

Liability Proposal Form

Instructions

- Please provide a full answer to every question.
- A Partner/Director/Principal must sign and date this form and any separate sheets on behalf of the firm having consulted to ensure that the answers given are true and complete.

Proposer Details

Please note: If there are additional Insured's that cover is required for under this policy, you should answer all questions on this proposal form in relation to all parties to be insured under this policy.

Company Name:

Address (including associated or subsidiary companies) requiring cover under this policy:

Telephone No:

Contact Name:

Mobile No:

Email Address:

Employers Reference Number (ERN):

Date business established:

Please provide a description of your business activities:

Do you handle asbestos?

Yes

No

Do you use the application of heat?

Yes

No

Do you work at heights exceeding 15 meters?

Yes

No

Please provide details of your turnover estimates for the forthcoming year:

Turnover	
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Please categorise your business activities and indicate the approximate percentage of the turnover each activity represents:

Domestic		
Commercial		
Industrial/Agricultural		
		100%

Please return completed form to:-

Expert Insurance Group Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479

PL Expert, EL Expert and Expert Insurance Group is a trading style of Affinity Select Insurance Services Limited Authorised & regulated by the Financial Services Authority Registered in England No 3565404 w: www.ictinsurance.com t: 01825 745 410 e: enquiries@ictinsurance.com

Liability Proposal Form

Please give details of your estimated wage/payments for the forthcoming year:

Direct Wages		Amounts (£)	Number of Person's
	Manual Directors		
	Clerical Directors		
	Clerical / Admin		
	Manual Paye		
	Drivers / Yardsmen		
Sub Contractors	Labour Only Sub Contractors		
	Bona Fide Sub Contractors		

Do you currently have a Liability Insurance policy in force? Yes No

If Yes, please advise the Insurer:

Renewal Date:

Target Premium:

Trade Member:

Please indicate the level(s) of indemnity you would like us to obtain quotations for:

£1,000,000 £2,000,000 £5,000,000 Other: £

Is Employers Liability Required Yes No

Do you currently;

Have a full Health & Safety Policy within your business Yes No

Document, retain method statements and undertake risk assessments Yes No

Undertake staff training / tool box talks Yes No

Do you require Contractors 'All Risks' Cover? Yes No

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? Yes No

Has any claim, or are you aware of any circumstance that may give rise to a claim, whether successful or not been made against you or your predecessors in business or any past or present principal, partner, director or employee (whether insured or not) in the last 10 years?

If Yes, please provide full details: Yes No

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed

Title
(to be signed by Partner, Director or Principal or equivalent)

Date

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