

Please ensure that all questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

**Important Notice Concerning Disclosure:** It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**SECTION 1** DETAILS OF PROPOSAL

1. a. Name of Proposer: \_\_\_\_\_
- b. Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- c. Trading Name (if different): \_\_\_\_\_
- d. VAT No./TRN (where applicable): \_\_\_\_\_
- e. Telephone No./Fax No.: \_\_\_\_\_
- f. Email address: \_\_\_\_\_
- g. Company Number: \_\_\_\_\_
2. Limit of Indemnity Required: \_\_\_\_\_
3. Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

**Details of Your Business and Premises**

4. Provide a full description of your business activities:

5. How long has the business been established? \_\_\_\_\_ Years
6. Provide a description of the premises (if you have more than 3 premises, provide the details on an additional sheet):

|                                      | Premises 1   | Premises 2   | Premises 3   |
|--------------------------------------|--|--|--|
| Address                              |  |  |  |
| Description<br>e.g., office, factory |  |  |  |
| Construction<br>e.g., stone, timber  |  |  |  |
| Age (approx.)                        |  |  |  |
| Purpose built                        | <input type="checkbox"/> Yes <input type="checkbox"/> No       | <input type="checkbox"/> Yes <input type="checkbox"/> No       | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| Tenure                               | <input type="checkbox"/> Single <input type="checkbox"/> Multi | <input type="checkbox"/> Single <input type="checkbox"/> Multi | <input type="checkbox"/> Single <input type="checkbox"/> Multi |

7. Are your premises, plant, equipment and machinery in good condition and well maintained?  Yes  No
8. a. Will you undertake any manual work away from your premises (other than delivery)?  Yes  No

If Yes, please provide the following applicable to the next 12 months:

| Nature of Work | Total Estimated Turnover/Sales for next 12 months |
|----------------|---|
|                |   |
|                |   |
|                |   |

b. Does any of this work involve:

- i. the application of heat (e.g., use of welding, flame cutting equipment, blowlamps or hot air strippers)?  Yes  No
- ii. any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries?  Yes  No
- iii. any work outside the country?  Yes  No
- iv. work at a height above 10 metres (30 ft) or underground?  Yes  No

If Yes, to any of the above, please provide details and indicate the approximate proportion of work away wages:

| Nature of Work | Work Away Wages |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |

9. a. Do you subcontract any work?  Yes  No

If Yes, please provide details of the work subcontracted and estimated payments for the next 12 months:

| Nature of Work | Estimated Payments |
|----------------|--------------------|
|                |                    |
|                |                    |
|                |                    |
|                |                    |

b. Do you ensure that subcontractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurances are maintained in force?  Yes  No

10. a. Do you use, handle, store or transport any hazardous substances such as toxic chemicals, explosives substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours?  Yes  No

If Yes, please provide details:

b. Do you discharge any hazardous waste products (e.g. toxic chemicals, gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere?  Yes  No

If Yes, please provide details:

- i. Type of Waste: \_\_\_\_\_
- ii. Storage and Disposal Methods: \_\_\_\_\_
- iii. Treatment of waste: \_\_\_\_\_
- iv. Disposal Licences held: \_\_\_\_\_

11. Are you represented in any form (e.g., branch office, subsidiary or associated company sales office, agent holding power of attorney) in another country?  Yes  No If Yes, please provide details:

**Products Details**

12. Do you require Products Liability coverage?  Yes  No If Yes, please answer the following questions.  
If No, please proceed to the sub-section headed 'Wages and Turnover Details' (see pg 5).

13. Please give the following details:

| Product /Purpose of Use<br>(individual products or group of products and purpose of use (if not apparent)) | Years<br>(length of time they have been manufactured or supplied by you) | Estimated Turnover<br>(applicable for the next 12 months) |
|--|--|---|
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |

14. Indicate in which of the following capacities you are acting:  Manufacturer  Importer  Processor  
 Wholesaler  Assembler  Retailer

15. Will you supply any products you do not manufacture?  Yes  No If Yes:

a. Do you retain the right of recovery against the manufacturers?  Yes  No

b. Do you alter, adapt or change the form of any product which you do not manufacture?  Yes  No If Yes:

Please detail the purpose of use, source of supply and type of alteration, adaption or change made:

16. Will any of your products be used:

a. in an aircraft?  Yes  No

b. off-shore?  Yes  No

If Yes to either, state the purpose of use and estimated turnover applicable for the next 12 months for each product.

a. Product \_\_\_\_\_ Turnover \_\_\_\_\_

b. Product \_\_\_\_\_ Turnover \_\_\_\_\_

17. a. Please detail any major hazards associated with the products you supply:

b. Have you warned the users of these hazards?  Yes  No

18. Have you accepted extra liabilities by agreement or contract with any customers,suppliers or sellers?  Yes  No

If Yes, please provide copies of the agreement or contract.  Attached

19. Has any product been  discontinued or  recalled during the last 5 years?

If Yes, please provide details:

**Export Details**

20. Will any of your products be supplied directly, or to your knowledge have been supplied previously to any countries, other than the USA or Canada?  Yes  No

If Yes, please detail the country, product, purpose of use and, if the products are currently exported, the estimated turnover for the next 12 months.

| Country | Product/Use | Estimated Turnover |
|---------|-------------|--------------------|
|         |             |                    |
|         |             |                    |
|         |             |                    |
|         |             |                    |

21. Will any of your products be exported, or to your knowledge have any been exported previously, to the USA or Canada:

a. Directly by you or on your behalf?  Yes  No

b. Indirectly:

i. as supplied to other manufacturers for export to the USA or Canada?  Yes  No

ii. in any other way whereby they become exports to the USA or Canada whether or not in the form in which you originally supplied them?  Yes  No

If Yes, to any of the above, please provide details. In the case of indirect exports, please indicate the form in which the product is or was supplied by you and its final form as an export to the USA or Canada.

22. Please state for the USA and Canada separately the estimated turnover for the next twelve months.

| Whether Direct or Indirect Export | Turnover |        |
|-----------------------------------|----------|--------|
|                                   | USA      | Canada |
|                                   |          |        |
|                                   |          |        |
|                                   |          |        |
|                                   |          |        |

23. Is insurance arranged on your behalf in the USA or Canada in respect of Products Liability?  Yes  No

If Yes, please provide details of the insurer, indemnity limit and expiry date:

24. How long have you been a supplier of products to the USA or Canada? \_\_\_\_\_

**Wages and Turnover Details**

25. Please provide the following information:

| Description of all Employees                                  | Est. Number | Est. Wages and Salaries for next 12 months |
|---|-------------|--|
| Clerical and administrative only (not engaged in manual work) |             | \$   |
| All others (specify):   |             |  |
|   |             | \$   |
|   |             | \$   |
|   |             | \$   |
| <b>Total</b>  |             | \$   |

26. Total estimated turnover for the next 12months: \_\_\_\_\_

**Claims and Related Details**

27. Have any incidents occurred during the last 5years resulting in injury (including death,disease or illness) to members of the public or damage to their property arising out of:

- a. your general operations?  Yes  No
- b. products supplied by you?  Yes  No

If Yes, to either, please provide the following information:

| Date of Occurrence | Brief Details of Each Incident (whether a claim was made or not) | Claims |             |
|--------------------|--|--------|-------------|
|                    |  | Paid   | Outstanding |
|                    |  |        |             |
|                    |  |        |             |
|                    |  |        |             |
|                    |  |        |             |

28. Are you aware of any other circumstances not mentioned above which might give rise to a claim?  Yes  No

If Yes, please provide details:

29. Have you previously insured against public or products liability risks?  Yes  No If Yes, please provide details:

| Cover              | Insurer | Expiry date of cover |
|--------------------|---------|----------------------|
| Public Liability   |         |                      |
| Products Liability |         |                      |

30. Has any insurer in respect of the risks to which this proposal relates:

- a. declined your proposal, refused renewal, or cancelled your insurance?  Yes  No
- b. required an increased premium or imposed special conditions?  Yes  No

If Yes to either, please provide details:

31. Have you, or any of your business partners or directors ever been convicted of or charged (but not yet tried) with any offence relating to the release, discharge or disposal of pollutants or waste?  Yes  No

If Yes, please provide details including date(s) and outcome:

**SECTION 2** DECLARATION

**NOTE:** SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Proposer Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_