



## COMBINED LIABILITY SUBMISSION FORM

### General Information

BROKER CONTACT NAME			
HOLDING BROKER	Yes/No		
CURRENT INSURER			
RENEWAL DATE		Current Premium	€

### Proposers Details

NAME OF PROPOSER IN FULL			
POSTAL ADDRESS			
PHONE NUMBER		FAX	
MOBILE PHONE		EMAIL	
FULL BUSINESS DESCRIPTION (If more than one, state all)			
HOW LONG HAVE YOU BEEN IN BUSINESS			

### Location(s) of Property to be Insured

1.	
2.	
3.	

### PUBLIC & PRODUCTS LIABILITY

Limit of Indemnity Required €

Estimated Annual Turnover Split as Follows:

1.		€
2.		€
3.		€

### Details of Three Largest Contracts recently completed or currently on-going

<u>Description/Full Details of Contract</u>	<u>Contract Price</u>	<u>Completion Date</u>
	€	
	€	
	€	

### 5 Year Turnover History

Year	Amount
	€
	€
	€
	€
	€

## EMPLOYERS LIABILITY

Employee Category	No of Full Time Employees	No of Part Time Employees	Wage Roll
Clerical/Admin			€
Manual Working Directors			€
Clerical Working Directors			€
Labour Only Sub Contractors			€
Apprentices			€
All Other Manual Employees			€
			€
			€
			€

DESCRIPTION OF WORK CARRIED OUT	
% OF WORK AT OWN PREMISES	
% OF WORK AWAY FROM THE PREMISES	
HEIGHT LIMIT REQUIRED	Metres
DEPTH LIMIT REQUIRED	Metres

## 5 Years Claims/Accident History

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

## RISK MANAGEMENT DETAILS

DATE OF LAST SURVEY

CONDUCTED BY

OUTSTANDING REQUIREMENTS?

Yes/No

IF YES PLEASE DETAIL

DO YOU HAVE A CURRENT SAFETY STATEMENT

Yes/No

DO YOU HAVE A SAFETY OFFICER

Yes/No

DETAILS OF ANY HOT WORKS

HEALTH & SAFETY ARRANGEMENTS

## Additional Information