



1.7

Normal Business Activities *(Include activities of all subsidiaries proposed for insurance)*

1.8

Have you or your partners or directors been involved in any other business in the past 5 years?

Yes

No

If Yes, please provide the name of the business, its main activity and the period of involvement

1.9

In respect of any of the covers to which this Proposal relates and any business in which you or any of your partners or directors have been involved:

1.9.1 Have you ever been insured?

Yes

No

1.9.2 Has any insurer ever declined a proposal, refused renewal, cancelled a policy or imposed special terms?

Yes

No

If Yes, please provide full details:

1.10

In the last three years have you been taken over, merged with, acquired or disposed of any companies or significant business activities, or are any currently under consideration?

Yes

No

If Yes, please provide full details

**2. THE BUSINESS**

2.1	The Wageroll:	<b>This year</b>	<b>Last Year</b>
2.1.1	Your Workforce	£ <input style="width: 100px; height: 20px;" type="text"/>	£ <input style="width: 100px; height: 20px;" type="text"/>
2.1.1	Principal/Partners/Directors	£ <input style="width: 100px; height: 20px;" type="text"/>	£ <input style="width: 100px; height: 20px;" type="text"/>
2.2	Workforce Numbers	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

2.3	The Total Turnover:	<b>This year</b>	<b>Last Year</b>
		£ <input style="width: 100px; height: 20px;" type="text"/>	£ <input style="width: 100px; height: 20px;" type="text"/>

2.4	Turnover - Geographical Split	<b>Region</b>	<b>Approximate</b>
		%	
		UK	%
		Europe	%
		North America	%
		Elsewhere *	%

\*Elsewhere – Please specify

2.5 Does the firm utilise standard contract terms and conditions with their suppliers and customers?

Yes  No

2.6 Does the Firm provide written particulars for all employees by means of contracts of employment and staff handbooks explaining matters relating to their employment?

Yes  No

If Yes, please provide details

2.7 Does the Firm have an established

2.7.1 disciplinary procedure by which the dismissal of employees is carried out?

Yes

No

If Yes, was it drafted by a solicitor specifically for your business?

Yes

No

2.7.2 policy regarding discrimination and harassment and are all staff made aware of this policy?

Yes

No

2.7.3 and recognised Trade Union or similar organisation for the representation of workers?

Yes

No

If Yes, please provide details:

2.8 Do you intend to make any redundancies this year?

Yes

No

If Yes, please provide full details

2.9 In the past five years, has the Proposer had to initiate or defend any legal proceedings to which insurance would apply?

Yes

No

If Yes, please provide full details including whether won or lost and the amounts involved including legal costs

2.10 **AFTER ENQUIRY**, is the Proposer aware of any circumstances including specific act or omission or dispute or other event which MAY give rise to a claim under the proposed insurance?

Yes

No

If Yes, please provide full details:

2.11 Are there any other material facts to be disclosed to Insurers regarding this Proposal for Insurance?

Yes

No

If Yes, please provide full details:

**3. YOUR INSURANCE REQUIREMENTS**

Please indicate the Covers that you require from the following selection:

Description	Is Cover required? Please tick
Contract Disputes	
Employment Disputes	
Taxation Disputes	
Criminal Prosecution Defence	
Motor & Driving Licence	
Property Disputes	
Personal Injury	
Statutory Licence	
Data Protection	

Please indicate the Indemnity Limits that you require from the following selection:

	A		B	
<b>Any one Claim Limit</b>	£50,000		£100,000	
<b>Policy Aggregate Limit</b>	£500,000		£1,000,000	

Please indicate the Excess that you are prepared to carry for each claim *(Please note that Insurers impose minimum excesses although a higher excess will normally result in a lower premium)*

£

#### 4. THE 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 on behalf of the firm that the statements and particulars in this proposal and any other information supporting this proposal are true and that I/we have not mis-stated nor suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring prior to the completion of the contract of insurance. Signing this declaration does not bind the Proposer or Insurer to complete a contract of insurance.

Signature of Director/Partner/Principal.

Full name and job Title

Date:

#### 5. THE NEXT STEPS

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

**Vision Underwriting Limited**  
**Royal Mews, St. Georges Place, Cheltenham, Gloucestershire GL50 3PQ.**  
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Underwriting Agents for Insurance Companies and Lloyd's Syndicates  
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