

LIABILITY GENERAL PROPOSAL FORM

<p>Proposer's Name (in full):</p> <p style="padding-left: 40px;">Business Address:</p> <p style="padding-left: 40px;">Web Site Address:</p> <p style="padding-left: 40px;">Trade or Business:</p> <p>Full Description of Activities:</p> <p>What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, Treat or Supply?</p>	
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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

<p>1. How long have you been trading</p> <p style="padding-left: 20px;">i. On your present premises</p> <p style="padding-left: 20px;">ii. On any other premises?</p> <p>Are your premises in a good state of Repair and regularly maintained?</p> <p>If not please provide details</p>	<p>Yes/No</p>
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<p>2. Do you have ISO 9002 or similar accreditation</p> <p>If so please state details</p>	<p>Yes/No</p>
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<p>3. Are you at present insured, or have you</p>	<p>Yes/No</p>
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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 Wages		No	Amount	No	Amount	No	Amount

Employers Liability

<p>10. Please provide full particulars of any of the following used by your business</p> <ul style="list-style-type: none"> i. Woodworking machinery ii. Other power-driven machinery iii. Lifts, cranes, hoists or the like 	
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<p>11. Are your ways, works, machinery, and plant properly fenced, guarded and in good order and condition?</p> <p>If not, please specify with explanations.</p>	<p>Yes/No</p>
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<p>12. Do any of your employees work on or visit:</p> <ul style="list-style-type: none"> i. Offshore installations? ii. Ships, other water-borne vessels and/or aircraft? <p>If so please provide full details.</p>	<p>Yes/No</p> <p>Yes/No</p>
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<p>13. Do any of your employees work overseas?</p> <p>If so please provide full details.</p>	<p>Yes/No</p>
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<p>14. Do any of your employees work away apart from collection/delivery?</p> <p>If so please provide full details.</p>	<p>Yes/No</p>
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<p>15. Please state maximum height/number of storeys worked at by any manual employees.</p> <p>Please state maximum weight of any products manufactured/worked upon.</p>	
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<p>16. Are any of your employees exposed to noise levels above 85db?</p> <p>If so what provisions are made to protect employees?</p>	<p>Yes/No</p>
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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>	<p>Yes/No</p>
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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>	<p>Yes/No</p>
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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>	<p>Yes/No</p>
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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>	<p>Yes/No</p>
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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>Personal Protective Equipment</p> <p>Manual Handling</p> <p>Staff/Induction Training</p> <p>Workplace Inspections</p> <p>Are you complying with and will you continue to be able to comply with the EC 1992 directives on Health and Safety at Work ('Six Pack')?</p> <p>If not, please give full details of your proposed program of implementation.</p> <p>Are you aware of the Control of Asbestos at Work Regulations 2002?</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 2002?</p> <p>If yes, summarise the action that you are taking:</p>		

Public Liability

<p>22. 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>
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<p>23. 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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<p>24. 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?</p>	<p>Yes/No</p>
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Products Liability

<p>25. Please provide a percentage split in your expected annual turnover between:</p> <p>Do you retain all rights of recourse against Manufacturers/suppliers?</p>	<p>Goods Imported from within the EEC</p>	<p>Goods imported from outside the EEC</p>
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<p>26. Do you supply any products for nuclear petrochemical pharmaceutical aviation motor marine or any other high risk industries?</p> <p>If so please provide details</p>	<p>Yes/No</p>
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<p>27. Do all products manufactured/supplied</p>	<p>Yes/No</p>
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by you comply with all relevant European CE, British BS or other standards? If no please provide details Have any of your Products been subject to Recall? If yes please provide details	Yes/No
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28. 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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29. 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 ?