

## PROPOSAL FORM FOR LIABILITY COVER

<b>SUBMITTING BROKER:</b>					
Your full name:					
Your trading name:		Date business established:			
Your main contact telephone number:		Your fax number:		Your mobile number:	
Your email address:					
Your trading address:		Your correspondence address (if different):			
Postcode:		Postcode:			
Are you a:	Sole Trader / Partnership / Limited Company / plc		Company Registration number (if Limited Company)		
Commencement date for this policy:					
Are you registered for VAT?		YES / NO	If "YES", what is your VAT number?		
Please provide full details of your business					
Is this your first venture in your trade?		YES / NO			
If "NO", please state previous experience.					
Please provide full details of your business premises					
What type of premises do you trade from? (Please strike out those that do not apply)		HOME ADDRESS / WAREHOUSE / SHOWROOM / YARD AWAY FROM HOME / OPEN CAR LOT / MOBILE / WORKSHOP / SHARED PREMISES / OTHER (please state below)			
(OTHER)					
Have you, or any Directors / Partners, ever been declared Bankrupt or Insolvent or been a Director / Partner of a company that went into liquidation or Receivership or had a County Court Judgement?					YES / NO
If "YES", please give details below, including date(s) and name(s) of Limited Company(ies) and trading name(s)					
Do you weld or cut on your own premises?		YES / NO			
Do you weld or cut away from your own premises?		YES / NO			
Do you spray on your own premises?		YES / NO			
Do you spray away from your own premises?		YES / NO			
(If you state "NO" to the above, then welding, cutting and spraying will be excluded.)					
Have your premises been approved for spraying by the Local Authority?				YES / NO / NOT APPLICABLE	
Do you store paint / thinners in approved receptacles?				YES / NO / NOT APPLICABLE	

Note: Certain warranties apply to welding / cutting and spraying. Two operatives shall be on site at all times. In the event of the Insured being a sole trader without assistance, this requirement will be waived provided all other requirements are strictly adhered to. Would you be able to comply with these warranties? YES / NO

If "NO", please state reason below:

Details of your Business			
Do you employ anyone either fulltime or casual?	YES / NO	If "YES", how many?	
Number of skips:		Of which, what percentage are on the public highway?	%
Type of goods carried:			
Condition of carriage:			
Indicate your speciality and as a percentage of your total turnover			
Buying / selling / wholesaling / importing / exporting	YES / NO		%
Mechanical / servicing / overhauls	YES / NO		%
Crash body repairs / spraying	YES / NO		%
Car Breaking / sale of second hand parts	YES / NO		%
Dealer in Commercial Vehicles / HGVs / Coaches	YES / NO		%
Sale / fitting of motor accessories	YES / NO		%
Valeting / Steam cleaning	YES / NO		%
Vehicle leasing / Liquidations / Auctioneers / Repossessions	YES / NO		%
Vehicle deliveries	YES / NO		%
Car Jockey / Car Parks	YES / NO		%
Self-Drive Hire	YES / NO		%
Skip Hire	YES / NO		%
Hauliers / Couriers	YES / NO		%
Other activities (specify below)	YES / NO		%
	TOTAL		100%

EQUIPMENT USED	
If you use any of the following equipment in your business, please provide a full description of each item, including type, model, age and how many are in use.	
Lifts, Cranes, Hoists and the like	YES / NO
Power-driven Machines.	YES / NO
Are your ways, works, machinery and plant properly fenced and otherwise in good order and regularly inspected to comply with Statutory requirements?	YES / NO
Do you have:	
A formal written Health and Safety Policy (if more than 5 employees)	YES / NO
A formal Safety training plan for employees (if EL is required)	YES / NO
A documented procedure for high risk activities (if applicable)	YES / NO
A formal documented accident investigation plan	YES / NO
If "NO" to any of the above, please supply full details:	

Have you had any claims or losses, including industrial diseases, during the last five years:		YES / NO	
If YES, please give details below			
Employers Liability Claims:			
Date of Loss	Settled (£)	Outstanding (£)	Details
Total			
Public and Product Liability Claims:			
Date of Loss	Settled (£)	Outstanding (£)	Details
Total			

## PUBLIC LIABILITY / PRODUCTS LIABILITY / SERVICE & SALES INDEMNITY

**This covers your legal liability to customers and members of the public for injury to them or damage to their property arising from your declared activities at your premises or whilst working away.**

Do you require cover for:

Public Liability	YES / NO	Standard Indemnity = £1,000,000 Do you require cover for:	£2,000,000 <input type="checkbox"/>	£3,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
Products Liability	YES / NO		£2,000,000 <input type="checkbox"/>	£3,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
Service Indemnity	YES / NO		£2,000,000 <input type="checkbox"/>	£3,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
Sales Indemnity	YES / NO		£2,000,000 <input type="checkbox"/>	£3,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
What is your projected annual turnover?			£		
What is your projected annual wage roll?			£		
Have you previously been insured for Liability Risks?			YES / NO		
If "YES", state name of Insurer and period of cover.					

## EMPLOYERS LIABILITY

**If you employ anyone on a full time, casual or even self-employed labour only basis, you are required by law to arrange cover in respect of your legal liability for death or bodily injury including industrial diseases to employees.**

Do you require cover for Employers Liability? YES / NO

How many people do you employ?		What is your weekly wage bill for?	
PAYE Employees		PAYE Employees	£
Self Employed persons		Self Employed Labour only / casual	£
Casual		Your own weekly drawings	£
Family		Family employees	£
Does any member of your family assist you in your business?		YES / NO	
If YES, is their remuneration shown in the categories above?		YES / NO	
If YES, state weekly wage bill.		£	

Unless you are a Limited Company or PLC, it is not a requirement to provide Employers Liability Insurance when employing your family, or as a sole trader, and claims for injury would be excluded unless you request cover.

Do you need Cover?	YES / NO
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If a Partnership, the liability of one Partner to another in respect of an injury is not compulsory, but prudent to arrange.

Do you require this extension at an additional premium?	YES / NO	If YES, give details below.
Have you ever been prosecuted under the Factories Act, the Health and Safety at Work Acts or other Statutory Regulations?	YES / NO	

Have you previously been insured for Employer's Liability cover?	YES / NO
If YES, state insurer and period of cover	

Any other material facts relating to this Proposal should be entered here and initialled by the Proposer at the end.

## Important Facts: Your consumer rights and your obligations

It is an offence to make false statements or to withhold information in order to obtain a Certificate of Insurance.

It is a requirement of this insurance that you are able to provide sufficient documentation to substantiate any claim, that you conduct your business affairs in accordance with best business practices. Failure to do so will delay or prejudice any claim.

We pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us check information provided and also to prevent fraudulent claims. When we deal with your request for insurance cover, we may search these registers. Under the conditions of your policy, you must tell us about any incident (such as an injury or damage) which may or may not give rise to a claim. When you tell us about an incident, we will pass on information relating to it to the Registers.

### **DECLARATION**

To the best of my knowledge and belief, the information provided in connection with this Proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the Insurance.

**(NB A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Adviser.)**

I/we accept that the information on this form, or any subsequent documentation, may be supplied to any insurance industry database to allow this information to be made available to other insurers.

I/we have not suppressed or misrepresented any material fact and have fairly estimated our wages and salaries expenditure and turnover.

I/we agree the terms, conditions and limitations of the policy to which this proposal applies.

I/we understand that signing this Proposal Form does not bind me/us to complete the Insurance, but agree that, should a contract of Insurance be concluded, this Form and the statements made therein shall form part of the Contract.

Signature(s) of Proposer(s) .....

Print name(s) of person(s) signing .....

Position in Company (if signing on behalf of a firm or company) .....

Dated ..... **Please note that unless this is dated, this Proposal will not be valid.**

If this form has been completed by anyone other than the person signing, please give the name of the person who has completed the form and their relationship to the proposer - i.e. Spouse, Agent, Broker, Employee.

Name..... Relationship.....