



## Combined Liability Proposal Form

1. Full Name of the Insured (including the name of all subsidiary companies):

2. Full Business Description:

3. What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, Treat or Supply?

4. Business Address (if more than one location please state all premises – use an additional schedule if necessary):

Postcode:

5. 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).

6. Do you belong to any Trade Associations? If “Yes” please list the associations you belong to:      YES  NO

7. How long have you been in the business proposed? \_\_\_\_\_

8. Please Indicate/Circle cover required:

**Employers’ Liability**                      YES  NO



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

13. Please confirm you have a written emergency and/or evacuation plan in the event of say a bomb scare or fire.

YES  NO

14. Please confirm you comply with the Health & Safety at Work Act 1974.

YES  NO

15. Do you have a written Health & Safety Policy in place?

YES  NO

Does it cover?:

- Risk Assessments: YES  NO
- COSHH Assessments: YES  NO
- Personal Protective Equipment: YES  NO
- Manual Handling: YES  NO
- Staff/Induction Training: YES  NO
- Workplace Inspections: YES  NO

16. Please confirm that you inspect your premises and equipment daily and any repairs are carried out immediately.

YES  NO

17. Please confirm that you have a maintenance program in place for your equipment, which is undertaken as per the manufacturers' instructions.

YES  NO

18. Do you use concessionaires / Bona Fide Sub-Contractors?

YES  NO

If "YES", please confirm that they have their own Employers' Liability & Public / Products Liability policies in place, with limits of Indemnity for not less than your own policy and that this is checked prior to any work taking place? You will need to prove this in the event of any claim taking place.

YES  NO

## Declaration

The information in connection with this proposal form is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material facts will deem the Contract of Insurance void.

I/We understand that the signing of this proposal form does not complete the Contract of Insurance. However, I/We agree that should a Contract of Insurance be completed, then this Proposal Form and the Declaration shall form an integral part of the basis of the Contract of Insurance.

I/We understand that any change in information must be notified immediately and no cover exists until such change has been approved by Insurers.

I/We are domiciled in Great Britain, Northern Ireland, the Channel Islands or the Isle of Man.

Signed.....

Date.....

Position in Company.....

Website Address of Business: www.