



Builders
Property owners
Golf clubs
Theme parks
Attractions
Amusement arcades
Textiles
Warehouses



Precision engineering

Mechanics

Manufacturing

Combined Liability Proposal Form

General Trades

Cleaning contractors



Golf professionals

Professional indemnity

Directors and officers

Personal accident

Wines spirits and tobacco

Printing and publishing

Retail outlets



Computer equipment

Mobile telephones

Paints and inks

Plastics and fibreglass

Recycling and waste

Asbestos

Woodworking

Sports clubs



Metal working

Paper and packaging

Glass and ceramics

Food and beverages

Domestic appliances

Sporting goods

Jewellery

Art and antiques



Hotels

DSS and Asylum

Couriers

Haulage

Software developers

Residents property

Care homes



Charities

Telecommunications

Shopping centres

Go Kart and mini moto

Race tracks

Vacant premises

Musical instruments

Equestrian goods



Motor trade

High net worth

Products liability

Legal expenses

Motor fleet

Waste paper

DETAILS OF THE BUSINESS

Name of Proposer	
Trading Name	
Address (include postcode)	
Telephone Number	
Fax Number	
E-mail address	

**PLEASE COMPLETE THIS APPLICATION FORM GIVING AS MUCH DETAILS AS POSSIBLE
IF YOU FEEL A QUESTION IS NOT APPLICABLE TO YOU PLEASE EXPLAIN WHY**

Date established	
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Are you a member of a trade body or association ? YES NO

(if YES please give details)

In the event that an employee is injured at work, do you as a matter of policy:

a) Provide rehabilitation / medical care to facilitate the return to work ? YES NO

b) Continue to pay the employee's wages following the accident? YES NO

(if YES, on what basis)

Do you own premises or have representation outside the United Kingdom? YES NO

(if YES, please provide details below to include whether those operations are subject to local insurance arrangements)

Do you source directly or use products known to be imported from outside the EU? YES NO

(if YES, please list countries or origin and proportion of your typical annual spend is attributable to each source)

HEALTH AND SAFETY AT WORK

The following section is to be completed by the person who has overall responsibility for Health and Safety at work.

Full Name	
Telephone Number	
E-mail address	

Please provide details if your Health and Safety policy is endorsed by an independent consultant

Do you have a Health and Safety policy which is available to your staff and visitors ? YES NO

(if YES, please append a copy to this submission)

By what process do you ensure that your Health and Safety policy is kept up to date ?

By what process do you minimise the likelihood of recurrence following an accident at work ?

How do you benchmark your Health and Safety processes and performance either internally or externally ?

Please confirm that you always retain the following documentation ?

Health and Safety risk assessment records ? YES NO

Instruction and training records ? YES NO

Method statements and work instructions ? YES NO

RIDDOR forms ? YES NO

Contracts and sub-contract documentation ? YES NO

Purchase orders and conditions of sale ? YES NO

RISK ASSESSMENT

How do you assess and minimise the risk to the Health and Safety arising from the following:

The provision and use of work equipment

Manual handling

Noise in the workplace

Substances hazardous to health

Hand and arm vibration

Repetitive strains

Stress

Working at heights

Exposure to asbestos

What steps are taken to minimise the risks associated with loading / unloading. Please provide details of the number and types of rider operated plant used.

What steps are taken to ensure compliance with the Workplace (Health, Safety and Welfare) Regulations.

MANAGING SAFETY

Please advise whether you use, handle, store transport or dispose of acids, gases, explosives, radioactive substances, silicon, asbestos, cotton or other fibres, minerals or dusts or any other dangerous substances known to be harmful and how you minimise the likelihood of such substances coming into contact with people and the environment.

Please describe the company policy on personal protective equipment with special reference to enforcement.

Please provide any other information, regarding Health and Safety at work or otherwise, which you believe to be relevant to Underwriter's consideration of this risk

INSURANCE HISTORY

Have there been any claims in the past 5 years ? _____ YES NO

(if YES please give full details)

Has any Insurer refused to accept a proposal from you ? YES NO

If YES, please give full details

Has any Insurer refused to continue a contract of Insurance held by you ? YES NO

If YES, please give full details

Has any Insurer imposed special terms upon you ? YES NO

If YES, please give full details

DECLARATION

I/We agree that if this Insurance is completed, the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the Underwriters without their consent.

To the best of my/our knowledge and belief, the information provided in connection with this Proposal, whether in my own hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters: if you are in any doubt as to what constitutes a material fact, you should consult your Broker).

I/We understand that the signing of this proposal does not bind me/us to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein shall form the basis of the contract.

Signed _____

Date _____

Name _____

Position in Company _____