



General Liability Proposal

Agent:

Agents reference:

Reference:

About You

Proposers Name (as it should appear in the insurance schedule including any trading names):

Business Address (including postcode):

Postcode:

Employer Reference
Number (ERN)*:

On which date do you require
cover to commence?

Expiry date:

Telephone number:

Website address:

Mobile number:

Email address:

Trade or business (This should include your main business and any ancillary or part-time work):

How many years have you been conducting this trade or business in this name?

 years

How many years experience do you have in this type of business overall?

 years

Has any insurer cancelled your insurance or refused to renew it?

 YES NO

Have you or any of your directors, officers or business partners ever been:

convicted of or charged (but not yet tried) with any criminal offence (other than motoring convictions)?

 YES NO

declared bankrupt or insolvent or has any business which you were director or involved in management gone insolvent or into liquidation, administration receivership or entered into arrangement with creditors?

 YES NO

prosecuted under the Health and Safety at Work Act or other legislation relating to health and safety at work or corporate manslaughter?

 YES NO

Do you or any of your employees work overseas?

 YES NO

* Further information about the ERN number can be found in the Important Information section.

'High Risk' Locations

Do or will you work at the following locations? If 'yes' please provide details:

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. power stations or nuclear installations? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. refineries, bulk storage or production premises in the oil, gas or chemical industries? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. offshore, underwater or underground? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. on aircraft, hovercraft, aerospace systems or watercraft (other than on watercraft in docks, harbours, boatyards or inland waterways where the work does not involve the use of heat)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. airside at airports? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. railway red zones? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SUB-CONTRACTORS

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 7. Do or will you engage sub-contractors who are not employees to do work on your behalf?
<i>If 'yes' please read our requirements about the use of subcontractors in our Contractors Conditions (endorsement G10 in the policy booklet)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

WORK AT HEIGHT

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 8. Do or will you or your employees ever work at a height of more than 5 metres above floor level?
<i>If 'yes' please read our requirements about employees working at height in our Contractors Conditions (endorsement G10 in the policy booklet)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

HEAT

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 9. Do or will you or your employees use heat away from your premises (including welding or cutting equipment, blow lamps, blow torches, hot air guns and asphalt, bitumen, tar or pitch heaters)? <i>If 'yes' please read our requirements about the use of heat in our Contractors Conditions (endorsement G10 in the policy booklet)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

EXCAVATIONS

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10. Do or will you or your employees make excavations? <i>If 'yes' please read our requirements about making excavations in our Contractors Conditions (endorsement G10 in the policy booklet)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

PRODUCTS AND COMPLETED WORKS

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 11. Are any of your products intended to be used in the structure, machinery or controls of any aircraft, other aerial device, hovercraft, offshore installation, offshore rig, or offshore platform? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Do your products include any industrial or agricultural chemicals? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Do your products include any pharmaceuticals, alternative medicines, health products, dietary supplements, medical products, blood products, cosmetics or beauty aids? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Do your products include any firearms, munitions, explosives, fireworks or other pyrotechnics? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Claims Experience

Please include any incidents or losses you have had in the previous 5 years

Date	Brief description of the incident <i>(please state also whether it related to Employers', Public or Products Liability)</i>	Cost <i>(including any paid amounts, outstanding estimates and fees)</i>
DD / MM / YY		
DD / MM / YY		
DD / MM / YY		
DD / MM / YY		
DD / MM / YY		

Section A - Employers Liability

If you are not a limited company do you require Employers' liability cover for working partners or proprietors?
(If 'yes' your drawings should be included in the wages estimates section below)

 YES NO

HEALTH & SAFETY

Are your employees / have your employees been exposed to asbestos?

 YES NO

Do you have a written health and safety policy?

 YES NO

Do you and will you always carry risk assessments specific to the task before commencing work and before any amendments to the work?

 YES NO

Do and will you always prepare written method statements specific to the task before commencing work and before any amendments to the work?

 YES NO

Do you ensure that the use or wearing of personal protective equipment by any employee (as required by the Personal Protective Equipment at Work Regulations 1992) is enforced and that a formal record is maintained of personal protective equipment supplied to and received by employees?

 YES NO

Do you or your employees use industrial machinery?

 YES NO

EL ESTIMATES

Wages split between different types of work undertaken (please describe). Please also indicate the estimated maximum number of employees at any time during the proposed period of insurance within each category. Please include clerical work for this section.

Your premium will be based on the estimates you provide. You also have to declare the actual figures at the end of the period of insurance (see General Condition P in the policy booklet) If the actual figures are more than your estimates an additional premium may be payable.

Work type	Annual wages / salaries	Number	Status

Section A - Employers Liability (continued)

Sub-contractors and the self-employed

Labour only sub-contractors, self employed people, people hired or borrowed by you or embedded in your business are considered employees if they are working for you and under your control. You must declare their wages and the number of people in your employee estimates above.

Other contractors who are not Employees ('bona-fide' sub-contractors)

If they are not working directly for you and not under your control and they have their own insurance cover we do not charge for them under the Employers' Liability section. Therefore you should not declare their wages and the number of people in the employee estimates above.

Section B - Public Liability And Section C Products Liability

Please indicate the limit of liability required:

Do you require cover for Products and Completed Works?

 YES NO

Do you require cover for Financial Loss / Professional Indemnity?

 YES NO

If 'yes' limit of liability required:

If you undertake work outside of, or export products outside of, England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands please indicate the split of turnover between the following territories:

Territory worked in or exported to:	% of turnover
UK	
Other EU	
USA / Canada	
Rest of World	
Total	

Have you ever exported goods to the USA or Canada?

 YES NO

Our standard policy covers against judgments, awards or settlements made anywhere in the world other than the USA or Canada. Do you wish to extend cover to the USA or Canada?

 YES NO

If 'yes' USA or Canada limit of liability required:

If you import products or materials to be incorporated into your products from outside of England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands please indicate from where they originate:

Products/Materials sourced from:	% of turnover
UK	
Other EU	
USA / Canada	
Rest of World	
Total	

Do you maintain your full rights of recourse against any manufacturer or supplier from whom you obtain any product or anything which is incorporated into your products?

 YES NO

Do all of your products comply with the relevant CE / BS standards?

 YES NO

Section B Public Liability And Section C Products Liability (continued)

Turnover and maximum number of people estimates split between the various activities of the business.

IF YOUR BUSINESS INVOLVES MANUAL WORK

When considering the number of people, please include manual working directors, manual working partners and proprietors, manual work employees and labour only sub-contractors. You do not need to include people who do only clerical work in this section.

IF YOUR BUSINESS INVOLVES PURELY CLERICAL WORK

When considering the number of people, please include clerical workers in this section.

TURNOVER

We define turnover as the amount of money taken for the activities of the business during the period of Insurance excluding VAT and less payments made to sub-contractors who are not employees.

	Turnover	Max. number of people

Estimated payments to 'bona-fide' sub-contractors (during the proposed period of insurance) who are not employees split between the types of work they do on behalf of the business:

	Payments	Max. number of people

Additional information:

Important

Before signing this proposal form please read the questions and answers again particularly if someone else has completed the form for you. You are responsible for the information given.

Making a false statement or withholding a material fact could result in your insurance being void from inception leaving you without insurance cover. A material fact is one that is likely to influence the acceptance and / or assessment of your proposal for insurance. If you are in any doubt as to whether a particular item of information is material, you should disclose it.

You should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract of insurance.

A copy of this completed proposal form will be supplied on request within a period of three months after its completion.

This insurance shall be governed in all respects by the law applying in the particular country in the United Kingdom in which you live. If there is any dispute over which law is to apply to this insurance it will be English law.

How we use your information

Introduction

We believe in keeping your information safe and secure. Full details of what data we collect and how we use it can be found in our privacy policy which you can access at www.markerstudy.com or by requesting a copy from our Data Protection Officer (contact details below). This section provides you with some basic information and explains:

- What we do with your information
- How we may check the information you have provided to us against other sources such as databases
- Who we share your information with, and
- How we may use your information.

We are governed by the Data Protection legislation applicable in both the United Kingdom.

How we may collect your information

We may collect details about you from

- Information you give to brokers
- Information you give us in online forms and other forms
- Other sources such as Google Earth and social media
- Third parties and other sources
- Telematics systems.

What information we may collect about you

We collect details including details about your health, personal circumstances, claims history, credit history, motoring history and other relevant details. We may collect information on you from databases such as the electoral roll and county court judgment records.

How we may share your information

In order to provide our services to you, we may share your information with insurance companies, solicitors, regulators, business partners and suppliers. We may also have a legal obligation to provide your information, in certain circumstances, with regulators, police and other public bodies.

Information you supply may be used for the purposes of insurance administration by us and third parties. These third parties may share your information with their own agents.

How we may use your information

We may use your information for a number of purposes. These include:

- Providing you with our services
- Dealing with your claim
- Carrying out checks such as fraud checks and credit checks
- Providing you with information about our products and services.

We give details about some of these processes below.

Providing you with details on our Products and Services

Where you have given us your consent to do so, we will send you information about products and services of ours and other companies in our Group which may be of interest to you. We may contact you by telephone, letter or email (as you have indicated)

You have a right at any time to stop us from contacting you for marketing purposes or giving your information to other members of the Group.

If you no longer wish to be contacted for marketing purposes then please contact our Data Protection Officer (contact details below).

Employers' Liability Tracing Office

Certain information relating to your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (If relevant), will be provided to the Employers' Liability Tracing Office (the "ELTO") and added to an electronic database (the "Database").

This information will be made available in a specified and readily accessible form as required by the Employers' Liability Insurance: Disclosure by Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their employment in the UK for employers carrying on, or who have carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the "Claimants"):

- To identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- To identify the relevant employers' liability insurance policies.

The Database will be managed by the ELTO.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability cover and any other persons permitted by law.

By entering into this insurance policy you will be deemed to specifically consent to the use of your insurance data in this way and for these purposes.

Fraud Prevention and Detection

We carry out fraud checks on our customers. We do this in order to prevent fraud and also to help us make decisions about the provision, pricing and administration of insurance.

When carrying out these checks, we will search against fraud detection databases.

We may pass details about you to some of these databases.

Law enforcement agencies, financial service providers, fraud prevention agencies, police and other organisations may also access these databases.

Claims History

We may process data relating to your claims history for the purposes of assessing any claim you may make.

The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident we will pass information relating to it to these databases. We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal.

Credit Searches and Accounting

In assessing an application for insurance or policy renewal, we may search files made available to us by credit reference agencies. They keep a record of that search.

Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors, or to prevent fraud.

Transfers

Sometimes your information may be transferred outside the European Economic Area by us, by

the organisations with whom we share your information or by the servants and agents of these organisations. If we do this we will ensure that anyone to whom we pass it provides an adequate level of protection.

Your Rights as a Data Subject

Under Data Protection Laws you have certain rights; these include for example, a right to understand what data we hold on you and a right to ask us to amend that data if it is incorrect. If you would like to exercise any of your rights please contact our Data Protection Officer (contact details below).

Data Protection Officer

If you have any questions about how we use your data, or to exercise any of your data rights please contact our Data Protection Officer at:

Data Protection Officer
Markerstudy Insurance Services Limited
45 Westerham Road
Bessels Green
Sevenoaks
Kent
TN13 2QB

Declaration

I declare that:

To the best of my knowledge and belief all the particulars on this proposal form either completed by me or on my behalf are true and complete and I have taken all reasonable steps to ensure their accuracy.

I have not withheld or concealed anything that might influence the acceptance and / or assessment of this proposal for insurance.

I will accept the terms of your insurance policy applicable to liability insurance.

Any estimated wages, salaries, turnover, payments to sub-contractors who are not employees or maximum number of employees for the proposed period of insurance are as accurate as is reasonably possible. I understand that at the end of each period of insurance I must provide declarations in the form you require and pay any additional premium due in excess of the amount estimated.

Signed:

Date:

Name:

Position:

No insurance is in force until acceptance of this proposal for insurance has been notified and / or a notice of cover has been issued, the required premium having been paid. We reserve the right to decline any proposal or apply additional terms.

*Any complaint concerning this insurance should in the first instance be addressed to your insurance advisor. If you are not satisfied with the manner in which your complaint has been dealt you can contact **Markerstudy Insurance Services Ltd** at Prospect House, Thanet Way, Kent, CT5 3FD.*

Markerstudy Insurance Services Ltd

Prospect House, Thanet Way, Whitstable, Kent CT5 3FD

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