



COMBINED LIABILITY SUBMISSION FORM

General Information

BROKER CONTACT NAME			
HOLDING BROKER			
CURRENT INSURER			
RENEWAL DATE		Current Premium Current Excess	Premium € Excess €

Proposers Details

NAME OF PROPOSER IN FULL			
POSTAL ADDRESS			
CONTACT PHONE NO		WEBSITE	
FULL BUSINESS DESCRIPTION (If more than one, state all)			
HOW LONG HAVE YOU BEEN IN BUSINESS			

GENERAL RISK INFORMATION

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PUBLIC & PRODUCTS LIABILITY

Limit of Indemnity Required €

Estimated Annual Turnover Split as Follows;

		€ <input style="width: 80%;" type="text"/>
		€ <input style="width: 80%;" type="text"/>
		€ <input style="width: 80%;" type="text"/>
		€ <input style="width: 80%;" type="text"/>
		€ <input style="width: 80%;" type="text"/>

EMPLOYERS LIABILITY

Employee Category	No of Full Time Employees	No of Part Time Employees	Wage Roll
Clerical/Admin			€
Manual Working Directors			€
Clerical Working Directors			€
Wood Working Operatives			€
Labour Only Sub Contractors			€
Apprentices			€
All Other Manual Employees			€
			€
			€

% OF WORK AT OWN PREMISES

% OF WORK AWAY FROM THE PREMISES

HEIGHT LIMIT REQUIRED

DEPTH LIMIT REQUIRED

5 Years Gross Claims/Accident History

Year	E/L Claims			P/L Claims			Products Claims		
	No	Paid	O/S	No	Paid	O/S	No	Paid	O/S
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€

RISK MANAGEMENT DETAILS

DATE OF LAST SURVEY	<input type="text"/>
OUTSTANDING REQUIREMENTS?	<input type="text" value="Yes/No"/>
IF YES PLEASE DETAIL	<input type="text"/>
IS YOUR SAFETY STATEMENT FULLY UP TO DATE?	<input type="text" value="Yes/No"/>
DO YOU HAVE A SAFETY OFFICER?	<input type="text" value="Yes/No"/>
IS THERE AN OCCUPATIONAL DEAFNESS HAZARD ASSOCIATED WITH YOUR TRADE?	<input type="text" value="Yes/No"/>
HAVE ALL STAFF RECEIVED MANUAL HANDLING TRAINING?	<input type="text" value="Yes/No"/>
WILL YOU OR YOUR EMPLOYEES HANDLE/COME INTO CONTACT WITH ANY HAZARDOUS SUBSTANCE?	<input type="text" value="Yes/No"/>
IS THERE AN ORGANISED INDUCTION PROGRAMME FOR NEW EMPLOYEES?	<input type="text" value="Yes/No"/>
DO YOU HOLD ANY QUALITY ACCREDITATIONS OR AWARDS?	<input type="text" value="Yes/No"/>
ARE RECORDS KEPT OF QUALITY CONTROL TESTS?	<input type="text" value="Yes/No"/>
IS THERE A WRITTEN PRODUCTS RECALL PLAN?	<input type="text" value="Yes/No"/>
PLEASE DETAIL THE KEY PRODUCTS MANUFACTURED, SUPPLIED OR CONSTRUCTED?	<input type="text"/>
FULL DETAILS OF ANY HOT WORKS	<input type="text"/>
ARE THE PREMISES IN GOOD REPAIR	<input type="text" value="Yes/No"/>
HEALTH & SAFETY ARRANGEMENTS	<input type="text"/>
DETAILS OF ANY SPECIALIST EQUIPMENT USED	<input type="text"/>

DECLARATION

Have you or any of your partners or directors:

- 1) Ever been convicted/charged but not yet tried with a criminal offence other than a motoring offence? Yes/No
- 2) Ever been declared bankrupt or are the subject of any current bankruptcy proceedings? Yes/No
- 3) Within the last 5 years have you sustained any loss or damage which would have been covered by this type of insurance had it been in force, whether or not a claim was paid? Yes/No
- 4) Has any insurer or underwriter ever declined, cancelled or withdrawn cover, refused to renew, imposed special terms, or asked you to move all or part of your insurance elsewhere? Yes/No

Please answer the above in respect of not only this proposed business but also in respect of any other business' in which you &/or your partners &/or Directors have or have had an interest.

If you have answered yes to any of the above, please provide full details below and/or on a separate page.

DECLARATION

To the best of my knowledge and belief the information provided in connection with this declaration, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misinterpretation of a material fact may entitle insurers to void the insurance.

(N.B. a Material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in doubt as to whether a fact is material or not, please disclose it).

I understand that signing this declaration does not bind me to complete, or Insurers to accept this insurance. I understand and agree that Insurers may seek information from credit and other agencies in connection with this proposal.

Signature of Proposer: _____

Position: _____

Date: _____