



EMPLOYER'S, PRODUCT & PUBLIC LIABILITY PROPOSAL FORM

Please complete all details in **BLOCK LETTERS**. Where applicable indicate YES or NO. Insurance will not be in force until this proposal is accepted by Underwriters.

The Organisations Full Name

.....

Trading Name (If different from above)

.....

Postal Address (of The Officer responsible)

.....

Occupation / Business / Trade Description of The Organisation

Date from which insurance required

Address of premises/waters to be insured

.....

1. We require insurance to cover:

- 1. Employers Liability to a Limit of Indemnity of €13,000,000
- 2. Public Liability
- 3. Products Liability (only available with Public Liability)

For Public and/or Products Liability, state Limit of Indemnity required.

- Please tick
- €1,300,000
 - €2,600,000
 - €6,500,000
 - Other Limit required €

2. Date Business commenced:

Are you a member of a association or federation? YES/NO if YES which?

.....

Do you comply with the associations working code of practice? YES/NO
 Do you have a standard contract between you and your client to which you comply? YES/NO
 if YES please supply a copy
 What proportion of your work is undertaken based on this contract?

Do you have a written Health & Safety Policy ? YES/NO

3. Are your premises in good state of repair, and are your ways, plant and machinery (at your own premises and all contract sites) properly fenced and guarded and otherwise in good order and condition YES/NO

4. Do you undertake design work for (a) your own contract YES/NO
 (b) other work YES/NO

5. Are all your employees United Kingdom nationals? YES/NO
 (if no state number and nationality of foreign employees)

6. Are any of the following used in connection with your business ?
 (a) Woodworking or Power Driven Machinery YES/NO
 (b) Lifts, Cranes, Hoists or other Lifting Apparatus YES/NO
 (c) Slings or Cradles YES/NO
 (d) Any Other Mechanical Plant YES/NO
 (e) Processes involving a noise level in excess of 85 dB(A) YES/NO
 (f) Radioactive substances or other sources of ionising radiation's YES/NO
 (e) Asbestos or Silica YES/NO
 If YES, please give details

7. Do you discharge any hazardous waste products (e.g. chemicals, gases, radioactive substances, dust, fumes or vapours) into the atmosphere, sewers, waterways or elsewhere? YES/NO
 If YES please advise type of waste and give full details of :
 (a) Storage and Disposal Methods.....
 (b) Treatment of Waste
 (c) Disposal Licences Held

8. Do you carry out any manual work away from your own premises YES/NO
 If YES, please give details.....

9. Do you design, give advice or prepare specification
 (a) For a fee? YES/NO
 (b) In connection with products supplied? YES/NO
 if YES, please give details, including products involved.

10. Do you supply any products that you do not manufacture? YES/NO
 If YES, do you
 (a) Retain rights of recovery against the manufacture YES/NO
 (b) Alter, adapt or change any products? YES/NO
 If YES please give details including product, use, source of supply and type of alteration, adaptation

.....
 Give details of imported products including source and use

11. Give details of any products used:-
 (a) In air or space craft
 (b) In marine craft
 (c) Offshore
 (d) In nuclear installations
 (e) In safety critical parts or motor vehicles

12. Are any of your products, currently or any in past 3 years, supplied directly or to your knowledge, indirectly to the USA or Canada ? YES/NO
 (if YES, please give details)

13. Are any of the goods known to be potentially harmful to health or require any hazard warning? YES/NO
 (if YES, please give full details and attach particulars of safeguards, warnings, instructions for use and terms of sale)

14. Do you have any representation outside United kingdom ? YES/NO
 (if YES, please give details and state territories involved)

15.

Description	Estimated No of Employees	Estimated Annual Payments	
		Work at your premises	Away from your premises
Clerical, Commercial Traveller & Managerial employees who do not engage in manual labour			
All other Employees			
Labour Gangers, Labour only sub-contractors & self employed sub-contractors supplying Labour only			
Self employed sub-contractors			
Proposers own annual remuneration if working manually in the Business			
Fixed woodworking machinists			

GROSS ANNUAL TURNOVER		€
	Other (if so, please state)	€
	Other (if so, please state)	€

16. Have you had any claims made against you during the last 5 years YES/NO (if YES please give details)

Employers Liability

Year	Total Wages	Settled Claims		Reserves for Outstanding Claims	
		No.	Amount	No.	Amount
Total					

Question 16 Continued

Public Liability/Product Liability

Year	Total Wages	Settled Claims		Reserves for Outstanding Claims	
		No.	Amount	No.	Amount
Total					

17. Have you ever been prosecuted under the Health & Safety at Work Act or other statute or regulation YES/NO
 (if YES please give details)

18. Please state name of present and previous insurers over the last three years

Has the Insurer ever declined your proposal, refused to renew or cancelled your policy, increased your premium, or imposed special terms YES/NO
 (if YES please give details)

TO BE COMPLETED IN ALL CASES

IMPORTANT NOTICE

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to the Underwriters.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between the Insurers and Myself/Ourselves.

Name Position

Signature Date