



Member of Liberty Mutual Group

Royal Mews · St. Georges Place · Cheltenham · Glos · GL50 3PQ

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COMBINED LIABILITY PROPOSAL FOR INSURANCE Miscellaneous Trades

IMPORTANT NOTICE – PLEASE READ PRIOR TO COMPLETING THIS FORM.

The information you provide is vital to the insurer’s consideration of the relative risks associated with your business. The premium quoted will be based on a number of factors including the responses you give to the questions below.

This proposal must be signed by a partner, principal or director of the business. It is your duty to disclose all material facts to the insurers. A material fact is one that is likely to influence the insurer’s judgement and acceptance of your proposal.

Should we underwrite your policy, any change or alteration to the information you give below, which occurs during the period of the policy, requires immediate notification to us. Failure to do so may result in cover not being available from the date at which the change or alteration occurred.

Insurers may make coverage conditional upon having a Health and Safety audit either before or within a set time limit of coverage commencement.

Please write in BLOCK CAPITALS and tick where appropriate so that Insurers can understand your responses. If necessary, continue on a separate sheet of your headed paper remembering to sign, date and attach any continuation sheets to the main form. Please keep a record of all information you provide us.

Section One	
1	Proposer’s full name (including trading names and subsidiaries)
2	Address
3	Contact telephone number
4	Email address
5	Date established
6	Business description

Section Two		
1	Have you, your Directors or Partners had a proposal or insurance declined or cancelled or renewal refused by any insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you, your Directors or Partners had special terms or conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you, your Directors or Partners ever been charged or convicted (but not yet tried) with a criminal offence other than a motoring offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you, your Directors or Partners ever been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner, Director or Partner with any company which went into receivership, administration or liquidation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Have you, your Directors or Partners been involved in any other business entities or been engaged in similar activities to the proposed insured in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Have you, your Directors or Partners had any dealing with the Health & Safety Executive, the Environmental health officer or any other enforcement agency or been the subject of any enforcement measures, prohibition notices or criminal proceedings in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	If 'Yes' to any of the above please provide full details below (continue on a separate sheet if necessary).	

Section Three		
1	Do you own premises or have any representation outside of the United Kingdom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'yes', please give details including whether those operations are subject to local insurance arrangements	
2	Do you source directly source products known to be imported from outside the EU?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'yes' please list the countries of origin and what proportion of your typical annual spend is attributable to each source	
3	Give details of any measures you employ to ensure your rights of recourse against suppliers are maintained e.g. contractual indemnities, insurance vetting etc	

6	Do you use heat work away from your premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'yes' please provide the following: a) percentage of time spent using heat work b) type of heat used	a) b)

Section Four		
1	Do you have a senior member of staff responsible for Health & Safety?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do you employ a Health & safety consultant? If 'yes' please give name and contact details	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Do you have written guidelines on the handling of heavy loads?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Do you have written guidelines on repetitive tasks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you train workers in the safe use, including storage, of hazardous chemicals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Are your workers fully competent to work at height or closely supervised by someone who is?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Are workers who operate dangerous machinery properly trained and assessed as competent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Do you ensure that managers receive information and advise on how to manage work related stress?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you have written guideline on the use of vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Do you have written guidelines on dealing with uneven or slippery surfaces and obstacles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Are noise assessments carried out and training on the operation of noisy equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Do you have written guidelines on the handling of vibrating tools and equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Are you affiliated to any trade body? If 'yes' please advise which and provide membership number	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Do you have any accreditations such as ISO accreditation? If 'yes' please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	In the even that an employee is injured at work do you a) provide rehabilitation/medical care to facilitate the return to work? b) Continue to pay the employee's wages following the accident? If 'yes' on what basis?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

16	Do you supply and enforce use of Personal Protective Equipment where required? If 'yes' please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
N.B. Please ensure you attach a copy of your current Health & Safety policy to this proposal		

Section Five			
1	Please provide the following payment and turnover for the last twelve months and estimates for the next twelve months		
		Last 12 months	Next 12 months
	Clerical	£	£
	Supervisors		
	a) Manual	£	£
	b) Clerical	£	£
	Directors		
	a) Manual	£	£
	b) Clerical	£	£
	Manual (please split between activities)		
	a)	a) £	a) £
	b)	b) £	b) £
	c)	c) £	c) £
	d)	d) £	d) £
	e)	e) £	e) £
	f)	f) £	f) £
	g)	g) £	g) £
	Labour only sub-contractors		
	Turnover (please split between activities)		
	a)	a) £	a) £
	b)	b) £	b) £
	c)	c) £	c) £

	Bona fide sub-contractors	£	£
	Any other payments (please specify)		
	a)	a) £	a) £
	b)	b) £	b) £
	c)	c) £	c) £

2	For the each of the past three years, please provide details of your employee and accident numbers			
		Last year	Previous Year	Two years ago
	Total number of employees			
	Total number of all accidents			
	Total number of RIDDOR accidents			

3	Please provide your claims experience for the last five years (continue on a separate sheet if necessary)	
	Policy Period	
	Date of claim	
	Type of claim (e.g. EL)	
	Amount paid	
	Amount outstanding	
	Details of claims	
	Steps taken to prevent similar claims occurring	

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Section Six		
1	Do you work in connection with any of the following: a) Tunnelling, water diversion, dams or reservoirs b) Demolition c) Pile driving d) Towers, steeples, chimney shafts, viaducts or bridges e) Use of explosives f) Airports, airfields, ports, docks, jetties or quays g) Offshore installations or work at sea h) Railways i) Asbestos or silica j) Waste removal/disposal k) Radioactive substances	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'yes' to any of the above please provide full details on a separate sheet.	
2	Have all the required risk assessments been carried out and recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3	When was the last risk assessment carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Are method statements prepared for each contract/job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you undertake post-incident reviews following losses or near misses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	In relation to any construction or building operations, what steps are taken to ensure compliance with Construction (Health, Safety and Welfare) Regulations?	
7	What steps are taken to ensure compliance with Workplace (Health, Safety and Welfare) Regulations?	
8	For what proportion of your work are you the main or sole contractor?	
9	For what proportion of your contracts do you incur responsibilities under Construction, Design and Management (CDM) Regulations?	
10	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	
11	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?	

DECLARATION

It is your duty to disclose ALL MATERIAL FACTS to Insurers. If you are in doubt as to whether or not the facts are considered material, you should disclose them.

I/We declare that the statements and particulars in this proposal are true and no material facts have been suppressed.

I/We confirm that no work is undertaken by the company which involves the handling and/or stripping out of asbestos insulation, asbestos coating, asbestos insulation board and/or any other substance incorporating asbestos.

I/We understand that any contract of insurance effected hereafter shall indemnify only those judgements obtained in the Courts of Law of Great Britain, Northern Ireland, the Isle of Man and the Channel Islands and not any judgements obtained elsewhere nor judgements first obtained in any other jurisdiction and registered in such Courts whether by way of reciprocal agreements or otherwise unless specifically agreed by the insurers.

I/We undertake to inform the insurers of any material alteration to these facts occurring before completion of the contract of insurance.

I/We understand that this Proposal, together with any other information supplied, shall form the basis of any contract of insurance.

I/We consent to Vision Underwriting Ltd using any personal data above to provide a quotation and/or to facilitate administration or renewal of an insurance and/or in the investigation or handling of a claim or circumstance notification by a Loss Adjuster or Solicitor acting under their direct instruction.

Signature

Full name and Position

Date:

- Make sure you have fully completed ALL questions.
- Please sign & date any supplementary sheets
- Please take a copy for your reference and send the completed form to your insurance broker.

Vision Underwriting Limited

Registered Office: Royal Mews · St. Georges Place · Cheltenham · Gloucestershire · GL50 3PQ

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