

Liability Insurance - Renewal Proposal Form

Insured

1. Full name (including trading name and names of all partners and if applicable, and subsidiary companies)

2. Postal address

Postcode

Email Address

3. **Cover** - please select the cover you require

Employers Liability Limit of Indemnity £10m YES NO

Public/Products Liability Limit of Indemnity £1m £2m £5m

4. **Employees**

Please state the number of people working, split between the following: Number of people

a) Clerical Employees and Principals/Directors not undertaking manual work

b) Principals/Directors undertaking manual work

c) Employees undertaking manual work

d) Labour-only Sub-contractors (who are not Temporary Employees and who are not Bona Fide sub-contractors who have their own insurances)

e) Temporary Employees i) Number

ii) Days employed per annum

Your Employer Reference Number (commonly known as Employer PAYE Reference)

General Questions

5. Does your work involve the use of handling of any goods known to potentially harmful to health or that require a hazard warning? YES NO

If you've answered 'Yes', please provide details , including safety measures used

6. Does your work involve any of the following:

- a) the application of heat YES NO
- b) powered machinery or tools YES NO
- c) work at height above 10 metres YES NO
- d) digging/working below ground level YES NO

If you've answered 'yes' to d) give details of work and maximum depth limit

e) work in or on Tunnels, Chimneys, Shafts, Mines, Steeples, Quarries, Towers or similar YES NO

If you've answered 'yes', please provide full details

DISCLOSURE

You have a legal duty to disclose to insurers all material information which may affect their judgement in determining whether to provide you with insurance and if so on what terms. In the case of renewal of existing insurance arrangements, this includes any material changes to information already disclosed to insurers;

If you are in any doubt as to whether or not information is material, you should disclose it, even if there is no specific relevant question in the proposal form;

Failure to disclose material information may give insurers the right to avoid any contract of insurance they may subsequently issue, with the consequence that you will not be protected for any claims notified under that insurance.

DECLARATION

I/We agree that the above statements and particulars are true and I/We have not suppressed or mis-stated any material facts.

I/We agree that this proposal, together with any other information supplied by me/shall form the basis of any subsequent contract of insurance.

I/We agree that where information has been inserted on our behalf, we have reviewed such information and confirm the information is accurate and correct.

Signed:

Partner/Director/Practitioner

For and on behalf of:

Date:

Important: Please note that we are unable to place Liability insurance in isolation. You must also place your Professional Indemnity insurance with ourselves.