



Proposers full name (including trading name and names of all Partners):

Business address:

Postcode:

Fully describe the business activities undertaken (if possible give % of types of work):

Date business established (or years experience if sole trader): DD MM YYYY Number of years:

1. Cover commencement date (renewable annually on this date): DD MM YYYY

1a. Employers Liability (Limit of Indemnity £10,000,000) Yes No

1b. Public & Products Liability Limit of Indemnity £1m £2m £5m

1c. Is Tools & Transit cover required Yes No

1d. If Yes Limit per incident £1500 £2500 £5000

2. Please provide details of estimated numbers and annual gross payments to the following:

Number

Payments (£)

Clerical inc non-manual Principals/Directors

Direct manual employees

Labour only sub-contractors

Manual Principals/Directors

Bona-fide sub-contractors

2a. Please provide annual turnover:

Category

Estimated Annual Turnover (£)

Within the UK only

Within the USA and/or Canada

Elsewhere in the world



3. Do you carry out any work involving the use of heat away from your premises? Yes No

If Yes, clarify type (e.g. soldering, hot air, guns, blow lamps, welding or flame cutting equipment):

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

3a. What percentage of your overall work away does heat work represent? %

3b. Please state the maximum height in metres worked at

3c. Please state the maximum depth in metres worked at

4. Is any work undertaken outside the UK? Yes No

If Yes, state:

4a. Where work is undertaken

.....

4b. % of turnover relating to this work %

4c. Are foreign nationals employed? Yes No

5. Is work undertaken:

5a. using or handling of substances/goods known to be hazardous to health? (including but not limited to asbestos, explosives, gases, chemicals, radioactive substances) Yes No

5b. at any hazardous locations? (hazardous locations are defined as docks, harbours, railways, watercraft, offshore gas or oil installations, chemical/petrochemical works, oil/gas refineries, aircraft/airports or airfields, power stations, nuclear power stations, nuclear processing installations, towers, steeples, chimney shafts, blast furnaces, viaducts, bridges, flyovers, dams, motorways, quarries, mines or collieries. Yes No

5c. at noise levels exceeding 85 db? Yes No

5d. by direct employees or labour only sub-contractors involving the erection of scaffolding or roofing work? Yes No

If Yes to any of the above provide full details:

6. Do you have a Health & Safety policy statement that is reviewed annually? Yes No

If Yes, is it distributed to each employee and/or sub-contractor? Yes No



7. Do you check that bona-fide sub-contractors carry the same level of Employers, Public and Products Liability cover as yourselves? Yes [] No []

8. Have you or any Principals or Directors in the business or any company in which you or such Principal or Director have or had an interest:

8a. ever had a proposal refused or declined or had an insurance cancelled, renewal refused or had special terms imposed? Yes [] No []

8b. any convictions or criminal offences or prosecutions pending other than motoring offences? Yes [] No []

8c. ever been declared bankrupt, the subject of bankruptcy proceedings, insolvency, winding up? Yes [] No []

8d. ever been prosecuted or awaiting intended prosecution under any Health & Safety Work Act? Yes [] No []

If Yes, provide details:

9. Have you or any Principals or Directors in the business or any previous company in which you were involved suffered any liability or tools & transit claim, loss or incident during the last 5 years whether insured or not? Yes [] No []

9a. If yes, provide details below:

Table with 5 columns: Cover, Date of Loss, Details, Settled claims amount paid, O/S claims est' cost. Rows include Employers Liability, Public Liability, and Tools & Transit.



Notes

Some or all of the information which you supply to This Insurance in connection with the insurance will be held by ourselves on computer. Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of Insurance. The insurance does not come into force until your Proposal has been accepted by This Insurance.

Non Disclosure Warning

Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your proposal. Failure to do so will entitle the Insurer to avoid any insurance granted. Please mention such facts or if you are in doubt refer to your Insurance Adviser.

Declaration

I/We declare that to the best of my/our knowledge and belief all statements made with regard to this proposal form are true and I/We agree that this proposal form shall be the basis of the contract for the Insurance to be expressed in the usual terms of the policy issued.

I/We consent to the seeking of information from other Insurers to check the answers. I/We have provided and I/We authorise the giving of such information for such purposes.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Proposer(s) signature(s):

Date: DD MM YYYY

Broker:
Contact name:
Reference:
Tel number:
Fax number:
Email address:

Please return the completed proposal to:

G.B. Brokers - This Insurance, Pearl Assurance House, 15-17 Waterloo Road, Wolverhampton, West Midlands, WV1 4DJ

N.I. Brokers - This Insurance, Arthur House, 41 Arthur Street, Belfast, Northern Ireland, BT1 4GB