



LIABILITY

Fact Finder

Important note

The information submitted in this form is used by your insurance broker, Sharrocks, to ensure the cover provided by your insurer is accurate and suitable to meet your demands and needs. It does not replace a Proposal Form or Statement of Fact that may have been issued by your insurer previously.

Please complete the information accurately and to the best of your knowledge.

1 YOUR DETAILS

Full name of Proposer

trading name or title

Company registration number

Business address

(Postcode must be shown)

Post Code

Web site address

Business Phone no.

trade or Business

How many years have you been in this trade or Business?

How many years have you been trading in your own name?

list any subsidiary companies to be insured

Describe all work undertaken or proposed for the future

2 GENERAL QUESTIONS

- 1** Have you or any partner/director in connection with your Business ever suffered any loss, damage, injury or disability or incurred any liability (whether insured or not) during the past 5 years in connection with any of the risks now proposed?

Yes NO

If 'yes' please give full details below.

Date	Type of Loss	Brief Details	Amount Paid or Outstanding

- 2** Are you now or have you previously been insured for any of the risks now proposed or any similar commercial risks?

Yes NO

If 'yes' please state name of Insurer, policy number and expiry date.

- 3** Have you or any partner/director in connection with your Business:-

a had any proposal or insurance declined, cancelled, refused, or made subject to increased rates or special terms?

Yes NO

b been convicted of arson or any offence involving dishonesty of any kind (e.g. fraud, theft, etc.)?

Yes NO

c been prosecuted under any health and safety legislation during the last 5 years?

Yes NO

- 4** 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 Judgement (or the scottish equivalent) or been declared bankrupt or insolvent?

Yes NO

If a County Court Judgement has been registered, please state details including date and amount.

IF YOU HAVE TICKED ANY SHADED BOX PLEASE COMPLETE THE ADDITIONAL INFORMATION PAGE

3 RISK DETAILS

- 1 Do you undertake work:-
- a overseas? Yes NO
- b on Nuclear Plant/Power stations, Gas or Chemical Works, Oil Refineries/ Bulk Oil storage Facilities, Offshore structures, Airfields/Airports or Railway property? Yes NO
- 2 Does any part of your trade or business involve work in connection with:-
- a quarrying, tunnelling or mining? Yes NO
- b piling, ground stabilisation, underpinning or dewatering? Yes NO
- c towers, steeples or chimney shafts? Yes NO
- d bridges, viaducts, flyovers or underpasses? Yes NO
- e docks, harbours, piers or wharfs? Yes NO
- f dams, reservoirs, lakes, rivers, water diversion, flood protection or sea defences? Yes NO
- 3 Do you work on or have under your control Cranes, Hoists, Passenger Lifts or escalators? Yes NO
- 4 Do you handle or use any of the following in connection with the work to be insured:-
- a Cradles? Yes NO
- b Radioactive substances or Devices, Chemicals, explosives or Gases? Yes NO
- c Asbestos or silica or other material involving a health or safety hazard? Yes NO
- d Any other dangerous materials giving rise to dust, fumes or vapours? Yes NO
- 5 Do you discharge toxic or dangerous substances into the atmosphere, sewers, waterways or elsewhere? Yes NO

*If 'yes' please note that cover for this work cannot be granted until confirmed by NIG

- 6 Have you in connection with sites which you have worked on OR in respect of your Premises (including to your knowledge any former owner or occupant of the Premises)
- a ever been prosecuted or sued for any pollution problem? Yes NO
- b ever had any incidents of pollution or incidents likely to cause pollution? Yes NO
- c ever carried on any industrial activity which was the subject of an environmental permit or licence? Yes NO

- 7 Do you (a) Hire In or (b) Hire Out any vehicles or plant?

If 'yes' please state:-

- a Type of vehicle or plant
- b estimated annual hire charges for the coming year
- c Which conditions of hire apply.

Hired In	Hired Out
£	£

- 8 Do you carry out any processes involving a noise level exceeding 90 decibels? Yes NO
- 9 Do you operate a foundry or forge? Yes NO
- 10 Do you handle or use welding or cutting equipment or other equipment or processes involving the application of heat away from your premises? Yes NO
- 11 Is your plant regularly maintained and inspected to comply with statutory regulations? Yes NO

IF YOU HAVE TICKED ANY SHADED BOX PLEASE PROVIDE MORE INFORMATION ON THE ADDITIONAL INFORMATION PAGE

4 PUBLIC LIABILITY

1 Which Limit of Indemnity is required? £1,000,000 £2,000,000 £5,000,000 Higher

2 NUMBER OF PERSONS WORKING MANUALLY:

a PROPRIETORS AND PARTNERS (if not a limited company)

b EMPLOYEES, WORKING DIRECTORS, LABOUR ONLY SUBCONTRACTORS (including persons supplied by them) AND TRAINEES.

Limited companies should declare all persons working manually under this category.

3 NUMBER OF PERSONS doing clerical work

5 EMPLOYERS LIABILITY (OPTIONAL)

Do you wish to insure in respect of this section?*

Yes NO

If 'yes' please answer the following questions.

1 Is power driven woodworking machinery other than portable tools used in the Business?

Yes NO

If 'yes' state number of persons using such machinery.

2 Do you wish to insure against Injuries to Working Partners?

Yes NO

6 TOOLS & EQUIPMENT (OPTIONAL)

Do you wish to insure in respect of this section?

Yes NO

(Premium is based on the total number of persons working manually)

If 'yes' please confirm the sums insured you require

£1,500 £2,500 £5,000 or higher please state amount in £

Where are the tools stored overnight?

7 Employers Reference Number (ERN)

Please confirm your ERN (Employment Reference Number) commonly referred to as "Employer PAYE Reference"

DATA PROTECTION AND DECLARATION

Insurers may store information and may use it for administration, risk assessment, research and statistical and marketing purposes and for crime prevention. Some of the information held by Insurers includes sensitive personal information (sensitive personal information includes such things as criminal convictions and health information). By signing this form you will signify your consent to such information being processed by Insurers and / or their agents.

Employers' Liability Tracing Office Data protection Act wording applicable to all Commercial risks, as follows:

Certain information relating to your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers' Liability Tracing Office (the 'ELTO') and added to an electronic database, (the Database').

This information will be made available in a specified and readily available form as required by the Employers' Liability Insurance: Disclosure By Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for the employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the 'Claimants')

CHOICE OF LAW

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.

DECLARATION

I / We declare that to the best of my / our knowledge and belief that the above statements and particulars, whether written by me / us or by others on my / our behalf are true and complete and that no material facts have been omitted, misrepresented or mis-stated

Proposer's signature

status

Date

ADDITIONAL INFORMATION

A large, empty rectangular box with a light blue border, occupying most of the page below the header. It is intended for providing additional information.

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Sharrock Insurance Services Limited are authorised and regulated by the Financial Conduct Authority