

Application for

Combined Liability Insurance

This application form must be completed signed and dated by your Principal, Director or Partner

Please ensure that all questions are answered in full and that where further details are requested or there is insufficient space available in the application form any relevant additional information is provided in the box on the last page

All material facts must be disclosed to us whether or not they are the subject of a specific question herein and you have a continuing duty to disclose such facts to us throughout the duration of the period of insurance. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy avoidable or cover reduced

Proposer Details

Full Trading Title (including full names if individuals or partners)

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Trading Address (including postcode)

	Postcode

Please provide details of any other Trading Addresses on separate sheets

Correspondence Address (if different from Trading Address above)

	Postcode

Business Description (please provide a full description of all your business activities)

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Date Business Established

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Website*

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*(Your website content will **not** be deemed to form part of this application form unless supplied in hard copy form and attached to this proposal form)

Have you changed your name or been part of a merger de-merger or joint venture or have there been any material changes to your activities in the past 6 years? If YES please provide full details

YES NO

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Name of Current Insurer

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Period of Insurance

From:	To:
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Liability

1 General Information

Please specify any accreditations: (ie: ISO9000 series, IIP)

2 Safety Policy

(a) Is there a safety policy?

YES NO

(b) What is the date of the last review of the safety policy?

(c) When was it last communicated to all employees?

(d) If there are more than 5 employees, is the policy in writing and signed?

YES NO

3 Knowledge of health & safety

Is there a safety officer or person responsible for health and safety issues?

YES NO

If YES, give details of formal training given to the person, If NO, give details of external advice you obtain

4 Risk assessment

(a) Have all the required risk assessments been carried out and recorded?

YES NO

(b) When was the last risk assessment carried out?

5 Training

(a) Please give details of what the health and safety training is given to employees:

(b) Is training recorded?

YES NO

6 Workplace inspections

(a) Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective actions is taken?

YES NO

(b) How often are inspections carried out?

Employers' Liability

7 (a) Is cover required?

YES NO

(b) Indemnity Limit £10m – if you require a different limit please enter amount

£

(c) Do you work at or on any power stations, nuclear installations or establishments, refineries, bulk storage or production premises in the oil, gas or chemical industries, offshore structures, aircraft, aerospace or watercraft, railways, airports or work underground or underwater?

YES NO

If YES please give full details

8 Employer's Reference Number(s)

Company Name	Parent (P) Subsidiary (S)	ERN Number	Exempt? Yes (Y) No (N)	Exempt Reason 1, 2 or 3 Please select from below

1. The entity has no employees
2. All staff employed earn below the current Pay As you Earn (PAYE) threshold
3. The company is not registered in England, Wales, Scotland or Northern Ireland

Public Liability

9 (a) Is cover required?

YES NO

(b) Indemnity limit required (£)

(c) Number of premises

10 Work Away

(a) Is work undertaken away from own premises?

YES NO

(b) If YES, please describe the nature of such work

Products Liability

11 (a) Is cover required?

YES NO

(b) Indemnity limit required (£)

Wages and Turnover

12 (a) Please give your wageroll breakdown

Description	Wageroll/ payments to employees or sub contractors	No. of employees	Payments to proprietors, partners, directors	Work above 10m? If yes, enter % & max height			Work below 1m? If yes, enter % & max depth		
				Yes / No	%	Max height	Yes / No	%	Max depth
				Clerical and administration					
Non manual site work					%			%	
Use of fixed woodworking machinery									
Premises bases manual									
Work away manual excluding the use of heat*					%			%	
Work away manual including the use of heat*					%			%	
Labour only sub contractors excluding the use of heat*					%			%	
Labour only sub contractors including the use of heat*					%			%	
Bona fide sub contractors excluding the use of heat*					%			%	
Bona fide sub contractors including the use of heat*					%			%	
Other workers – please describe activities									
					%			%	
					%			%	

Does any of the above include work overseas, offshore or on vessels or craft?

YES NO

If YES, please give full details:

* Use of heat is defined as being the use of:

1. electric oxy-acetylene or similar welding or cutting equipment
2. cutting or grinding equipment using abrasive disks or wheels
3. blowlamps or blow torches
4. molten metal asphalt bitumen tar or pitch heaters
5. thermic lances

(b) Please give the split in estimated turnover for the next 12 months

Activity/Goods	Turnover		
	To USA/Canada	To UK	To Rest of World
Total			

Disclosure

You are not required to disclose convictions regarded as 'spent' by virtue of the Rehabilitation of Offenders Act 1974. All other material facts must be disclosed

Should you have any doubt about what you should disclose, do not hesitate to tell us

We recommend you keep a record (including copies of letters) for your future reference, of any additional information given

Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or will perhaps invalidate the policy

13 Claims History

Please provide details of all incidents which have or could have resulted in a claim during the past 10 years

Date	Payments (£)	Estimate (£)	Details

If there have been further claims, please provide full details under 'Additional Information' on page 6.

14 Have you, your present or former Directors, Partners or family members involved with this or any other business or living with you ever:

- (a) had any previous request for insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed? YES NO
- (b) been made personally bankrupt or been personally involved with any business which has been placed into receivership liquidation or been wound up at the request of its creditors? YES NO
- (c) sustained any claims for dishonesty? YES NO
- (d) been convicted of any offence other than a motoring offence which carries a fixed penalty? YES NO
- (e) been the subject of any County Court Judgements or Court Decrees? YES NO
- (f) been subject to any HSE prohibition or improvement notice? YES NO

If you have answered YES to any part of Question 14, please provide full details. Please use a separate sheet of paper if there is insufficient space below

15 Do your business activities covered under this insurance involve any of the countries subject to sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the EU, UK and USA? YES NO

If YES please provide full details

Additional Information

Question number	Additional details

Declaration

I/we declare that the above answers statements particulars and any additional information are true to the best of our knowledge and belief

I/we confirm that all material facts have been disclosed and this proposal makes fair presentation of the risks posed to insurers

I/we understand and agree that this application form shall be the basis of the contract with Glemham Underwriting Limited

Signature of Principal/Director/Partner:

Name	Position	Date
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Please retain a copy of this application form for your records

Data Protection Act

By accepting this insurance you consent to us using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.