
Liability Submission Form

Broker Details

Broker: _____ Contact Name: _____
Telephone No: _____ Email Address: _____

Client Details

Insured(s) full trading name (include names of all subsidiary companies to be insured):

Postal address of the Business:

Does the Business trade from any additional locations? If so, please state addresses, also please confirm if the proposer or any of its employees engage in any work outside the Republic of Ireland?

Year that the Business commenced trading: _____

Business Description: _____

Please provide the following details of the Insured(s) existing/previous insurance policy:

- Name of Insurer: _____
- Renewal Date of policy: _____

History and Claims

Has the Insured suffered a loss, claim or incident (which may give rise to a claim) at these premises, or any other premises, whether insured or not in the last 5 years?

(If yes please attach a verified claims experience with full details)

Yes/No

- Has the Proposer(s), or any Partner(s), or Director(s) ever;
- a) had any proposal for insurance cancelled or has any Insurer ever declined to renew your Policy or required increased premium or imposed special terms? **Yes/No**
- b) been prosecuted or are any prosecutions pending under the Health and Safety at Work Act or any other statute or regulation? **Yes/No**
- d) been convicted of, prosecuted for or are any prosecutions pending for any criminal offence (other than motoring convictions)? **Yes/No**

Operation of the Business

Equipment Used:

Are any of the following used in connection with the Business:

- a) woodworking or power driven machinery (other than hand held tools)? **Yes/No**
- b) lifts, cranes, hoists or other lifting apparatus? **Yes/No**
- c) Oxy-acetylene or electric welding or cutting or grinding or spark generating tools and equipment, or any flame gun or blow lamps, hot air gun or other plant or equipment which involves the application of flames or heat away from your premises? **Yes/No**

The working procedures for the Business

Height Limit: _____ metres

Depth Limit: _____ metres

Does the Proposer(s):

- a) have a written Health and Safety Policy which is brought to the attention of all employees? **Yes/No**
- b) Have all the employees completed the 'Safe Pass' course and hold this certificate? **Yes/No**
- c) and his employees use protective clothing? **Yes/No**
- d) provide protective clothing? **Yes/No**

Hazardous Activities

Does the Proposer(s) undertake any work in connection with the following:

- | | | | |
|-------------------------------------------------------------------------------------------------------|---------------|------------------------|---------------|
| a) work in, on or about airports? | Yes/No | h) bridges or similar? | Yes/No |
| b) work on or about railways? | Yes/No | i) chimney shafts? | Yes/No |
| c) work in, on or about refineries or oil, gas or petrol storage depots? | Yes/No | j) blast furnaces? | Yes/No |
| d) asbestos or silica PCBs? | Yes/No | k) demolition? | Yes/No |
| e) explosives, acids, gases, radioactive substances, ionising radiation, chemicals or chemical works? | Yes/No | l) quarrying? | Yes/No |
| f) noise levels above 85 db? | Yes/No | m) tunnelling? | Yes/No |
| g) towers or steeples? | Yes/No | n) mains/sewers? | Yes/No |
| | | o) construct roads? | Yes/No |
| | | p) pile driving? | Yes/No |

Limit of Indemnity

Limit of Indemnity required:

Public/Products Liability: € _____

Employers' Liability: € _____

Property Owners Liability: € _____

Turnover

Projected Turnover and BFSC costs for the next 12 months:

Turnover: € _____
Bona Fide Sub Contractors: € _____

Premises

Number of Residential Homes: _____
Number of Commercial Buildings: _____
Number of Land Blocks (in 5 acres): _____

Wages

Projected Gross annual wages, salaries and all other earnings for the next 12 months:

a) Clerical & Managerial Employees: € _____
b) Non Manual Working Directors: € _____
c) Manual Working Directors: € _____
d) Manual Employees: € _____
e) Woodworking Employees: € _____
f) Labour Only Sub Contractors: € _____