

LIABILITY GENERAL PROPOSAL FORM

Proposer's Name (in full): Business Address: Web Site Address: Trade or Business: Full Description of Activities: What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, Treat or Supply?	
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Please answer all the following questions carefully.

In order to avoid delay it is important no blank spaces are left.

Answers may be continued on a separate sheet of paper if designated space proves insufficient.

General

1. How long have you been trading i. On your present premises ii. On any other premises? Are your premises in a good state of Repair and regularly maintained? If not please provide details	Yes/No
2. Do you have ISO 9002 or similar accreditation If so please state details	Yes/No

3.	Are you at present insured, or have you ever been insured, in respect of the classes of insurance now proposed? If so please state the name of insurer:	Yes/No
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4.	Has any insurer ever declined your proposal, cancelled or declined to renew your policy or imposed special terms? If so please provide full details. Has any product, work or location been excluded from any previous insurance cover or uninsured or self insured? If so please provide full details	Yes/No Yes/No
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5.	Have you or any director or partner ever been i. Convicted of or charged with any criminal offence? ii. Prosecuted under the Health and Safety Act or any other statute or regulation? If you have answered Yes to any of the above please provide full details.	Yes/No Yes/No
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6.	Remarks on any special features of the risk:	
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7.	Please circle/state the limits of indemnity required for:	
i.	Employers Liability	a. £10m
ii.	Public/Products Liability	a. £1m b. £2m c. other £

8. Please estimate the following for the period

Clerical and Managerial (non Manual):	Estimated Wages and other earnings
Manual staff working on premises only (please describe)	
	£
	£
	£
Height Work	£
Woodworking	£
Staff working away from premises (please describe)	
	£
	£
Heat Work	£
	Turnover
Gross turnover:	
U.K.	£
U.S.A./Canada	£
Elsewhere	£

9. Claims experience during past Five Years:

Employers Liability (inc entries in your accident book)								
			Claims					
			Paid		Outstanding		Total	
Year	Total Wages	Accident Book No	No	Amount	No	Amount	No	Amount

Public and Products Liability								
			Claims					
			Paid		Outstanding		Total	
Year	Total Turnover		No	Amount	No	Amount	No	Amount

Employers Liability

10. 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	
11. Are your ways, works, machinery, and plant properly fenced, guarded and in good order and condition? If not, please specify with explanations.	Yes/No
12. Do any of your employees work on or visit: i. Offshore installations? ii. Ships, other water-borne vessels and/or aircraft? If so please provide full details.	Yes/No Yes/No
13. Do any of your employees work overseas? If so please provide full details.	Yes/No
14. Do any of your employees work away apart from collection/delivery? If so please provide full details.	Yes/No
15. Please state maximum height/number of storeys worked at by any manual employees. Please state maximum weight of any products manufactured/worked upon.	

<p>16. Are any of your employees exposed to noise levels above 80dB(A)</p> <p>If so what provisions are made to protect employees?</p>	Yes/No
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<p>17. Are any of your employees exposed 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.?</p> <p>If so please provide full details (including any preventative measures taken.)</p>	Yes/No
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<p>18. * Have any of your employees complained of repetitive strain injury or pain in their upper limbs?</p> <p>If so please provide full details (including any preventative measures taken)</p>	Yes/No
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* Please complete the attached Questionnaire even if answer was "No"

<p>19.* Have any of your employees complained of stress ?</p> <p>If so please provide full details (including any preventative measures taken)</p>	Yes/No
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* Please complete the attached Questionnaire even if answer was "No"

<p>20. Do you permit smoking at work?</p> <p>If so where?</p>	Yes/No
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	Y	N
<p>21. Do you have a written H & S Policy</p> <p>Does it cover:</p> <p>Risk Assessments</p> <p>COSHH Assessments</p> <p>Occupational Health</p> <p>HAVS (hand arm vibration)</p> <p>WRULD (work related upper limb disorder)</p> <p>Work at Height</p> <p>Personal Protective Equipment</p> <p>Manual Handling</p> <p>Staff/Induction Training</p> <p>Workplace Inspections</p> <p>Transport / Pedestrian Safety</p> <p>Fire Safety</p> <p>Are you complying with and will you continue to be able to comply with the:</p> <p>Management of Health and Safety at Work regulations</p> <p>Provision and use of Work Equipment Regulations</p> <p>Manual Handling operations Regulations</p> <p>Workplace(health and safety and welfare) Regulations</p> <p>Personal protective equipment at work Regulations</p> <p>Display screen equipment regulations</p> <p>Work at Height Regulations</p> <p>Control of Noise at work Regulations</p> <p>If not, please give full details of your proposed program of implementation.</p>		

<p>Do you employ or retain a “Competent Person” to provide advice on Health, Safety and Environmental matters? If not please state how you obtain such advice.</p> <p>Do you retain full “Personnel Records” on all employees, including wages, pre-employment medical questionnaire, training, absences from work, accident and incident records and reports?</p> <p>Do you retain a full accident log, and investigate accidents and incidents?</p> <p>Do you monitor, inspect and record standards of compliance with your policies, risk assessments and safe systems of work?</p> <p>Are your electrical installations/ appliances inspected and tested by Competent Persons and records retained?</p> <p>Is your lifting equipment and tackle and any compressor and pressurized system inspected by a “Competent Person” and records retained?</p> <p>Are you aware of the Control of Asbestos at Work Regulations</p> <p>Do you own or occupy any buildings that were built before 1986?</p> <p>Are you complying with the requirements of the Control of Asbestos at Work Regulations</p> <p>If yes, summarise the action that you are taking:</p>		
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Public Liability

22.	<p>Are the hazardous areas of your premises and all operational sites securely fenced to prevent free access by third parties?</p> <p>Are there good standards of both internal and external lighting of the premises?</p> <p>Are floors and stairs well maintained to minimize slip, trip and fall hazards?</p> <p>Do you control the access of all visitors and third parties to your premises and sites.</p> <p>Do you undertake "Induction Training" for all contractors working in your premises or on your site?</p> <p>Do you require Bona Fide subcontractors to provide you with risk assessments and method statements for the work you have contracted them to undertake?</p> <p>If not, please give full details of your proposed actions</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>

23.	<p>Do you or have you in the past discharged trade waste chemicals effluent fumes or anything of a noxious nature into water (inc sewers/drains) land or the atmosphere?</p> <p>If so please provide details</p> <p>Do you process, handle or store any Industrial materials that are toxic Explosive flammable or corrosive?</p> <p>If so please provide details</p>	<p>Yes/No</p> <p>Yes/No</p>
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24.	<p>Are you aware of any risks to any third party persons or property arising out of pollution or contamination which may occur on or from the premises?</p> <p>If so please provide details</p>	<p>Yes/No</p>
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25. Do you check to ensure that all Bona-Fide Contractors have their own Public Liability Insurance with an adequate Limit of indemnity and an indemnity to Principal clause?	Yes/No
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Products Liability

26. Please provide a percentage split in your expected annual turnover between: Do you retain all rights of recourse against Manufacturers/suppliers?	Goods Imported from within the EEC	Goods imported from outside the EEC
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27. Do you supply any products for nuclear petrochemical pharmaceutical aviation motor marine or any other high risk industries? If so please provide details	Yes/No
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28. Do all products manufactured/supplied by you comply with all relevant European CE, British BS or other standards? If no please provide details Do you have a formal quality assurance, inspection, testing and recording programme in place Have any of your Products been subject to Recall? If yes please provide details	Yes/No Yes/No Yes/No
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29. Do you plan to manufacture/supply any new products in the next 12 months? If Yes please provide details	Yes/No
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30. Have you exported any goods to North America in the last 10 years? If Yes please provide details	Yes/No
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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.

Declaration

I/We hereby declare that the above statements and particulars which We/I have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers and that should the above particulars alter in any way I/We will advise the Underwriters immediately. I/We have not suppressed, misrepresented or mis-stated any material fact and have fairly estimated our Wages and Salaries expenditure and Turnover and agree that this proposal shall hold promissory and form the basis of the contract between me/us and the Insurers. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Insurers refusing to provide indemnity or voiding the policy in every respect. I/We the undersigned agree to render, at the end of each period of insurance, declarations in the form required by the Insurers and to pay any additional premium due in excess of the amount estimated.

Date of Proposal

Signature of Proposer

Work Related Upper Limb Disorders / Repetitive Strain Injuries Questionnaire

1. Have there been any reported incidents of WRULD or RSI amongst your employees? If so give details.
2. Do any employees show evidence of such discomfort (i.e. sore wrists etc.)? If so give details.
3.
 - a. What percentage of work involves the use of keyboards or other repetitive processes within the office/workplace (including production areas)?
 - b. What percentage of employees are involved solely with such work?
4.
 - a. Has the office/workplace undergone an ergonomic survey?
 - b. If so, by whom. Please provide a copy and confirm that all recommendations have been implemented.
 - c. Do you have written Health & Safety procedures regarding WRULD/RSI and do you comply with the Health & Safety (Display Screen Equipment) Regulations 1992?
 - d. Who is responsible within your organisation for implementation and control of these procedures?
5. What steps are taken to minimise WRULD/RSI within the office/workplace e.g. maximum period at the screens, job rotation etc.?
6.
 - a. What training and instruction is given to employees regarding the use of keyboards and other repetitive processes etc.?
 - b. Are any records kept of this training instruction?
7. Are total earnings of any employees directly dependent upon their output? If so give details.
8. Are any medical enquiries made of prospective new employees regarding any existing WRULD/RSI problems? If so give details.
9.
 - a. Are medical examinations carried out prior to employment (with specific questions relating to stiffness/aches in the hands and arms, and eye tests)? If so give details.

- b. How often are such medical examinations carried out during employment?

Stress Questionnaire

1. Are you aware of any stress claims or employment related disputes ?
2. Do you have any employees with symptoms of suffering from stress ? (e.g. time off for stress related illness)
3. What is your reporting policy on stress, bullying and harassment ? Is this included in your staff handbook ?
4. Do you operate an Employee Assistance programme or similar ?
5. Do you employ a nurse/occupational specialist and what role do they play in identifying and recording stress complaints ?