



DETAILS OF PROPOSER

Business Name

Risk Address & Postcode

Are you ERN (Employers Reference Number) Exempt?	YES	NO
If NO, please provide your ERN _____		

Date Insurance to Commence:

How long have you been in Business?

Years

Full description of business & any processes used

***See note regarding roofing and scaffolding**

Current Insurer/Premium

Has proprietor, partner or director of this business, whether in a personal capacity, or as the proprietor, partner or director of any other business, has ever:-	
a) been declared bankrupt or insolvent, or the subject of bankruptcy or insolvency proceeding.	YES / NO
b) been served with a County Court Judgement (CCJ) or Scottish Decree.	YES / NO
c) been involved in a Business which went into administration, administrative receivership, liquidation or entered into either a company or individual voluntary arrangement with creditors	YES / NO
d) been convicted or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence.	YES / NO
e) been disqualified from holding a directorship.	YES / NO
f) had an insurance proposal declined, renewal refused, insurance cover cancelled/declared void or special terms imposed by an insurer.	YES / NO
g) had an insurance proposal declined, renewal refused or insurance cover cancelled/declared void due to non-disclosure or misrepresentation	YES / NO
h) had an insurance cover restricted or cancelled due to non-compliance with risk improvement requirements or because of non-disclosure or misrepresentation of facts.	YES / NO
If yes to any of the above please supply details:	

CLAIMS HISTORY

Any claims or incidents that may have given rise to a claim whether at this or any premises or elsewhere within the last 5 years whether an Insurance claim was made or not.

YES / NO

If 'yes' to the above, please supply full details below: -

Type	Paid Amount	Outstanding Amount

LIABILITIES

Please circle the cover you require;

Employers Liability	£10,000,000	£20,000,000		
Public Liability	£1,000,000	£2,000,000	£5,000,000	£10,000,000
Products Liability	£1,000,000	£2,000,000	£5,000,000	£10,000,000
Property Owners Liability	£1,000,000	£2,000,000	£5,000,000	£10,000,000

1. Do you undertake any manual work (other than collection and delivery) away from their own premises? YES / NO

If 'yes' provide details including any work involving the application of heat (e.g. welding, flame cutting equipment)

2. Do you undertake any work at heights in excess of 10 metres? YES / NO

If yes, what % 10-15m _____, 15-20m _____ 20m & above _____

Do you undertake any work below ground level? YES / NO

If yes, what % up to 1m _____ 1m-2m _____ 2m & below _____

Are any of the following used in connection with the Business:

3. Lifts, cranes or other lifting apparatus? YES / NO

4. Pyrotechnic or explosive materials? YES / NO

5. Hazardous or toxic substances? YES / NO

6. (a) Do you have a written Health and Safety Policy? YES / NO

(b) When was it last reviewed? _____

(c) Do you supply personal protective equipment to your employees and is it signed for? YES / NO

(d) Are Risk Assessments carried out? YES / NO

(e) Are all your Employees U.K. Nationals? YES / NO

If 'yes' to questions 3, 4, 5 or 'no' to any part of question 6, please give details

Does the Business undertake work in or on:

7. Collieries, quarries, mines, chemical works, gas works, oil refineries or power stations? YES / NO
- Towers, steeples, chimney shafts, blast furnaces, dams, canals, viaducts, bridges or tunnels? YES / NO
- Bulk oil, petrol, gas or chemical storage tanks or chambers? YES / NO
- Aircraft, airports, railways, ships, docks, piers, wharves, breakwaters or sea walls? YES / NO

If 'yes' to any of the above please give details:

8. (a) Are any of the products supplied directly, or to your knowledge indirectly to the USA or Canada? YES / NO
- (b) Are any of your products known to be potentially harmful to health or require any hazard warning? YES / NO
- (c) Please confirm that none of the products manufactured, sold, supplied or altered are knowingly safety critical?
YES / NO

If 'yes' to any part of question 8, please give details

9. GIVE DETAILS OF TOTAL WAGEROLL FOR EACH OF THE FOLLOWING –

	Own Premises	Work Away	Number of Employees
Clerical/Managerial			
Directors Manual			
Manual Machinists			
Manual – other			
LOSC (Labour only sub-contractors)			
BFSC (Bona-fide sub contractors)			

10. GIVE DETAILS OF TOTAL TURNOVER FOR EACH OF THE FOLLOWING –

UK	
Europe	
Worldwide excluding North America	
North America/ Canada	
Total Turnover	

CONTRACT WORKS / CONTRACTORS AND HIRED IN PLANT

11. State sum insured/annual estimates in respect of:
- a) Owned Plant £ _____
- b) Hired in Plant charges £ _____
- c) Hired out Plant charges £ _____
- d) Site huts and temporary buildings £ _____
12. Do you hire out under CPA terms and conditions or similar? YES / NO
13. State the maximum value of any one item in respect of:
- a) Owned Plant £ _____
- b) Hired in Plant £ _____
- c) Hired out Plant £ _____
14. State the maximum value any one contract £ _____
15. What is the annual contracting turnover £ _____
16. What is the maximum duration of contract _____ Months
17. What is the average period of any one contract _____ Months

Declaration

I declare that I am authorised to complete this proposal on behalf of the Business and that, to the best of my knowledge and belief, the statements and particulars in this proposal are true and correct and no material facts have been suppressed or mis-stated. I undertake to inform Insurers of any change to any material fact which occurs before any insurance based on this proposal is effective and acknowledge that this proposal, together with any other information supplied to Insurers, shall be the basis of such contract.

Signed: _____

Name: _____

Position: _____

Date: _____