicted	Details Pations Pations Pations Stions Stype partners or any person responsible for managing that god with any criminal offence? Partners or any person responsible for managing that god with any criminal offence? Partners or any person responsible for managing that god with any criminal offence?	Amount Paid ng your business ubsequent legislation ees or others?	Amount Outstanding	Insurer
Ma 1. Ha	and ave yo ever be	ated and notifica Type of Claim Type of Claim atory Que ou / your directors een convicted of or of een disqualified under ector of a company' een prosecuted for a een a director or part red into a company een declared bankru	Details Details Stions Stions Stypartners or any person responsible for managing tharged with any criminal offence? The Company Directors Disqualification Act 1986 or any service the Company Directors Disqualification Act 1986 or any service the Company that went into liquidation, administration, the of a company that went into liquidation, administration, the of a company that went into liquidation, administration, the office of a company that went into liquidation, administration, the office of a company that went into liquidation, administration, the office of a company that went into liquidation, administration, the office of a company that went into liquidation, administration, the office of the o	Amount Paid ng your business ubsequent legislation ees or others?	Amount Outstanding from holding office strative receivership ministration,	Insurer
Ma 1. Ha	anda ave yo ever be ever be ever be ever be or ente ever be receive	ated and notifica Type of Claim Type of Claim atory Que ou / your director een convicted of or of een disqualified under een rosecuted for a een a director or part een a director or part ered into a company een declared bankru ership, administrative	Details Details PSTIONS S/ partners or any person responsible for managing tharged with any criminal offence? Per the Company Directors Disqualification Act 1986 or any ser the Company Directors Disqualification Act 1986 or any ser the Company Directors Disqualification Act 1986 or any ser the Company Directors Disqualification Act 1986 or any ser the Company that went into liquidation, administration, voluntary arrangement, or a creditors scheme of arrangement, or dispute the order of a company that went into liquidation, administration, voluntary arrangement, or a creditors scheme of arrangement, or dispute the order of the orde	Amount Paid ng your business ubsequent legislation ees or others? receivership, adminisent or was dissolved? e into liquidation, adment or creditors sch	Amount Outstanding from holding office trative receivership ninistration, eme of arrangemen	Insurer tr

•	ever been the subject of a recovery action by HM Revenue and Customs?
•	ever been the subject of a County Court or High Court judgment or Scottish Decree?
•	ever been a director of a company that has received a County Court or High Court judgment/ Scottish Decree against it?
•	been the subject of an official caution for a criminal offence in the past 5 years?
•	ever traded under a different name in the past 10 years?
2. F	las any Insurer ever:
•	cancelled your insurance policies?
•	declined to insure or renew your insurance policies?
•	avoided any of your insurance policies for non-disclosure or misrepresentation of any material fact?
•	avoided any of your insurance policies for non-compliance with risk improvement requirements?
•	imposed special terms or conditions?
•	refused to pay a claim or limited the cover due to a breach of any policy term or condition?
	Please disclose any additional information or suspicion or anything even if you are not sure if relevant that you think hay affect our decision to accept/ renew/ underwrite this insurance and its terms and conditions:
	Please disclose any special material facts relating to your business, any of your concern or any of your senior nanager's concerns or any of the material facts you have found by reasonable searches?
	s there any additional information or detail which may assist us in assessing the nature of the insurance risk being roposed, and which may influence our decision to accept this insurance, or in setting the terms and premium? No
	roposed, and which may influence our decision to accept this insurance, or in setting the terms and premium?
	roposed, and which may influence our decision to accept this insurance, or in setting the terms and premium?
	roposed, and which may influence our decision to accept this insurance, or in setting the terms and premium?
	No Yes DECLARATION: You declare that:
,	DECLARATION: You declare that: 1- You have read this proposal form and understand your duty of fair representation and its extent and consequences of breach. 2- The facts and information above are complete and accurate and include all reasonable searches made by you in respect of information held by anyone who is responsible for this insurance in your business and any third parties or agents. 3- You have declared all material facts which could affect our decision to accept or put term on this risk even if we haven't asked you questions relating to these facts. 4- You agree to our standard policy wording, a copy of which can be provided on request.
,	DECLARATION: Yes You declare that: 1- You have read this proposal form and understand your duty of fair representation and its extent and consequences of breach. 2- The facts and information above are complete and accurate and include all reasonable searches made by you in respect of information held by anyone who is responsible for this insurance in your business and any third parties or agents. 3- You have declared all material facts which could affect our decision to accept or put term on this risk even if we haven't asked you questions relating to these facts. 4- You agree to our standard policy wording, a copy of which can be provided on request. 5- You have read the Privacy Notice below and you consent to the use of your data accordingly.
	DECLARATION: Tou declare that: 1- You have read this proposal form and understand your duty of fair representation and its extent and consequences of breach. 2- The facts and information above are complete and accurate and include all reasonable searches made by you in respect of information held by anyone who is responsible for this insurance in your business and any third parties or agents. 3- You have declared all material facts which could affect our decision to accept or put term on this risk even if we haven't asked you questions relating to these facts. 4- You agree to our standard policy wording, a copy of which can be provided on request. 5- You have read the Privacy Notice below and you consent to the use of your data accordingly.
	DECLARATION: Yes You declare that: 1- You have read this proposal form and understand your duty of fair representation and its extent and consequences of breach. 2- The facts and information above are complete and accurate and include all reasonable searches made by you in respect of information held by anyone who is responsible for this insurance in your business and any third parties or agents. 3- You have declared all material facts which could affect our decision to accept or put term on this risk even if we haven't asked you questions relating to these facts. 4- You agree to our standard policy wording, a copy of which can be provided on request. 5- You have read the Privacy Notice below and you consent to the use of your data accordingly.

PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Ltd are the data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) in respect of this contract of insurance. **We** may obtain, collect and process **your** personal information for the purposes of entering into and performing **our** insurance contract with **you**.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** <u>Privacy Notice</u> which is available on **our** website at: https://uk.cntaiping.com/uk-privacy/

If **you** do not have access to the Internet, please write to **our** Data Protection Officer (at the address shown below) with **your** name and address and a copy will be sent to **you** in the post.

In summary, **we**, may, as part of **our** agreement with **you** under this contract, collect personal information about **you**, including:-

- Name, address, contact details, date of birth and cover required
- Financial information such as previous credit history, bank details
- Details of any previous insurance claims.
- Information for Employers' Liability Database records (if Employers' Liability insurance is included)

We may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, including medical records to validate a claim should **you** be claiming for sickness or an accident.

We collect and process your personal information for the purpose of insurance and claims administration.

Telephone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** <u>Privacy Notice</u>.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). Where such transfers occur, **we** ensure that they do not occur without **our** prior written authority and that an appropriate transfer agreement is put in place to protect **your** personal information to an equivalent standard to that found in the EEA.

We will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share your information if we are required to by law. We may share your information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided we can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** <u>Privacy Notice</u>, please contact **our** Data Protection Officer at:-

China Taiping Insurance (UK) Co Limited;

2, Finch Lane, London EC3V 3NA

E-mail: dataprotectionofficer@uk.cntaiping.com

Tele: (0044) (0)20 7839 1888

China Taiping Insurance (UK) Co. Ltd.

Registered in England and Wales number 1766035.
Registered office: 2 Finch Lane, London, EC3V 3NA, United Kingdom.
China Taiping Insurance (UK) Co. Ltd is a member of the Association of British Insurers.
China Taiping Insurance (UK) Co. Ltd is authorised by the Prudential Regulation Authority andregulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Financial Services Register number 202690.