



COMMERCIAL RISKS (UK) LTD

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EMPLOYER'S, PUBLIC & PRODUCTS LIABILITY FACT FIND

Please complete all details in BLOCK LETTERS. Where applicable indicate YES or NO. Insurance will not be in force until proposal form is accepted by Underwriters. It is essential you provide us with all material facts. Failure to disclose all material facts may invalidate your insurance or may result in the insurance not operating fully. We reserve the right to decline any proposal. No cover is in force until acceptance of cover is confirmed by us.

Proposers Full Name

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Legal Trading Name (Company name to appear on policy documentation)

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Occupation / Business / Trade Description (Detail of all activities required)

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Postal Address

(Address of premises to be insured if different from postal address)

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.....Postcode.....

.....Postcode.....

Date from which insurance required

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If you are registered for VAT any claim for loss or damage to property will be paid exclusive of VAT, and you are advised to arrange your sums insured accordingly. Allowance should be made to include an amount for VAT in the sum insured if you are not registered.

VAT Status/Registration No

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1. Do you require a Quotation for:-

A. Employers Liability

B. Public Liability

C. Products Liability

For Public and/or Products Liability, state limit of indemnity required. Please tick:

£1,000,000

£2,000,000

£5,000,000

£10,000,000

Other Limit of Indemnity required.....

2. Date Business established:
3. Are you a member of a trade association?
 YES/NO
 If YES which?
 do you comply with the associations working code of practice? YES/NO
 Do you have a standard contract between you and your client to which you comply? YES/NO
 If YES please supply a copy
 proportion of your work undertaken based on this contract?
4. Do you have a written Health & Safety Policy? YES/NO If YES please supply a copy
 Do you have a designated person managing Health & Safety? YES/NO
 If YES who?.....
 Do you use an external Risk Management Consultant? YES/NO
 If YES please supply name & address.....
 Have you ever been prosecuted under the Health & Safety at Work Act or other statute or regulation? YES/NO If
 YES please give details.....

5. Do you undertake design work for (a) your own contract YES/NO
 (b) other work YES/NO
6. Do all of your employees enter into a contract of employment in the United Kingdom? YES/NO
 If NO state number and nationality of foreign employees
7. Are any of the following used in connection with your business?
 (a) Woodworking or Power Driven Machinery YES/NO
 (b) Lifts, Cranes, Hoists or other Lifting Apparatus YES/NO
 (c) Slings or Cradles YES/NO
 (d) Scaffolding YES/NO
 (e) Any Other Mechanical Plant YES/NO
 (f) Processes involving a noise level in excess of 85 dB(A) YES/NO
 If YES are noise assessments carried out YES/NO
 (g) Radioactive substances or other sources of ionising radiation's YES/NO
 (h) Asbestos, Silica, PCB's or Lead YES/NO
 (i) Heat (oxy-acetylene or similar welding or cutting equipment, blow lamps,
 blow torches, flamed guns, hot air guns or other heat producing equipment) YES/NO
 (j) Explosives YES/NO
 If YES, please give details

8. Are you involved in any form of railway work? YES/NO
9. Do you discharge any hazardous waste products (e.g. chemicals, gases, radioactive substances, dust, fumes
 or vapours) into the atmosphere, sewers, waterways or elsewhere? YES/NO
 If YES please advise type of waste and give full details of:
 (a) Storage and Disposal Methods
 (b) Treatment of Waste
 (c) Disposal Licences Held
 (d) Landfill Sites
10. Do you carry out any manual work away from your own premises including outside of the UK? YES/NO
 If YES, please give details

11. Are any of the goods known to be potentially harmful to health or require any hazard warning? YES/NO
 If YES, please give full details and attach particulars of safeguards, warnings, instructions for use and
 terms of sale.....

13. EMPLOYERS LIABILITY INFORMATION

Description	Estimated No of Employees	Estimated Annual Payments For Forth Coming Insurance Period	
		Work at your premises	Work away from your premises
Clerical		£	£
All other Employees (Please specify what type i.e. roofers, scaffolders, etc)		£	£
		£	£
		£	£
Labour only sub-contractors, Labour Gangers & self employed sub-contractors supplying Labour only		£	£
Proposers own annual remuneration if working manually in the Business		£	£

14. PUBLIC/PRODUCTS LIABILITY INFORMATION Do you require contingent cover for Bona Fide Sub-

Contractors? (No Employers Liability Cover) YES/NO

Payments to Bona Fide Sub- Contractors £

15. TURNOVER

UK	£
Rest of the World	£
USA/Canada Exports	£
Total Turnover	£

16. Have you had any claims made against you during the under noted period? YES/NO

If YES please give details **Employers Liability**

Year	Total Wages	Deductible	Settled	Claims	Reserves for Outstanding	Claims
			No.	Amount		No.
	£	£		£		£
	£	£		£		£
	£	£		£		£
	£	£		£		£
	£	£		£		£
	£	£		£		£
	£	£		£		£

Public / Products Liability

Year	Total Wages	Deductible	Settled	Claims	Reserves for Outstanding	Claims
			No.	Amount		No.
	£	£		£		£
	£	£		£		£
	£	£		£		£
	£	£		£		£
	£	£		£		£
	£	£		£		£
	£	£		£		£
Totl	£	£		£		£

12. Please state name of present and previous insurers over the last three years and policy numbers if available

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Has the Insurer ever declined your proposal, refused to renew or cancelled your policy, increased your premium, or imposed special terms?
 If YES please give details

YES/NO

Please describe major contracts undertaken in the last 3 years

Year	Nature	Contract Value

Do you undertake any work in connection with the following:-

- Work in, on or about aircraft or airports YES/NO
- Work in, on or about refineries or oil, gas or petrol storage depots YES/NO
- Dismantling or demolition of any structure YES/NO
- Flame cutting, welding or other processes involving heat YES/NO
- Vessels for heating asphalt or bitumen YES/NO
- Asbestos, silica or lead YES/NO
- Explosives, acids, gases, chemicals or chemical works YES/NO
- Towers or steeples YES/NO
- Bridges or similar YES/NO
- Chimney shafts YES/NO
- Height work (over 2 meters) YES/NO
- Blast furnaces YES/NO
- Viaducts YES/NO
- Mines YES/NO
- Pile driving YES/NO
- Tunnelling and/or underground work YES/NO
- Dams or reservoirs YES/NO
- Docks, harbours, piers, wharf's and jetties YES/NO
- Ships, vessels, water craft or cushioned vehicle YES/NO
- Railways YES/NO
- Radioactive substances or other sources of ionising radiations YES/NO

If YES to any of the above please provide details overleaf

If Bona Fide Sub-Contractors are used, what are they used for?

If Bona Fide Sub-Contractors are used, how do you check the adequacy of their Insurance's? Please give details.

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MANUFACTURERS ADDITIONAL PAGE

1. Please list below all manufactured products (if available a brief description of the products uses and attach product brochures and/or a website address)
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2. Do you design, give advice or prepare specification? YES/NO If YES, please confirm separate Professional Indemnity cover.....

3. Do you supply any products that you do not manufacture? YES/NO - If YES, do you
(a) Retain rights of recovery against the manufacture YES/NO
(b) Alter, adapt or change any products? YES/NO If YES please give details including product, use, source of supply and type of alteration, adaptation or change. Give details of imported products including source and use.
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4. Give details of any products used in connection with:-(a) Aircraft or spacecraft (including ground control equipment)

- (b) Marine craft
- (c) Offshore
- (d) Nuclear installations
- (e) Safety critical parts for motor vehicles
- (f) The rail industry.....
- (g) Medical (if yes are they invasive).....

5. Are any of your products, currently or any in the past 3 years supplied directly or to your knowledge indirectly to the:

USA or Canada?

YES/NO

If YES, please give details

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6. If you have USA/Canada domiciled operations please give full details including turnover?

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7. Have you entered into or intend to enter into any agreements with vendors?

YES/NO If YES please give full details and/or a copy of the agreement.

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