

Please tick which cover you require:

Public / Products Liability	£1,000,000	<input type="checkbox"/>
Public / Products Liability	£2,000,000	<input type="checkbox"/>
Public / Products Liability	£5,000,000	<input type="checkbox"/>
Employers Liability	£10,000,000	<input type="checkbox"/>

2. Have you had any claims made against you in the last five years by employees or third parties in respect of death, injury or damage to property YES / NO

If YES please give details required in the table below

Years	Number	Cause(s)	Details	Paid	Outstanding
19					
19					
19					
19					
19					

3. Please give the estimated annual turnover for the coming year with full description of activities £

4. Does your business conform to the requirements of the Health and Safety at Work Act 1974 YES / NO

5. Do you use, handle, store or transport any radioactive substances or other sources of ionising radiations, acids, chemicals, gases, explosives, asbestos, silica or other substances which may be harmful to health or property YES / NO
If Yes please give details

6 Do you discharge substances, effluent, harmful waste or fumes into the atmosphere, sewers, waterways or elsewhere? YES / NO

If YES please give details of method of disposal indicating whether permission has been obtained from the relevant authority and the measures taken to render the discharge harmless

7. Are any of your employees exposed to noise levels above 90 decibels? YES / NO
If YES please give details including protective devices used

8. Are your machines, tools and plant properly fenced and guarded and kept in good repair and condition and is your plant regularly inspected in accordance with statutory requirements? YES / NO
If NO please give details

9. Have you ever been prosecuted or fined or required to implement any recommendations or been served with a prohibition notice or improvements notice by the Health and Safety Executive, Factory Inspectorate, or any other similar body? YES / NO
If YES please give details

10. Have you notified the local authority or the Health and Safety Executive of your business at the address(es) covered by this insurance? (Many businesses must be so registered - if you are in any doubt you should consult your nearest HSE office) YES / NO

11. Is there a record kept as required of accidents, injuries, industrial diseases /other notifiable dangerous occurrences? YES / NO
Average number of entries per year for last three years

12. Do you own any land which is to be included in the Public Liability Section ? YES / NO
If YES please give details

13. Do you undertake any work away from the premises? (other than non manual work, collection or delivery) YES / NO
If YES please give full details including type of work and number of persons involved

The policy will exclude liability arising from and or caused by any processes or work in connection with asbestos and certain 'high risk' premises and businesses

14. Is any work sub-contracted? YES / NO
If YES please give full details of such work and estimated annual payments

15. Do you ensure that sub-contractors hold adequate insurances which indemnify you as principal? YES / NO

16. Do you or any of your sub-contractors use

a). heating, burning, welding or flame cutting equipment away from the premises? YES / NO

b). mechanically propelled vehicles in circumstances for which compulsory insurance is not required? YES / NO

c). lifts, cranes or hoists, steam containers or other pressure vessels, which are subject to inspection
YES / NO

d).any-watercraft YES / NO

If YES please give full details

17. Do you

a). hire in mechanical plant **with** an operator? YES / NO

b). hire in mechanical plant **without** an operator? YES / NO

c). hire out mechanical plant **with** an operator? YES / NO

d). hire out mechanical plant **without** an operator? YES / NO

If YES please give the following details separately for a) to d) above

Estimated annual hire charges	Conditions of hire
a). £	
b). £	
c). £	
d). £	

18. Do you enter into (or have you entered into) any contracts or agreements where you accept liability which would otherwise not attach to you? YES / NO

If YES please give details and attach copies of the relevant agreements to this proposal

Questions 19 - 34 must be answered if Products Liability cover is required

19. Describe fully the goods you manufacture, sell, supply, repair, service, test, process, assemble, alter or install and attach any relevant trade brochures or catalogues to this proposal

20. How long have you been in business in connection with these products?

21. To what industries have you supplied products over the last 12 months?

22. Give details of any product lines discontinued or significantly reduced in volume during the last 5 years

23. Do you export or import any goods? If YES please give details YES / NO

24. Do you have any representation or hold any assets outside of Great Britain, Northern Ireland, Isle of Man or the Channel Islands? If YES please give details of countries, representation and assets YES / NO

25. a). Do you produce the designs, plans, specifications or formulae for the products you supply? YES / NO
If YES please give details of qualifications of the staff involved and any tests on new designs

b). Do you provide advice, designs, plans, specifications or formulae to outside parties? YES / NO
If YES please give full details including qualifications of the staff involved and any fees charged

26. Do you subcontract any of the design, manufacture or processing of your products? YES / NO

27. a) Do products bear your name or brand name? YES / NO

b). If YES do you ensure that products clearly identify the producer's name if the products are not produced by you? YES / NO

28. Do products bear permanent marking to identify the date of manufacture? YES / NO

29. Are records kept identifying

a). the customer to whom products are supplied YES / NO

b) the supplier to you of products, raw materials, or components YES / NO

30. Do you supply appropriate printed instructions and warnings with your products, in the language of the country to which they are supplied, relating to storage, use and application ? YES / NO

31. Do all the products you supply comply with the full BSI or equivalent standards - both in this country and those to which products are exported ? YES / NO

32. Do you have a system of written quality control in operation YES / NO

33. Do you have a products recall plan ? YES / NO

34. Do you retain your rights of recourse or recovery against anyone from which whom you purchase goods, components or materials or who carries out work for you? YES / NO
If No please give details and attach a copy of the waiver terms to this proposal

For full explanation of standard terms conditions and definitions refer to the policy document, a copy of which is available on request.

GENERAL QUESTIONS

Please answer all questions in full, INCORRECT ANSWERS or failure to disclose all material facts may render the Insurance inoperative. **Material facts** are those which would influence acceptance or assessment of the Insurance risk. If you are in doubt, please disclose them or seek assistance from your Insurance adviser.

The Insured Premises means that part of the Building occupied by the proposer for the benefit of Business.

1 Has any Company or Underwriters in respect of any of your Insurances ever YES / NO declined your proposal, refused to renew or cancelled your policy or required any special restrictions or conditions?

2 Who were your last Insurer's of the Premises to be Insured hereunder?

Name: Branch: Policy No.:

3 Have the Insured premises been surveyed by a previous Insurer? YES / NO
If "YES" were all the requirements carried out?

4 Have you or any partner or any Director ever been convicted of any criminal YES / NO offence? It is not required to include motoring convictions (other than those resulting in disqualification or imprisonment) nor convictions regarded as "spent" by virtue of the Rehabilitation of Offenders Act 1974.

5 Give full details of all accidents or losses incurred by you or any other person whose property is to be Insured hereunder during the last **FIVE** years **whether covered by insurance or not**. If NONE write **NONE**. N.B. This question refers to any business or premises.

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Failure to answer ALL questions or to incorrectly answer questions may affect your rights in the event of a claim.

DECLARATION

To the best of my/our knowledge and belief the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts.

I/we understand that non-disclosure or mis-representation 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 Insurance Advisor.)

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

If this proposal has been completed on my behalf by any other person(s) I/we confirm that I/we have read, understood and agreed all the answers herein.

Signature of Proposer

Date