

Combined Liability Proposal Form

	Full Name of the Insured (including the name of all subsidiary companies):					
	Full Business Description:					
	What Durdwate do you Many facture, Call Durgons Dancis Install, Albert Text Treat or Complex					
	What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, Treat or Supply?					
	Business Address (if more than one location please state all premises – use an additional schedule if necessary):					
	distress Address (if more than one location please state all premises—use all additional schedule if necessary).					
	Postcode:					
	Employer Reference Number (Employer PAYE Reference): This information is compulsory for all companies with employees (paying total gross salaries of more than £503 per month) and you must include the ERN for all subsidiary companies if applicable					
	please provide a separate schedule if necessary).					
	Do you belong to any Trade Associations? If "Yes" please list the associations you belong to: YES □ NO □					
	How long have you been in the business proposed?					
	Please Indicate /Circle cover required					
	Please Indicate/Circle cover required:					
	Employers' Liability YES NO					

	& Managerial (Non-Manual) En		£		
Manual S	Staff Working on your Premise	s only (please specify):	C		
Manual Work Away (please specify):					
			£		
			£		
. Estimate	d Gross Turnover:	UK:	£		
		USA/Canada:			
		Elsewhere (please sta			
			_		
	any other business in which yo loss (whether or not claimed f	ou / they have had an inter or)? If "YES" please provide		or loss or incident	t which
				YES 🗆 NO 🗆	t which
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Date	loss (whether or not claimed for claimed f	or)? If "YES" please provide	e details: Paid f f f £ f f f f f f	YES Outsta f £ f f £ f £ f £ f £ f f	anding
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Date Date Has the F	Circumstances	or)? If "YES" please provide	e details: Paid £ £ £ £ f f f f f f	YES	anding
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rise to a Date Has the F a) b)	Circumstances Circumstances Proposer(s), Partner(s) or Direction of the conditions imposed? Been convicted or charged (but offence)? Been subject of any County	or)? If "YES" please provided or recovery to the busing the declined, cancelled, or recovery to the second or the	e details: Paid £	YES NO Outsta £	anding becial te
Date Date Has the F a) b)	Circumstances Circumstances Proposer(s), Partner(s) or Direction of the conditions imposed? Been convicted or charged (but offence)?	or)? If "YES" please provided to the busing the declined, cancelled, or response to the Scot pany director or been invo	e details: Paid f	YES NO Outsta £	anding pecial te

13	Please confirm you have a written emergency and/or evacuation plan in the	e event of say a homb scare or fire
13.	Trease committy ou have a written emergency analysis evacuation plan in the	YES D NO D
14.	Please confirm you comply with the Health & Safety at Work Act 1974.	YES D NO D
15.	Do you have a written Health & Safety Policy in place? Does it cover?:	YES 🗆 NO 🗆
	Risk Assessments:	YES 🗆 NO 🗆
	COSHH Assessments:	YES D NO D
	Personal Protective Equipment:	YES D NO D
	Manual Handling:	YES □ NO □
	Staff/Induction Training:	YES D NO D
	Workplace Inspections:	YES D NO D
16	Please confirm that you inspect your premises and equipment daily and an	v renairs are carried out immediately
10.	Trease committee you hispeet your premises and equipment daily and an	YES NO
17.	Please confirm that you have a maintenance program in place for your equ	
	manufacturers' instructions.	YES □ NO □
18.	Do you use concessionaires / Bona Fide Sub-Contractors?	YES □ NO □
	limits of Indemnity for not less than your own policy and that this is checke to prove this in the event of any claim taking place.	d prior to any work taking place? You will need
		YES 🗆 NO 🗆
	Declaration	
	rmation in connection with this proposal form is true and I/We have not wit losure or misrepresentation of material facts will deem the Contract of Insu	•
should a	derstand that the signing of this proposal form does not complete the Contr Contract of Insurance be completed, then this Proposal Form and the Decla cract of Insurance.	
	derstand that any change in information must be notified immediately and of the description of the descripti	no cover exists until such change has been
I/We are	e domiciled in Great Britain, Northern Ireland, the Channel Islands or the Isle	of Man.
Signed		
Date		
Position	in Company	
Website	Address of Business: www.	

If "YES" to any of the above, please supply full details.