



**di** | Direct  
Insurance  
London Market

# General Liability Proposal Form

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| Please ensure the proposal is completed in full and is clear and legible

## 1) Company Details

Proposer's Full Name

Legal Trading Name (Name to appear on policy documentation)

Occupation / Business / Trade Description (please detail all activities)

Full address and postal code

Website address:

What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, treat or Supply?

Do you have ISO 9002 or similar accreditation

YES  NO

If so please state details



## 2) General

How long have you been trading

(i) At your current premises

(ii) At any other premises?

Are your premises in a good state of repair and regularly maintained?

YES  NO

Are you at present insured or have you ever been insured, in respect of the classes of insurance now proposed.

YES  NO

Has any insurer ever declined your proposal, cancelled or declined to renew your policy or imposed special terms?

YES  NO

Has any products, work or location been excluded from any previous insurance cover or uninsured or self insured?

YES  NO

Have you or any director or partner ever been:

(i) Convicted of or charged with any criminal offence

YES  NO

(ii) Prosecuted under the Health and Safety Act or any statute or regulation?

YES  NO

If you have answered YES to any of the above please provide full details



Do you require cover for:  Employers' Liability  Public Liability  Products Liability

For Public and/or Products Liability, state Limit of indemnity required. Please tick  £1,000,000  £2,000,000  £5,000,000

Other limit of indemnity required

If Employers' Liability is required, please provide the Employee Reference Number or Employee PAYE Number^

ERN Information ^The HMRC Employer Reference Number (ERN) is required if you wish to be insured for Employers' liability. The ERN is also referred to as the Employer PAYE reference on HMRC documentation. It always starts with three digits, followed by a slash ('/'), then a string of letters and numbers.

If the company or entity does not have an ERN, please enter the reason in the relevant box above, which should be one of the following:

- the business does not have any employees
- the business is registered outside England, Scotland, Wales or Northern Ireland
- all employees earn below the current PAYE threshold

\* In all cases where PAYE is operated, an ERN is allocated to the employer and the ERN applies to all UK businesses employing one or more people.



### 3) Wage roll and turnover estimates

#### Employers' Liability Information

Description	Estimated Number of Employees	Estimated annual payments for forthcoming insurance	
		Work at your premises	Work away from your premises
Clerical			
All other Employees (please specify what type i.e. roofers, Bona Fide Subcontractors)			
Labour only subcontractors, labour gangers & self employed sub-contractors supplying labour only			
Proposer's own annual remuneration, if working manually in the business			

#### Public/Products Liability Information

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



#### 4) Claims History

Have you had any claims made against you during the last 5 years?

YES  NO

If 'YES', please provide details

Year/Description	Type (EL/PL/ Products)	Total Wages	Deductible	Settled Claims		Outstanding	
				No	Amount	No	Amount
		£	£		£		£
		£	£		£		£
		£	£		£		£
		£	£		£		£
		£	£		£		£
		£	£		£		£
		£	£		£		£
Total		£	£		£		£



## 5) Employers Liability

Please provide full particulars of any of the following used by your business

(i) Woodworking machinery

(ii) Other power-driven machinery

(iii) Lifts, cranes, hoists or the like

Are your ways, works, machinery and plant properly fenced, guarded and in good order and condition?

YES  NO

If not, please specify.

Do any of your employees work overseas?

YES  NO

If so please provide full details including countries worked in.

Do any of your employees work on or visit:

YES  NO

(i) Offshore Installations

(ii) Ships, other water-borne vessels and/or aircraft?

If so please provide full details



Do any of your employees work away apart from collection/delivery?

YES  NO

If so please provide full details

Please state maximum height/number of storeys worked at by any manual employees.

Are any of your employees exposed to noise levels above 80 dB(A)

YES  NO

Have any of your employees complained of repetitive strain injury or pain in their upper limbs?

YES  NO

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?

YES  NO

If so please provide full details

Have any of your employees complained of stress?

YES  NO

If so please provide full details





Do you have a written H & S policy and are you complying with relevant health and safety regulations

YES  NO

If not, please give full details of your proposed program of implementation.

## 6) Public Liability

Are the hazardous areas of your premises and all operational sites securely fenced to prevent free access by third parties?

YES  NO

Do you control the access of all visitors and third parties to your premises and sites?

YES  NO

Do you require Bona Fide subcontractors to provide you with risk assessments and method statements for the work you have contracted them to undertake?

YES  NO

If not, please give full details of your proposed actions

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?

YES  NO

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?

YES  NO

If so please provide details



Do you process, handle or store any Industrial materials that are toxic explosive flammable or corrosive?

YES  NO

If so please provide details

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?

YES  NO

If so please provide details



## 7) Products Liability

Do you retain all rights of recourse against manufacturers/suppliers?  YES  NO

Do you supply any products for nuclear petrochemical pharmaceutical aviation motor marine or any other high risk industries?  YES  NO

If so please provide details

Do all products manufactured/supplied by you comply with all relevant European CE, British BS or other standards?  YES  NO

If so please provide details

Do you have a formal quality assurance, inspection, testing and recording programme in place?  YES  NO

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 declare that to the best of my knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I agree that this proposal shall form the basis of the contract. I agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until the proposal has been accepted by the Company.

**Name of Director/Officer/Board member/senior manager:**

.....

**Signature of Director/Officer/Board member/senior manager**

**Position Held:** .....

**For and on behalf of:** ..... **Date:** .....

**| Please note:** unless dated this Proposal Form will not be valid.

Signing this Proposal Form does not bind the Proposer to enter into a contract of insurance.

It is agreed that underwriters are authorised to make investigation and inquiry in connection with this Proposal Form or any Questionnaire that they deem necessary.





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