



In view of the current poor loss experience in the Liability Insurance market it is important that we are able to have a full view of the risk we face to ensure we can offer our most competitive terms. Please complete the form fully and **provide a confirmed claims experience**, details of any hazardous operations and other material facts separately.

Full Trading Name:			
Full Postal Address including Postcode:			
Website Address:			
Business Description:			
Holding Broker:			
Holding Insurer:			
5 years Claims Experience:			
Target Premium:	Renewal Date:		

**SECTION ONE - THIS SECTION MUST BE FULLY COMPLETED**

Full Description of Business and Work Undertaken, giving percentage split between each different occupation :

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Number of Directors Working Manually:	.....	<b>Split as follows:</b>	
Number of Manual Employees:	.....	% of Turnover at 1 metre depth limit:	.....%
		% of Turnover at 3 metres depth limit:	.....%
		% of Turnover at 5 metres depth limit:	.....%
		% of Turnover at 8 metres depth limit:	.....%
		Public Liability Limit of Indemnity:	£ .....

**IF THERE ARE MORE THAN 12 MANUAL EMPLOYEES, THE TURNOVER EXCEEDS £500,000 OR IF THE WORK UNDERTAKEN INVOLVES PLANT HIRE, AGRICULTURAL WORK, BUILDING WORK, SERVICING, REPAIRS OR SALES, THE FOLLOWING SECTION MUST BE FULLY COMPLETED IN ORDER THAT WE CAN OBTAIN TERMS.**





Estimated Turnover for forthcoming insurance year: £ .....	<b>Plant Hire</b>	
Estimated Wages for forthcoming insurance year: £ .....	- With/Without Operator	..... %
Split as follows:	- With/Without CPA or Similar Conditions	..... %
Payments to Manual Principals: £ .....		
Payments to Non-Manual Directors: £ .....	<b>Agricultural Work</b>	
Payments to Clerical Workers: £ .....	- Tree Surgery	..... %
Payment to Manual Employees: £ .....	- Crop Spraying	..... %
Payments to Labour Only Sub Contractors: £ .....	- Animal Husbandry or Other Farming Activities	..... %
Payments to Bona Fide Sub Contractors: £ .....	<b>Building Work</b>	
	- New or Alteration / Maintenance	..... %
	- Domestic or Commercial Properties	..... %

Please note that more favourable terms can be offered with the completion of a Liability Supplementary Questions.

Signed: \_\_\_\_\_

Name (in block capitals): \_\_\_\_\_

Position held in company: \_\_\_\_\_

Date: \_\_\_\_\_





1. How many years have you been trading claim free?
  
2. Do you have an up to date Health & Safety Policy that has recently been communicated to all employees? YES/NO
  
3. Have you recently carried out and recorded all required Risk Assessments? YES/NO
  
4. Do you provide and record induction and more specific training as and when needed? YES/NO
  
5. Do you have responsibilities as Main Contractor under Construction Design & Management Regulations (CDM)? YES/NO
  
6. Has the client ever been refused Insurance: YES/NO
  
7. Does the client have any convictions: YES/NO  
  
If so please give details: \_\_\_\_\_
  
8. Has the client ever been declared bankrupt/prosecuted: YES/NO  
  
If so please give details: \_\_\_\_\_
  
9. How long has the business been established: \_\_\_\_\_
  
10. Company Registration Number (if Ltd) \_\_\_\_\_
  
- II. IF SOLELY A PLANT HIRER –  
  
Do you hire out all plant under CPA conditions or similar? YES/NO  
  
Carry out regular inspections on all plant? YES/NO  
  
and if hiring out WITHOUT operator provide suitable instructions on use of such plant,  
and inspect plant before and after each hire? YES/NO

