

**LIABILITY INSURANCE PROPOSAL FORM**

Please read the following questions carefully and answer them all in BLOCK CAPITALS. If you need more space, please provide answers in the additional information box at the end of the form or a separate sheet of paper, clearly highlighting the question number. If you have any questions, speak to your insurance broker.

**Business Details**

Full name of proposer

List of subsidiary companies to be insured

Trading Name(s)

Company Registration Number (s)

Employer Reference Number(s) (ERN)

Postal Address (including postcode)

Risk Address (including postcode)

Business Phone Number

Email Address

Website Address

Trade or Business for which insurance is being sought

Describe all work undertaken by your business

How many years have you been in this trade / business?

When would you like your insurance policy to start?

**General Questions**

1. Do you undertake work in or on airports, aerodromes, bridges, viaducts, towers, steeples, spires, pylons, chimney shafts, quarries, mines, ships, blast furnaces, docks, harbours, railways, chemical or petrochemical works, oil or gas refineries or storage facilities, offshore, power stations or nuclear power stations? Yes  No

If yes, please provide full details

2. Will you process, use, handle or store any of the following in connection with your business?
- i. Silica, asbestos or substances containing asbestos? Yes  No
  - ii. Radioactive substances? Yes  No
  - iii. Any other toxic or explosive materials? Yes  No

If yes, please provide full details

3. Are all of your lifting plant and pressure vessels/boilers which are subject to Statutory Regulations regularly inspected by qualified engineers as required by the legislation? Yes  No

**4. Health and Safety**

- (a) Have you or any of your Directors, Partners or Employees ever been:
- i. prosecuted under the Health and Safety at Work Act or related legislation or regulations? Yes  No
  - ii. served with a Prohibition Notice under the Health and Safety at Work Act? Yes  No
- (b) Have you undertaken a risk assessment and implemented measures to control the spread of infectious diseases in your workplace in accordance with UK Government and HSE advice? Yes  No
- (c) Have these workplace measures been regularly reviewed in line with the relevant guidance and fully communicated to all employees? Yes  No
- (d) Do you employ more than five employees? Yes  No
- (e) Do you have a formal written Health and Safety policy? Yes  No
- (f) Do you have a formal written safety training plan for employees? Yes  No

(g) Have you carried out the following risk assessments in respect of the Management of Health and Safety at Work Regulations 1999 or successor regulations?

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Manual Training   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. COSHH  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Working with machinery  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Work at height   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (h) Do you keep written evidence of the risk assessments and method statements communicated to all employees and ensure it is periodically reviewed and in accordance with industry best practice? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If no, please provide full details

5. About the business

(a) Do you carry out work away from the risk address? Yes  No

If yes, please provide full details

(b) Is any of the work outside the United Kingdom? Yes  No

If yes, state countries and what percentage of your total work this represents

(c) Does any of your work away from the risk address involve the use of the following:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Welding or cutting equipment or other equipment involving the application of heat? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Cradles and/or other lifting equipment?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Work at height or depth?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Any demolition work or any work involving piling?                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If the answer to any of the questions above is yes, please give full details

6. Have you agreed to assume a liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement? E.g. under contract    Yes        No   

If yes, please attach full details of the agreement.

7. Where Bona-Fide Sub Contractors are used, do you check that they have employers, public/products liability insurance?    Yes        No   

8. Have you purchased liability insurance for the business in the last 3 years?    Yes        No   

If yes, please complete the table below

Insurer	Branch	Policy No.	Expiry Date

9. For how many years have you been previously insured for the insurance being sought?

10. Has any insurer ever:

(a) Declined your proposal?    Yes        No   

(b) Refused to renew your policy?    Yes        No   

(c) Cancelled your policy without you requesting to do so?    Yes        No   

(d) Imposed remedial terms at renewal? e.g. rate increase, increased excess or other limitation    Yes        No   

If yes to any of the above, please provide full details

11. Have you or any director or partner or any Company of which any of you have been a director or any partnership of which any of you have been a partner been the subject of a County Court Judgment(or Scottish equivalent) or been declared bankrupt or insolvent or been the subject of an administration order, a CVA or an IVA?    Yes        No   

If yes, please complete the table below

Date of Judgment	Details	Amount

12. Indicate the nature of the surrounding neighbourhood of the risk address (within a 1km range). Tick all that apply.

Industrial Area	<input type="checkbox"/>	Public Services (Schools, Hospitals)	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>
Light Industrial Area	<input type="checkbox"/>	Forest	<input type="checkbox"/>	Residential Area	<input type="checkbox"/>
Surface Water (River, stream)	<input type="checkbox"/>	Other (please specify)			

13. Have you or, to your knowledge, any former owner or occupier:

(a) Ever been prosecuted or sued for any pollution problem?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) Ever had any incidents of pollution or incidents likely to cause pollution?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) Ever carried on any industrial activity which was the subject of an environmental permit or licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please provide full details

**Wage Roll**

1. Please state estimated wages and other earnings for the next 12 months (for example dividend payments or other remuneration in lieu of wages or other payments) by completing the table below

Role Type	Specify duties	No. of people	Total gross earnings (£)
<i>Working at the risk address</i>			
Working Principals			
Clerical and Secretarial			
Employees using woodworking machinery, power presses or guillotines			
All other employees including any payments to LOSC			
<i>Working away from the risk address</i>			
Working Principals			
Commercial Travellers and Salesmen			
All other employees including any payments to Labour only sub-contractors			
Payments to Bone-fide sub-contractors			

**Employer's Liability**

*Limit of Cover £10,000,000 (inclusive of costs and expenses)*

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Do you wish to insure under this section? Yes  No

If yes, please answer the following questions

1. Does any of your work produce noise levels above 85dB(A)? Yes  No

If yes, please give details and state what precautions are taken

2. Do you wish to insure against injuries to Working Partners? Yes  No

3. Please give details below of all claims made against you, or any circumstances which in your opinion are likely to result in a claim, in the last 5 years

Date & Year	Type of claim	Brief Details	Amount paid or outstanding

### Public Liability

Do you wish to insure under this section? Yes  No

If yes, please answer the following questions

1. Which limit of cover is required?- it is important that the limit chosen should meet the requirements of your business

£1,000,000

£2,000,000

£5,000,000

2. Do you insist that all sub-contractors engaged by you hold the equivalent limit to the limit that you have selected above? Yes  No

3. Please give details below of all claims made against you, or any circumstances likely to result in a claim, in the last 5 years

Date & Year	Type of claim	Brief Details	Amount paid or outstanding

## Product Liability

This section is available only if Public Liability is selected, including the same limit of cover.

Do you wish to insure under this section?

Yes  No

If yes, please answer the following questions

- Describe types of products manufactured, sold, supplied, repaired, serviced, tested, processed and/or purchased for resale. (Please provide catalogues or similar literature if such products are not available for viewing on your website).

- Please complete the following table

	Goods manufactured by you	Goods retailed/wholesaled	Good repaired, processed, altered or treated
Estimated annual turnover (£)			
Percentage exported to			
i. USA or Canada			
ii. EU			
iii. Elsewhere			

- State actual turnover of exports to USA / Canada for the past 3 years

£

N.B. For questions 2)(i) and 3 you should include any indirect exports i.e. goods that you know will ultimately be exported to USA/Canada even though they may not be exported directly by you.

- In which overseas countries do you have offices, assets, representation or agents?

- Do you import raw materials, components or finished products?

Yes  No

If yes, please provide:

Details of goods	Countries involved	% of annual turnover
	(i) EU	
	(ii) USA/Canada	
	(iii) Elsewhere (list countries)	

6. Where goods or materials are purchased by you or work is carried out on your behalf have you agreed to forgo any legal right which may otherwise be available to you? Yes  No

If yes, please attach full details

7. (i) Are any goods intended for installation in or to form part of aircraft, watercraft, aerospace devices (including drones), offshore rigs, nuclear plant or motor vehicles? Yes  No

(ii) Does your work involve the use, sale or servicing of 3D printers? Yes  No

If the answer to either question is yes, please provide details, including annual turnover from these activities

8. Which products are:

(a) Manufactured or supplied to your own design, specification or formulation?

(b) Manufactured or supplied to a design, specification or formulation laid down by customers?

9. Do you have a separate design team? Yes  No

If yes, what are their technical qualifications and practical experience?

10. Describe the type and extent of tests and checks undertaken before products go into production

11. Do you maintain an adequate system of records which would enable identification of:

(a) The source of products, raw materials or component parts purchased? Yes  No

(b) The source of design of products manufactured by you? Yes  No

12. Is it possible to trace the ultimate customer of individual products or batches in order to recall the products? Yes  No

13. Has a product recall ever been necessary or considered? Yes  No

If yes, please provide details

14. Are all goods labelled and supplied with clear instructions in the language of the country to which they are being supplied? Yes  No

15. Are product hazard warnings clearly shown on products, packaging and/or instruction manuals? Yes  No

16. Do your legal and design departments see all advertising material, sales brochures, operating manuals, etc., to check for misleading statements? Yes  No

17. Have you or any principal, director, officer or partner in the business ever been prosecuted, or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act or any similar legislation or been subject to any international sanctions? Yes  No

If yes, please provide details

18. Please give details below of all claims made against you, or circumstances which in your opinion are likely to lead to a claim, in the last 5 years

Date & Year	Type of claim	Brief Details	Amount paid or outstanding

**Environmental Impairment Liability**

This is an application for CLAIMS MADE Insurance.

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Do you wish to insure in respect of this Section?

Yes  No

If yes, please answer the questions below

1. Which limit of cover is required?

£100,000

*It is important that the limit chosen should meet the requirements for your business*

£500,000

£1,000,000

2. What retroactive date is required?

Inception

*It is important that the retroactive date should meet the requirements for your Business*

5 years prior to inception

Other date (specify date and explain why)

3. Please state the estimated annual turnover.

£

4. Do you have an Environmental Policy or Management System or Risk Assessment?

Yes  No

If yes, please provide copies.

5. Do you have an established system for managing environmental incidents?

Yes  No

If yes, please provide details.

6. During the last five years have you been prosecuted or has any enforcement action, including any requirement for clean up or environmental restoration, been taken against you for contravention of any standard, regulations or law relating to the release of a substance from any location into sewers, rivers, sea, air or onto land?

Yes  No

If yes, please provide details.

7. At the time of signing this application are you aware of any incident or circumstances that could reasonably be expected to have given rise to a claim, prosecution or enforcement action?

Yes  No

If yes, please provide details.

8. Do you fail to comply with any statutes, regulations or other standards for protecting the environment for any insured premises or locations? Yes  No

If yes, please provide details.

9. Please give details below of all claims made against you, or circumstances which in your opinion are likely to lead to a claim, in the last 5 years

Date & Year	Type of claim	Brief Details	Amount paid or outstanding

**How we will use your data**

The basics

We collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

Your information may be shared with, and used by, a number of third parties in the insurance sector including brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights

You have rights in relation to the information we hold about you, including the right to access Your information held by us. If you wish to exercise your rights, discuss how we use your information, please use the contact details provided on our full Privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

<http://www.faraday.com/privacy?c=n>

If you are unable to obtain the notice via our website, please ask your broker to contact us and we will provide the notice to you in a different format.

**Information and misrepresentation**

We have relied on the information you have given us in this proposal form.

If we establish that you deliberately or recklessly provided us with false or misleading information we will treat your policy as if it never existed and decline all claims. We may not return premium already paid by you in this situation.

If we establish that you provided us with false, incomplete or misleading information it could adversely affect your policy and any claim. For example, We may:

- Where we would have accepted the risk and offered you a policy but we would have charged a higher premium, only pay a percentage of any claim that you make under the policy by considering the premium we actually charged as a percentage of the higher premium we would have charged and paying the same percentage of any claim.
- For example, if the premium we actually charged was £250 and the higher premium we would have charged was £1,000, then the premium we actually charged represents 25% of the higher premium we would have charged and we shall only pay 25% of any claim. You shall also pay us the additional premium required by us to provide the increase in insurance cover for the Policy Period stated in the Schedule.
- Treat this policy as if it had never existed and refuse to pay all claims and return the premium paid net of brokerage. We will only do this if the false, incomplete or misleading information means that we provided you with insurance cover when we would not otherwise have offered it at all had the risk been fairly presented;
- Amend the terms of your policy. We may apply these amended terms as if they were already in place before a claim is made; or
- Cancel your policy in accordance with the cancellation provisions.

If you become aware that information you have given us is inaccurate or incomplete, you must inform us without delay.

**Declaration**

You must read this before signing below.

I/We declare that this form has been completed after proper enquiry and its contents are true, accurate and complete to the best of my/our knowledge. I/We agree that if any answer has been printed or written by any other person, they have my authority to do so. I/We also confirm that any information which I/We have supplied in this Form about other persons is given with their knowledge and authorisation.

I/We understand that the signing of this proposal does not bind me/us to complete the insurance but agree that, should a contract be concluded, this form, the statements made in it and the information provided in connection with it will be relied on in deciding whether to offer me/us insurance.

I/We have read and understood the 'How we will use your data' and 'Information and Misrepresentation' statements above.

**Proposor Signature**

**Status within your business**

**Date**

**Additional Information**

[Empty box for additional information]

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