



PROFESSIONAL
INSURANCE AGENTS

Public, Products and Employers Liability Proposal Form

Return to:

Professional Insurance Agents
Unit 9, Pacific House
Sovereign Harbour Innovation Park
1 Easter Place, Eastbourne
East Sussex
BN23 6FA

e: info@professionalinsuranceagents.co.uk

t: 01323 648000



Public, Products and Employers Liability Proposal Form

Section 1 Business Details

1.1) *Including all previous trading names / styles.*

Name of Business:	<input type="text"/>		
Contact Name:	<input type="text"/>	Date Established:	<input type="text"/>
Address:	<input type="text"/>	Mobile:	<input type="text"/>
		Tel:	<input type="text"/>
Post Code:	<input type="text"/>	Fax:	<input type="text"/>
Website:	<input type="text"/>	Email:	<input type="text"/>

1.2) Full description of trade/activities:

Section 2 Financials

2.1) Please state the gross turnover in respect of the following years:

	LAST COMPLETED FINANCIAL YEAR	ESTIMATE - CURRENT FINANCIAL YEAR	ESTIMATE - NEXT FINANCIAL YEAR
Domestic turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA / Canada turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other territory turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Date of financial year end:

Currency:

How much gross turnover is paid to third party contractors?

2.2) Number of employees (including directors/principles):

Clerical/non-manual:	<input type="text"/>	Manual workers at the premises:	<input type="text"/>
Woodworkers at the premises:	<input type="text"/>	Manual workers away from the premises:	<input type="text"/>

2.3) Employer Reference Number (ERN):

2.4) Wage roll:

	EMPLOYEE WAGES / SALARIES	PAYMENTS TO LABOUR ONLY SUBCONTRACTORS	PAYMENTS TO BONA FIDE SUBCONTRACTORS
Clerical/non-manual:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Woodworkers at the premises:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manual work at the premises:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manual work away from the premises	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any manual work is undertaken, please provide full details in the additional information box below:

2.5) Do you request that all subcontractors hold their own Public Liability and (if applicable) Employers Liability Insurances? ☐ Yes ☐ No

2.6) Do you undertake any work above 5m from ground level, or 2m below ground? ☐ Yes ☐ No

2.7) Do you work with heat? ☐ Yes ☐ No

If "YES", please provide %:

Section 3 Activities

3.1) Please provide percentage of work undertaken in the following areas:

Docks, Harbours, Piers or Jetties?	% <input type="text" value=""/>	Offshore Oil or Gas Installations?	% <input type="text" value=""/>
Railways, Trackside or Red Zones?	% <input type="text" value=""/>	Towers, Steeples or Chimney Shafts?	% <input type="text" value=""/>
Airports or Airfields?	% <input type="text" value=""/>	Motorways, Highways, Bridges, Flyovers or Viaducts?	% <input type="text" value=""/>
Power Stations (Including Nuclear) or Nuclear Power Installations?	% <input type="text" value=""/>	Quarries, Mines or Collieries?	% <input type="text" value=""/>

Section 4

4.1) Do you travel overseas for work? ☐ Yes ☐ No

If yes, please confirm the following:

a) What work will you be undertaking overseas?

b) How many trips do you anticipate will you be making in the forthcoming year?

c) How long, on average, will each trip last?

d) Which countries will you be working in/travelling to?

Section 5

5.1) Do you have a health and safety policy in place? ☐ Yes ☐ No

5.2) Do you comply with all applicable health and safety acts and regulations? ☐ Yes ☐ No

5.3) Do you handle, store or transport any hazardous substances? ☐ Yes ☐ No

Section 6

6.1) Do you supply, manufacture, package or test any products? ☐ Yes ☐ No

If yes, please confirm the following:

a) Please provide full details of products that you manufacture, supply, package or test.

b) Do all products conform to relevant independent product standards? ☐ Yes ☐ No

c) Are any products supplied to USA/Canada? ☐ Yes ☐ No

d) Do you import products from outside the EU? ☐ Yes ☐ No

If you have agreements/contracts with suppliers or distributors of the products, please supply these.

Section 7

7.1) Has any health & safety notice/order/prosecution been placed against you in the last 5 years? ☐ Yes ☐ No

7.2) Have any previous claims been made against the company or any past or present director? ☐ Yes ☐ No

7.3) Have you or any partner/director/employee been investigated or charged with a criminal offence, other than minor motoring offences? ☐ Yes ☐ No

Spent convictions do not need to be notified

7.4) Have you or any partner/director/employee ever been declared bankrupt, insolvent or been the subject to bankruptcy proceedings, insolvency proceedings or been disqualified from being a company director? ☐ Yes ☐ No

7.5) Has any Insurer ever declined proposal or renewal for this practice or any partner principle, required an increased premium, imposed special terms or cancelled an insurance? ☐ Yes ☐ No

If yes, please provide full details in the additional information box below:

Section 8

8.1) Have you previously held Public, Products or Employers Liability Insurance? ☐ Yes ☐ No

If yes, please confirm the following:

Name of Insurers:	<input type="text"/>	Premium:	<input type="text"/>
Indemnity Limit:	<input type="text"/>	Excess:	<input type="text"/>
		Date of Expiry:	<input type="text"/>

Section 9

9.1) Any other information or additional cover requirements:

Section 7 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me / us by the Insurer

Signature of Principal / Partner / Director:

Full Name:

Date:

***By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.*

Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents' to seek terms on my/our behalf from Insurers; including current Insurers