



Proposers Details

NAME OF PROPOSER IN FULL

POSTAL ADDRESS

MOBILE PHONE EMAIL

FULL BUSINESS DESCRIPTION
(If more than one, state all)

LIABILITY SECTION

Public & Products Liability

Limit of Indemnity Required €

Estimated Annual Turnover Split as Follows;

€

€

Employers Liability

Employee Category	No of Full Time Employees	No of Part Time Employees	Wage Roll	Work Away Wage-roll
Clerical/Admin			€	€
Manual Working Directors			€	€
Clerical Working Directors			€	€
All Other Manual Employees			€	€
			€	€

5 Years Liability Claims History

Liability

Year	E/L Claims			P/L Claims			Products Claims		
	No	Paid	O/S	No	Paid	O/S	No	Paid	O/S
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€

About Your Business

1. Has any insurer :-

- (a) refused to accept a proposal from you? YES NO
(b) refused to continue a Policy of Insurance held by you? YES NO

2. Has any Insurer imposed special terms on an Insurance Policy held by you? YES NO

3. Have any of your business or in the last 5 years ever been declared bankrupt, insolvent or gone into liquidation or had any actions of bankruptcy made against you? If yes please give full details YES NO

5. Have you, or any of your business partners or directors ever been convicted of or charged with a criminal offence other than a motoring offence? If yes please give full details YES NO

6a. Please confirm you have a written emergency and/ or evacuation plan in the event of a bomb scare or fire? YES NO

6b. Please confirm you have emergency procedures in place in respect of missing Persons and Children? YES NO

7a. Please confirm you have a written Health and Safety Policy in place and that you comply with the Health & Safety at work Act? YES NO

7b. Please confirm you have Fire Certificate YES NO

7c. Please confirm you have a Local Authority License YES NO

7d. How many qualified first aiders do you have? _____

8. Do you use any concessionaires / bona fide subcontractors ? YES NO

If yes , please confirm that they have their own employers liability for no less than €13m and public liability for no less than €2.6m insurance in place and this checked prior to any work / event taking place?

(You will need to prove this in the event of claim occurring) YES NO

9. Please Confirm you inspect your premises and equipment daily and any repairs carried out immediately? YES NO

10. Please Confirm that you comply with the code of safe practice / rules & regulations relating to your activity as set by the relevant Trade Association / Authority? YES NO

12. Please confirm whether you have 'Incident Log Book' in force and used correctly and is kept in a safe and secure place? YES NO

13. Please confirm whether you use security staff and are they:- YES NO
a) Your own employees? YES NO
b) Agency Provided? YES NO
c) Vetted and approved? YES NO
d) Fully trained in crowd control and human behaviour technique YES NO
e) Are they Local Authority Registered YES NO

14. If "Yes" to Question 13 please briefly outline your security procedures

DECLARATION

I/We agree that if this Contract of Insurance is completed then I/We will immediately notify the underwriters if any details change.

The information provided in connection with this proposal form is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material facts will entitle the Underwriters to void the Contract of Insurance.

I/We understand that the signing of this proposal form does not bind me/us to complete the Contract of Insurance. However, I/We agree that should a Contract of Insurance be completed, then this Proposal Form and the Declaration shall form an integral part of the basis of the Contract of Insurance.

I/WE understand that any change in information must be notified immediately and no cover exists until such change has been approved by the underwriters.

Signed

Date.....

Position in Company