

# W DENIS INSURANCE BROKERS PLC

## EMPLOYERS, PUBLIC & PRODUCT LIABILITY INSURANCE PROPOSAL FORM

1. a) Full Name of Proposer

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b) Subsidiary Companies (if applicable)

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c) Associated Companies (if applicable)

Please list all Associated Companies (as defined in the Companies Act) as they will require separate policies (a separate proposal form will be required for each Associated Company)
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*It is a requirement of this insurance that the Insured advises any changes as and when they occur*

2. Date business established

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3. Postal address

Postcode: <span style="float: right;">Tel No:</span>

4. a) Addresses of all the Proposer's business premises

Address	Description e.g. office	Approx. age	Owned, leased/rented
i)			
ii)			
iii)			

b) Is the building purposes built?

Yes

No

c) Single or multi tenure

i)

ii)

iii)




5. Full business description (including all Subsidiary Companies)

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6. Period of Insurance

From:

To:

7. Cover and limits required

INDEMNITY (please indicate) £10,000,000 or £25,000,000

a) Employers Liability

b) Public Liability

c) Products Liability

Yes

No

£

£

£



(in the agg)

8. Does the Proposer have a written Health & Safety Policy?

Yes

No

9. Are the ways, works, machinery and plant of the Proposer properly fenced and guarded and otherwise in good order and regularly inspection to comply with Statutory Requirements? Yes  No

10. Are any of the following used in connection with the Proposer's business?  
a) Woodworking or power driven machinery Yes  No   
b) Slings or cradles, lifts cranes, hoists or other lifting apparatus Yes  No   
c) Any other mechanical plant Yes  No   
If Yes, please give details

11. Does the Proposer use, handle, store or transport any of the following?  
a) Radioactive substances or other sources of ionising radiation Yes  No   
b) Explosive substances Yes  No   
c) Asbestos or silica or materials containing these substances Yes  No   
d) Acids, gases, chemicals, other toxic dangerous or notifiable substances Yes  No   
e) Any materials giving rise to dust, fumes or vapors Yes  No   
f) Any flammable or combustible materials Yes  No   
If Yes, please give details

12. Do any of the Proposer's activities involve or have any of their activities in the past involved exposure to noise levels exceeding 85 dB (A)? Yes  No   
If Yes, please give details, including precautions to prevent impairment of hearing and results of any noise surveys undertaken

13. Does the Proposer discharge any hazardous waste products (e.g. chemicals, gases, Radioactive substances, dust, fumes or vapors) into the atmosphere, sewers, waterways or elsewhere? Yes  No   
If Yes, please give details

14. Is any manual work carried out (other than collection and delivery) away from the Proposer's own premises? Yes  No

Work away:

Heat work away:

15. Does the Proposer enter into any contracts or agreements with any customers, Suppliers or sellers which may affect your liability under statute or common law? Yes  No   
**If Yes, please supply copies of contract or agreements**

16. Does the Proposer design, give advice or prepare specifications? Yes  No   
If Yes, please give details

**Questions 17-26 must be answered if Products Liability is required. Please attach any catalogues, brochures or other descriptive literature.**

17. Are any products supplied by the Proposer that they do not manufacture? Yes  No   
 If Yes, do you  
 a) retain rights of recovery against the manufacture? Yes  No   
 b) alter, adapt or change any products? Yes  No   
 If Yes, please give details including product, use, source of supply  
 And type of alteration, adaptation or change

18. Give details of imported products including source and use

19. Are products used in any of the following

- a) air or space craft Yes  No  b) marine craft Yes  No   
 c) offshore Yes  No  d) nuclear installation Yes  No   
 If Yes, please give details

20. Does the Proposer provide any services or treatment other than the supply of products? Yes  No   
 If Yes, please give details

21. Are any of the Proposer's products supplied directly, or to their knowledge, to the USA/Canada? Yes  No   
 If Yes, please give details

22. Have any of the Proposer's products previously been supplied directly, or to their knowledge indirectly to the USA/Canada? Yes  No   
 If Yes, please give details and turnover applicable to each of the last 3 years

Year	Details	Turnover

23. Are there any goods previously but no longer supplied by the Proposer which are likely to be still in use on the market? Yes  No   
 If Yes, please give details

24. Are any goods/products supplied know to be potentially harmful to health or the environment or require any hazard warning? Yes  No   
 If Yes, please give full details and attach particulars of safeguards, warnings and instruction for use and terms of sale

25. Give details of the Proposer's quality control procedures

26. Does the Proposer have any representation outside the UK? Yes  No   
 If Yes, please give full details

27. Annual Turnover £

Split if applicable

UK	£ <input style="width: 100px;" type="text"/>
Exports to USA/CAN	£ <input style="width: 100px;" type="text"/>
Exports elsewhere	£ <input style="width: 100px;" type="text"/>
Full details please	

28. a) Has the Proposer ever been prosecuted under the Factories Act, Health and Safety at Work Act, the Consumer Protection Act or any other Statutory Regulations? Yes  No

- b) Has the Proposer, or any of their Business Partners or Directors, ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence? Yes  No   
 If Yes, please give full details including dates and outcome

29. Give name of existing Insurer

30. Has any insurer ever  
 a) declined to offer insurance to the Proposer or cancelled or refused to renew the Proposer's policy? Yes  No

- b) Required an increase in premium or imposed special terms? Yes    
 If Yes, please give details

31. a) Give details of all claims and/or incidents over the last 5 years

Employers Liability					
Year	Manual Wages/To	PAID CLAIMS		OUTSTANDING CLAIMS	
		No.	Amount	No.	Amount

Public/Products Liability					
Year	Manual Wages/To	PAID CLAIMS		OUTSTANDING CLAIMS	
		No.	Amount	No.	Amount

- b) Give details of  
 i) any industrial deafness or disease claims

- ii) any claims paid or outstanding costing or estimated at £10,000 or more

32. Please complete the following estimates for the forthcoming period of insurance.

Description of all Employees	Estimated No.	Estimated annual wage/salary	
		Own Premises	Work Away
Clerical/Managerial & Non-manual			
Woodworking machinists & their labourers			
All other manual employees			
Proposer's own wages if working manually			
Any other employees			

**Important Notice Concerning Disclosure**

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter’s judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it.

**Failure to disclose** could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Underwriters to any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form was used as the basis of the contract of insurance. If you are in doubt whether a fact is material then for your own protection you should disclose it since failure to do so could invalidate your insurance.

Signed:	Date:
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Position in Company:	Date:
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A COPY OF THIS PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.