INCEPTA
INSURANCE AND RISK MANAGEMENT
Part of HOWDEN

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 □

Public / Products Liability YES □ NO □ Limit Required: £1m £2m £5m other £

9. Estimated Gross Annual Wage Roll for:

Clerical & Managerial (Non-Manual) Employees: £_____

Manual Staff Working on your Premises only (please specify):

_____ £_____

_____ £_____

_____ £_____

Manual Work Away (please specify):

_____ £_____

_____ £_____

_____ £_____

10. Estimated Gross Turnover: UK: £_____

USA/Canada: £_____

Elsewhere (please state):

_____ £_____

_____ £_____

_____ £_____

11. During the last five years has the Business or any Director or Partner, either in the name of the Business proposed or in the name of any other business in which you / they have had an interest, suffered a claim or loss or incident which could give rise to a loss (whether or not claimed for)? If "YES" please provide details:

YES □ NO □

Date	Circumstances	Paid	Outstanding
_____	_____	£_____	£_____
_____	_____	£_____	£_____
_____	_____	£_____	£_____
_____	_____	£_____	£_____
_____	_____	£_____	£_____

12. Has the Proposer(s), Partner(s) or Director(s) involved in the business or any other business ever

a) Had any proposal or insurance declined, cancelled, or refused or any renewal refused or any special terms or conditions imposed? YES □ NO □

b) Been convicted or charged (but not yet tried) for any criminal offence or police caution (other than a motoring offence)? YES □ NO □

c) Been subject of any County Court Judgement or the Scottish equivalent, declared bankrupt or insolvent or been disqualified from being a company director or been involved as Owner(s), Partner(s) or Director(s) with any company which went into receivership, administration or liquidation? YES □ NO □

d) Been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act, Consumer Protection Act, or any other legislation or regulation? 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.