

ONE AMERICA SQUARE 17 CROSSWALL LONDON EC3N 2LB TELEPHONE 020 7977 4800 | WWW.LONDONMARKETBROKING.CO.UK

# **PROPOSAL FORM**







### **PROPOSAL FORM**

#### **DUTY OF FAIR PRESENTATION**

- Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3
  of the Insurance Act 2015. In summary, the Insured must:
  - Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.
     A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
  - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
  - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
- 2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
  - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
  - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
  - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117 16 March 2016



# **PROPOSAL FORM**

#### PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. **NOTE** only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1.	Company Name (including list of partners if n	not a	limited coi	mpany)					
2.	Address 1								
3.	Address 2								
4.	Town	5.	County			6. Postcode			
7.	Does the business have an ERN exemption?		Yes	No 8.	If "No" provide ERN	I			
	e business is a partnership, LLP, Ltd or PLC place end of the proposal form.	ease	provide fu	ull details of a	l other partners or a	ny subsidiaries o	n the 'Additio	onal Inforn	nation' sheet
	ou operate from more than one address pleas	e list	all other	business addr	esses and their busir	ness use on the 'A	dditional Inf	ormation'	sheet.
9.	Full business description (if you have a broche	ure o	r company	/ literature, ple	ase attach them to th	nis form)			
	CURRENT INSURANCE ARRANGEMENTS								
	Insurer								
11.	Broker								
12.	Premium			13	. Renewal date				
14.	Date commenced trading			15	. Is the business VAT	registered?	Yes	No	
16.	Please give details of any professional or trade	e ass	ociations y						
17.	Has any part of the current or any historic pol	licy b	een writte	n on a claims ı	made basis? If so plea	ase give details inc	cluding retro	active date	:S



# **PROPOSAL FORM**

#### **BUSINESS DETAILS**

18.	State total	number of	staff 8	& work	force	(including	directors	& principals)	
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19.	Sche	edule of employees. Give total estimate wages and/or salaries in each c	category for the forth	coming year			
19.1	Cler	ical/non-manual wages	£				
		n manual wages – split as follows:					
	a.	Full annual wages of operatives involved in asbestos removal	£				
	b.	Percentage of time operatives in a. involved on asbestos removal con	ntracts				%
	c.	All other operatives not involved in asbestos – please split by activity					
		i.	£				
		ii.	£				
		iii.	£				
19.3	Payr	nents to labour only sub contractors – split as follows:					
	a.	Full annual wages of operatives involved in asbestos removal	£				
	b.	Percentage of time operatives in a. involved on asbestos removal con	ntracts				%
	c.	All other operatives not involved in asbestos – please split by activity					
		i.	£				
		ii.	£				
		iii.	£				
19.4	Doy	rou use labour hirers for asbestos removal staff?		Yes	No		
	If"Ye	es", please list companies used below and estimated payments					
		nber of own employees to be covered for asbestos removal work nber of labour only sub contractors to be covered for asbestos removal	work				
19.7	Payr	ments to bona fide sub contractors – excluding asbestos removal	£				
19.8	Payr	ments to bona fide sub contractors – asbestos removal	£				
	If as	bestos removal please provide the names of the contractors and detail	ls of their current insu	urance arrang	ements		
20.	State a. c.	e estimated and actual contracting turnover for the following periods:  Next 12 months  £  Penultimate 12 months  £	b. Last 12 mont	hs £			
21.	State	e approximate percentage of asbestos related work in the following ca	tegories:				
	Lice	nsed % Unlicensed non-notifiable	%	Unli	censed notifiable		%
22.	State	e amount of indemnity required for Public and Products liability					
		£2,000,000 £5,000,000 £10,000,000 An	y other limit £				
23.	Have	e you or do you anticipate working outside the UK? If yes please give fu	ull details on the 'Add	itional Inform	nation' sheet	Yes	No



# **PROPOSAL FORM**

GE	ENERAL QUESTIONS					
	se answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or tors have traded, in this or any other name:					
	Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms?	Yes	No			
(	Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings?	Yes	No			
Pleas	e answer questions c. to f. in relation to the proprietor, partners or directors of this business.					
1974. into a	victions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act b. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in a made under it.					
1	Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation?	Yes	No			
	Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending?					
	Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction?	Yes	No			
	Have any of you committed any offence to which you have admitted and for which you have received an official police caution?	Yes	No			
prop	e answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the osal form.  LAIMS HISTORY					
	ation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or other name, has there been a claim under any of the cover(s) requested within the last 5 years?	Yes	No			
If the	answer is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.					
DE	ECLARATION					
by giv	declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know ving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reve mstances.		ıt,			
Signa	ature Please print name					
Date	Position					

#### ADDITIONAL INFORMATION

