You (the Proposer) must make a fair presentation of the risk to us (the Insurer), in accordance with Section 3 of the Insurance Act 2015.

 In summary, you must:

 a) Disclose to us every material circumstance which you know or ought to know. Failing that, you must give us sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);

b) Make the disclosure in a reasonably clear and accessible way; and

c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

For the purposes of the above, you are expected to know the following:

a) If you are an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.

b) If you are not an individual, what is known to anybody who is part of your senior management; or anybody who is responsible for arranging your insurance.

c) Whether you are an individual or not, what should reasonably have been revealed by a reasonable search of information available to you. The information may be held within your organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If you are insuring subsidiaries, affiliates or other parties, we expect that the Insured will have included them in its enquiries, and that you will inform us if you have not done so. The reasonable search may be conducted by making enquiries or by any other means.

**Completion of this form is required by us as part of your duty of fair presentation**

|  |
| --- |
| **COMPANY DETAILS** |

1. Proposer’s Full
Name
2. Legal Trading Name
(Name to appear on
policy documentation)

|  |
| --- |
| 1. Occupation / Business / Trade Description (please detail all activities)

 Postcode1. Address

 1. Web Site Address
2. What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, treat or Supply?
3. Do you have ISO 9002 or similar ❑Yes ❑Noaccreditation?If so please state details
 |
|

|  |
| --- |
| **GENERAL** |

1. How long have you been trading
2. At your current premises
3. At any other premises?
4. Are your premises in a good ❑Yes ❑No  state of repair and regularly

 maintained?1. Are you at present insured ❑Yes ❑No or have you ever been insured, in respect of the classes ofinsurance now proposed.
2. Has any insurer ever declined your proposal, ❑Yes ❑Nocancelled or declined to renew your policyor imposed special terms?
3. Has any products, work or location been ❑Yes ❑Noexcluded from any previous insurancecover or uninsured or self insured?
4. Have you or any director or partner ❑Yes ❑Noever been(i) Convicted of or charged with any criminal offence(ii) Prosecuted under the health and Safety ❑Yes ❑No  Act or any statute or regulation?

If you have answered YES to any ofthe above please provide full details  |
|  |
| 1. Do you require cover for:**a.** Employers’ Liability ❑ **b.** Public Liability ❑ **c.** Products Liability ❑

1. For public and/or Products Liability, state Limit of indemnity required. Please tick

£1,000,000 ❑ £2,000,000 ❑ £5,000,000 ❑ Other limit of indemnity required 1. If Employers’ Liability is required, please provide the Employee Reference Number or Employee PAYE Number^

***ERN Information*** *^*The HMRC Employer Reference Number (ERN) is required if you wish to be insured for Employers’ liability. The ERN is also referred to as the Employer PAYE reference on HMRC documentation. It always starts with three digits, followed by a slash (‘/’), then a string of letters and numbers.If the company or entity does not have an ERN, please enter the reason in the relevant box above, which should be one of the following:- the business does not have any employees- the business is registered outside England, Scotland, Wales or Northern Ireland- all employees earn below the current PAYE threshold\* In all cases where PAYE is operated, an ERN is allocated to the employer and the ERN appliesto all UK businesses employing one or more people. |

|  |
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| **WAGEROLL AND TURNOVER ESTIMATES** |

1. **Employers’ Liability Information**

|  |  |  |
| --- | --- | --- |
| **Description** | **Estimated Number of Employees** | **Estimated annual payments for forthcoming insurance period** |
| **Work at your premises** | **Work away from your premises** |
| Clerical |  |  |  |
| All other Employees (please specify what type i.e. roofers, Bona Fide Subcontractors |  |  |  |
|  |  |  |
|  |  |  |
| Labour only Subcontarctors, Labour & Self Employed Sub-Contractors Supplying Labour only |  |  |  |
| Proposer’s own Annual Remuneration, if working manually in the business |  |  |  |

1. **Public/Products Liability Information**

|  |  |
| --- | --- |
| UK | £ |
| Rest of the World | £ |
| USA/Canada | £ |
| Total Turnover | £ |

|  |
| --- |
| **CLAIMS HISTORY** |

Have you had any claims made against you during the last 5 years? ❑Yes ❑No

If ‘**YES**’, please provide details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year/ Description** | **Type** **(EL/PL/ Products)** | **Total Wages** | **Deductible** | **Settled Claims** | **Outstanding** |
| **No.** | **Amount** | **No.** | **Amount** |
|  |  | £ | £ |  | £ |  | £ |
|  |  | £ | £ |  | £ |  | £ |
|  |  | £ | £ |  | £ |  | £ |
|  |  | £ | £ |  | £ |  | £ |
|  |  | £ | £ |  | £ |  | £ |
|  |  | £ | £ |  | £ |  | £ |
| Total |  | £ | £ |  | £ |  | £ |

***Please answer the following if you require:***

|  |
| --- |
| **EMPLOYERS LIABILITY** |

Please provide full particulars
of any of the following used
by your business
(i) Woodworking machinery
(ii) Other power-driven machinery
(iii) Lifts, cranes, hoists or the like

Are your ways, works, machinery, ❑Yes ❑No
and plant properly fenced, guarded
and in good order and condition?

If not, please specify.

Do any of your employees work overseas? ❑Yes ❑No

If so please provide full
details including countries
worked in.

Do any of your employees work on or visit ❑Yes ❑No
(i) Offshore Installations
(ii) Ships, other water-borne vessels
 and/or aircraft?

If so please provide full details

 Do any of your employees ❑Yes ❑No
 work away apart from
 collection/delivery?

If so please provide details.

Please state maximum
height/number of storeys
worked at by any manual
employees.

Are any of your employees ❑Yes ❑No
exposed to noise levels above 80 dB(A)

Have any of your employees complained ❑Yes ❑No
of repetitive strain injury or pain in

their upper limbs?

Are any of your employees exposed ❑Yes ❑No
to chemicals or other toxic or carcinogenic
substances which are known to be associated
with conditions such as dermatitis, cancer, asbestosis

or respiratory problems etc?

If so please provide full details

Have any of your employees ❑Yes ❑No
complained of stress?

If so please provide full details
(including any preventative
measures taken)

 Do you have a written H & S policy ❑Yes ❑No
and are you complying with relevant
health and safety regulations

If not, please give full details
 of your proposed program
of implementation.

***Please answer the following if you require:***

|  |
| --- |
| **PUBLIC LIABILITY** |

1. Are the hazardous areas of your premises ❑Yes ❑No
and all operational sites securely fenced to
prevent free access by third parties?
2. Do you control the access of all ❑Yes ❑No
visitors and third parties to your
premises and sites?
3. Do you require Bona Fide subcontractors ❑Yes ❑No
to provide you with risk assessments
and method statements for the work
you have contracted them to undertake?

If not, please give full details
of your proposed actions

1. Do you check to ensure that all Bona- ❑Yes ❑No
Fide Contractors have their own
Public Liability Insurance with an
adequate limit of indemnity and an
indemnity to principal clause?
2. Do you or have you in the past ❑Yes ❑No
discharged trade waste chemicals
effluent fumes or anything of a
noxious nature into water
(inc sewers/drains) land or the
atmosphere?
3. If so please provide details
4. Do you process, handle or store any ❑Yes ❑No
Industrial materials that are toxic

explosive flammable or corrosive?

If so please provide details

1. Are you aware of any risks to any third ❑Yes ❑No
party persons or property arising out of
pollution or contamination which may
occur on or from the premises?

 If so please provide details

***Please answer the following if you require:***

|  |
| --- |
| **PRODUCTS LIABILITY** |

1. Do you retain all rights of recourse ❑Yes ❑No
against manufacturers/suppliers?
2. Do you supply any products for nuclear ❑Yes ❑No
petrochemical pharmaceutical aviation
motor marine or any other high risk
industries?

If so please provide details

1. Do all products manufactured/supplied ❑Yes ❑No
by you comply with all relevant European
CE, British BS or other standards?

If no please provide details

1. Do you have a formal quality assurance, ❑Yes ❑No
inspection, testing and recording
programme in place?

Please supply any further information you may feel may be of use on a separate sheet of paper

**E.U. Disclosure Clause (U.K.)**

Notice to the Proposer/Insured

The Parties are free to choose the law applicable to this Insured Contract. Unless specifically agreed to the contrary this insurance shall be subject to the English Law.

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| **DECLARATION** |

**I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.**

NAME: SIGNATURE:

POSITION IN COMPANY: DATE:

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