

Broking Template: **HIGH RISK LIABILITY**

Broker's / Agent's detai	<u>ls</u>										
Broker name				Contact name							
Broker address									•		
Telephone number	Fax number										
Email address	Date submitted										
Renewal date	1			Deadline date							
Holding agent	Last year's pren				um				£	£	
Holding insurer				Target premium					£	£	
Proposer's / Insured's d	<u>letails</u>										
Proposer's name		Post code									
Proposer's address									•		
Employers Reference Number			Company Registration Number								
Year established			Website address								
Full Business Description											
Cover Required											
Employer's Liability	Public & Product			lic & Products	Liab	iability					
Please provide split in e including Labour only su between the following of	ub-contractor										
Categories	Wage roll (£)	Categor	Categories		Wage roll (£)		Cate	Categories		Wage roll (£)	
Clerical		Drivers	Drivers			Woodwor Machinist					
Supervisors		Yardman									
Please complete the foll you are engaged in	lowing Wage	roll and	d Tu	<u>ırnover info</u>	orma	ation for	each	Contrac	ting	activity that	
Contracting Activities					Wage Roll (£)		Turnover (£)				
								_			



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Are any of the following used or present in connection with your business	Yes	No
Explosives?		
Involved in any form of railway work?		
Slings or cradles?		
Cranes, hoists or other lifting equipment?		
Any use of heat away from the premises?		
Do you discharge any hazardous waste into the atmosphere, sewers, waterway or elsewhere?		
Scaffolding?		
Radioactive substances or other sources of ionising radiations?		
Asbestos, silica, PCB's or lead?		
Work in, on, or about aircraft or airports?		
Work in, on, or about, refineries or oil, gas, or petrol storage depots?		
Dismantling or demolition of any structure?		
Towers or steeples?		
Bridges or similar?		
Chimney shafts?		
Blast furnaces?		
Viaducts?		
Mines?		
Pile driving?		
Tunnelling and/or underground work?		
Dams or reservoirs?		
Docks, harbours, piers, wharfs or jetties?		
Ships, vessels, watercraft or cushioned vehicles?		
If Yes, Please provide Details		



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<u>Business De</u>	<u>tails</u>	Yes	No
Are the insu	rance details of all bona fide sub-contractors checked and recorded?		
Is a written	Health & Safety policy in place?		
Does the pro	pposer undertake risk assessments?		
Is all machin	ery adequately guarded, maintained and in good condition?		
Is all work ca	arried out within the United Kingdom?		
If No, Please	e provide Details		
		Yes	No
Do you have a	any domiciled operators outside the United Kingdom?		
Has an Insure special terms?	er ever declined your proposal, refused to renew or cancelled your policy or imposed		
If Yes, Pleas	se provide Details		
		Yes	No
Ever been ded	clared Bankrupt or had any CCJ (or Scottish equivalent) made against you ?		
Ever been cor prosecution of	nvicted or prosecuted for any criminal offence (excluding motor offence or is any utstanding ?		
Claim exper	ience in the past 5 years		
Date	Details (include circumstances and post loss action to prevent reoccurrence		Amounts Paid