
Proposal Form

This proposal form is for businesses who work at their own premises and do not work away (other than collect or deliver).

Disclosure

Ensure that all information provided is correct and that all questions are answered accurately and in full.

Have the Proposer(s), or any Partner(s), or Director(s) ever;

- a) had any proposal for insurance cancelled or has any Insurer ever declined to renew your Policy or required increased premium or imposed special terms? Yes / No
If Yes, Provide Full Details
- b) been prosecuted or are any prosecutions pending under the Health and Safety at Work Act or any other statute or regulation? Yes / No
If Yes, Provide Full Details
- c) been convicted of, prosecuted for or are any prosecutions pending for any criminal offence (other than motoring convictions)? Yes / No
If Yes, Provide Full Details
- d) Has the Insured suffered a loss, claim or incident (which may give rise to a claim) at these premises, or any other premises, whether insured or not in the last 5 years? Yes / No
If Yes, Provide Full Details
- e) If yes to question d) what procedures and/or changes have you put in place to prevent a similar occurrence?

The Business

Assured

Business Address

Trade

Full business description

Additional Locations

Date Company commenced trading?

How many years experience do you have in the trade proposed?
How and where gained?

Business Procedures

Does the proposer have;

- a) a formal written Health and Safety policy (select YES if less than 5 employees where this is not required or if EL is not required)? Yes / No

If NO, Provide Full Details

- b) training programmes for new employees which commence immediately upon commencement of employment? Yes / No
any ongoing training programme/refresher training for existing employees? Yes / No
If NO to either of these questions, Provide Full Details.

In the event of a claim you will need to provide sight of all records pertaining to staff training and you will need to provide signed evidence that all employees have been trained and made aware of your training programme. This evidence will relate to initial training and ongoing training. Your Health and Safety representative should be made responsible for ensuring accurate records are kept. Please state who is responsible for all training.

- c) a documented procedure for high risk activities (select YES if not applicable)? Yes / No
If NO, Provide Full Details

- d) a formal documented accident investigation plan (select YES if not applicable)? Yes / No
If NO, Provide Full Details

- e) warning signs erected in prominent positions around machinery reminding employees that:- Yes / No
Guards must be in place whilst machinery is in use, push sticks must be used when items become stuck, waste material must be removed and machinery must be allowed to stop before item is removed?

- f) a regular risk assessment programme? Yes / No

Are the Proposer's ways, works, machinery and plant properly fenced and otherwise in good order and regularly inspected to comply with statutory requirements (select YES if not applicable)? Yes / No
If NO, Provide Full Details

Does the Proposer engage in work away from the premises (other than collection and/or delivery of products or attendance at exhibitions or shows) Yes / No
If YES, Provide Full Details

Does the Proposer contract work to any bona-fide only sub-contractors? Yes/No
If YES, does the Proposer require the sub-contractor to carry relevant Employers', Public and Products Liability insurance (at a similar Limit of Indemnity to this proposal) and are satisfied that this insurance is in place? Yes/No
If NO, give details

Does the Proposer or any of its employees engage in work outside the United Kingdom? Yes / No
If YES, Provide Full Details

Hazardous Activities

Does the Proposer or any of its employees use, handle, transport or work in/on any of the following:
(Select NO if not applicable to your business)

- i) radioactive substances or devices? Yes / No
If YES, Provide Full Details

- ii) explosive substances? Yes / No
If YES, Provide Full Details

- iii) asbestos or silica or material containing these substances? Yes / No
If YES, Provide Full Details

- iv) toxic or hazardous chemicals? Yes / No
If YES, Provide Full Details

v) any materials giving rise to dust or fumes? Yes / No
 If YES, Provide Full Details

vi) processes involving a noise level in excess of 85db? Yes / No
 If YES, Provide Full Details

Employers Liability

Employers' Liability Required ? Yes / No
 Limit of Indemnity £10m

Estimated wages (including all other earnings) for the period of insurance proposed for the following categories:
 (Family member shall mean, husband, wife, father, mother, grandfather, grandmother, stepfather, stepmother, son ,daughter, grandson, granddaughter, stepson, stepdaughter, brother, sister, half-brother or half-sister.)

	No. of employees	Wages
Clerical/Administrative		
Principal(s)/Partners/Director(s) - Non manual (inc family members if not "Ltd" company)		
Principal(s)/Partners/Director(s) - Manual (inc family members if not "Ltd" company)		
Manual – Premises		
Manual - Work away		
Drivers		
Wood working machinery and/or other power driven machinery		
LOSC		
Other – Describe		

Public Liability

Public Liability Required ? Yes / No
 Limit of Indemnity £1m £2m £5m

Estimated turnover for the period of insurance proposed, split by territory:

U.K.	£
BFSC – UK	£
Other European Union	£
U.S.A. and/or Canada	£
Elsewhere	£

Products Liability

Products Liability Required ? Yes / No

Does the Proposer manufacture all products sold, supplied or distributed? Yes / No

What is the percentage split by territory from where the Proposer's products or components parts are derived?

European Union	<input type="text"/>	%
U.S.A. and/or Canada	<input type="text"/>	%
Elsewhere	<input type="text"/>	%

Does the proposer maintain full rights of recourse against the manufacturers/suppliers of these products? Yes / No

Does the proposer manufacture , supply or distribute:

- i)** any product used in aircraft, aerospace device, motor vehicle, hovercraft, or waterborne craft or marine, motor or aviation purposes? Yes / No
If YES, Provide Full Details
 - ii)** fertilisers, pesticides, fungicides and/or animal feeds? Yes / No
If YES, Provide Full Details
 - iii)** pharmaceutical, medical, cosmetics, beauty aids and/or blood products? Yes / No
If YES, Provide Full Details
 - iv)** chemicals/petrochemicals or any other substance of an explosive, toxic or noxious nature? Yes / No
If YES, Provide Full Details
 - v)** genetically modified organisms and/or seeds and/or products containing genetically modified organisms? Yes / No
If YES, Provide Full Details
 - vi)** asbestos products? Yes / No
If YES, Provide Full Details
 - vii)** tanning machines, toys and/or mobile telecommunication equipment? Yes / No
If YES, Provide Full Details
 - viii)** firearms and munitions? Yes / No
If YES, Provide Full Details
-

DECLARATION FORM

Policy / Quote No:

Proposer's name:

ACCIDENTS IN THE WORK PLACE-MACHINERY

Incorrect use of machinery is a major cause of employers liability claims in the U.K. The loss of one finger can cost up a substantial amount in compensation. Imagine trying to replace your EL insurance with that sort of claims experience - not many insurers will be jumping through hoops to offer you insurance.

Here are the main reasons for claims:-

1. COMPLACENCY
2. Leaving machinery running against instructions
3. Working without guards
4. Lack of Training and Refresher Training
5. Lack of Signage
6. Not using push sticks.
7. Piece work (encouraging employees to cut corners)

You will see that complacency is at the top. These are quotes from actual claims:-

"I didn't think to send him on a refresher course as he has worked for me for twenty years." - Loss of two fingers when employee did not use a push stick.

"The guards are a nuisance, they slow the job down." - Loss of a finger.

Ensure ALL your employees are FULLY trained and retrained at regular intervals (and keep records of such training). Make sure your SIGNAGE is in place and clearly visible. Do daily spot checks to make sure push sticks are being used, guards are down and machines are not left running. Make sure it is not YOU who has a large claim on its record. www.hse.gov.uk/woodworking is a useful website.

I/We understand that:

1. cover is only for work disclosed in the business description and no other;
2. this proposal and declaration and any particulars given separately shall be the basis of the contract between European Risk Insurance Company hf and myself/ourselves;
3. the policy wording and all terms, conditions and exclusions (plus any additional endorsements as specified) will apply and that a specimen copy of this wording is available on request;
4. European Risk Insurance Company hf reserve the right to decline any proposal or alter the terms and conditions if the information provided has been changed in any way.

5. if European Risk Insurance Company hf have been misled in any way causing European risk Insurance Company hf to accept this proposal and/or to pay claims which otherwise would not have been paid European risk Insurance Company hf reserve the right to reclaim any monies paid forthwith.

I/We declare that to the best of my/our knowledge and belief:

1. the above statement and particulars, whether written by me/us or by others on my/our behalf., and any statement or particulars given separately by me/us or by others on my/our behalf are true and complete;
2. I/We have not withheld any material fact. (Material facts are those facts which are likely to influence the acceptance or assessment of this proposal. It is essential that all material facts are disclosed. If you are in doubt about whether a fact is material, it should be disclosed, since failure to do so may invalidate this insurance.)
3. I have read and understood the section entitled 'ACCIDENTS IN THE WORK PLACE-MACHINERY and confirm my on-going compliance with the recommendations

Signature:	
Name:	
Position:	
Date:	