

PLASTICS PROCESSOR E-ENQUIRY RISK PRESENTATION FORM



Please note there is a comments page at the end of the form for any additional information

Date produced on
Quote required by

Intermediary details

Intermediary Name
Address
Postcode
Contact person
Direct Telephone no (inc code)
Email address

Client details

Client Name
Postal address
Postcode
Business description
Year established

Period of insurance

From: To:

Additional information

Do you currently hold this business? (If No, please give name of current intermediary)
Name of holding intermediary
Name(s) of holding insurer(s)

Targets

Expiry premium £ Target premium £
LTU expiry date (if applicable):

Background information

Provide any other relevant information on the company

Claims Experience

5 Year History – details of any incidents which have or could have resulted in a claim, whether insured or not.

| Date | Address where occurred | Cover Type | £ paid | £ outstanding |
|----------------------|------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details of incident

| Date | Address where occurred | Cover Type | £ paid | £ outstanding |
|----------------------|------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details of incident

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details of incident

| Date | Address where occurred | Cover Type | £ paid | £ outstanding |
|----------------------|------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details of incident

General details

How long have you been in business:

i) in these premises?

ii) elsewhere?

Have you, your Directors, Partners or family members involved with the business or any other business ever:

had a proposal or insurance declined cancelled or refused?

Details of declinature, cancellation or refusal

had any renewal refused?

Details of renewal refusal

had any special terms or conditions imposed?

Details of special terms and conditions

been convicted or charged (but not yet tried) or been given an Official Police Caution, in respect of any criminal offence?

Details of criminal offence or police caution

been the subject of any County Court Judgements or Sheriff Court Decrees?

Details of Judgements or Decrees

been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation?

Details of bankruptcy, insolvency, disqualification, receivership, administration or liquidation

been involved in another company within 6 months before receivership/insolvency?

Details of receivership/insolvency

Any other material facts to disclose?

Material fact details

Please give details of previous insurers in the last five years

| |
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| |
|--|

COVER REQUIRED

Please specify covers required

- Asset Protection**
- Property Damage and Theft
 - Glass
 - Computer
 - Electronic Equipment
 - Business All Risks
 - Goods in Transit
 - Money and Assault
 - Engineering
 - Employee Dishonesty
-

- Revenue Protection**
- Business Interruption
 - Books Debts
 - Loss of Licence
-

- Legal Liabilities**
- Employers' Liability
 - Public and Products Liability
 - Commercial Legal Protection
 - Directors and Officers
-

- Employee Benefits**
- Personal Accident
 - Annual Business Travel
-

ASSET PROTECTION

PROPERTY DAMAGE AND THEFT

(Note if there is more than one premise you will need to fill in additional property damage and theft sections)

Premises address

Postcode

Are the premises in sole occupation?

If No, please give full details of all other occupants

Construction Heating and Occupation

Are the buildings of standard construction (constructed of brick, stone or concrete and roofed with slates, tiles, concrete metal or asbestos). Heated by low pressure hot water or steam oil fired space heaters fed from a fuel tank in the open, overhead gas or electrical appliances. Occupied for the sole purpose of The Business and otherwise only as a private dwelling?

If No, please give full details

Sandwich panels used in construction?

If Yes, details of sandwich panels

Number of storeys

Age of building

Electrical system inspected in the last 5 years and certified IEE (or equivalent) compliant?

Fire precautions

Fire alarm

Fire extinguishers to LPC scale

Nearest Full-Time Fire Brigade

Sprinkler

If Yes, give details:

Security precautions

Intruder Alarm

Alarm type

Maintenance

Police response

Other security, please tick:

CCTV

Grilles

Bars

Shutters

Other

Give details

General

Are the premises in a good state of repair?

If No, give details

Are the premises in an area previously affected by flooding or at risk of flooding?

If Yes, please give details

Is the building located:
 Near a seafront or on a promenade Near a cliff or other exposed area
 Near a lake, reservoir or dam Near a watercourse, canal or dam

If Yes to any of the above, please give details

Any portion of the premises partly unused/unfurnished/unoccupied? If Yes, give details

What procedures are followed for recharging fork lift truck batteries?

| | Sum Insured £ |
|--|----------------------|
| Buildings | <input type="text"/> |
| Tenants improvements and decorations | <input type="text"/> |
| Machinery, plant and other contents | <input type="text"/> |
| Audio and Visual Equipment | <input type="text"/> |
| Computers and ancillary equipment | <input type="text"/> |
| Stock and materials in trade | <input type="text"/> |
| High valued stock (1) <input type="text"/> | <input type="text"/> |
| Moulds, tools and dies | <input type="text"/> |
| All other property – state: <input type="text"/> | <input type="text"/> |

Day 1 (Non-Adjustable) % Day 1 (Adjustable)
 Percentage Stock Declaration

Contingencies (please specify): Specified Contingencies All Risks

Additional Contingencies: subsidence Damage to underground services

Other please specify

(If subsidence is selected from the list, please answer the following questions. Please also note that a subsidence questionnaire may need to be completed)

Has the property or any adjacent property previously suffered damage from subsidence, heave or landslip?

Does the building have any visible signs of cracking?

Is terrorism cover required?

| | | | |
|--------------------------------|------------------------|----------------------------------|------------------------|
| Current Property Damage Excess | £ <input type="text"/> | Property Damage Excess for Quote | £ <input type="text"/> |
| Current Theft Excess | £ <input type="text"/> | Theft Excess for Quote | £ <input type="text"/> |
| Current Subsidence Excess | £ <input type="text"/> | Subsidence Excess for Quote | £ <input type="text"/> |

GLASS

All fixed external glass - please state glass type other than plain plate, its relevant percentage to overall glass

| | | |
|--|----------------------|---------------------------------|
| Bandit | <input type="text"/> | <input type="text"/> % |
| Armoured | <input type="text"/> | <input type="text"/> % |
| Stained | <input type="text"/> | <input type="text"/> % |
| Bent glass | <input type="text"/> | <input type="text"/> % |
| Has any glass been engraved or has sign writing? | <input type="text"/> | If yes, please describe details |

Internal glass

| | | | |
|-----------------------------|----------------------|----------------|----------------------|
| Breakage of sanitary items? | <input type="text"/> | No of fittings | <input type="text"/> |
| Counter cases? | <input type="text"/> | No of cases | <input type="text"/> |

COMPUTER

Please ensure you have completed the Security Precautions questions under the Property Damage and Theft section.

Computer Equipment

| | Sum Insured |
|---|------------------------|
| Computer equipment including ancillary equipment | £ <input type="text"/> |
| Software and programs including cost of replacement licences or dongles | £ <input type="text"/> |
| Portable equipment (e.g. laptops) | £ <input type="text"/> |

If your equipment is not subject to a maintenance agreement, do you require cover for breakdown?

Is your equipment of standard design and manufacture?

If No, please supply details.

Increased Cost of Working

Do you require cover for Increased Cost of Working?

If YES, please confirm the sum insured you require £

Please confirm your required Indemnity Period if less than 12 months

Reinstatement of Data

Do you require cover for Reinstatement of Data?

If Yes, please confirm the sum insured you require £

Please give specific details of additional security measures in place to protect your computer equipment such as entrapment devices or security cabling

ELECTRONIC EQUIPMENT

Electronic Equipment

Owned equipment

| | Sum Insured |
|---|------------------------|
| Recording, Production and Broadcasting Equipment | £ <input type="text"/> |
| Medical Equipment | £ <input type="text"/> |
| Office Equipment | £ <input type="text"/> |
| Manufacturing Control or Monitoring Equipment | £ <input type="text"/> |
| Software and programs including cost of replacement licences or dongles | £ <input type="text"/> |
| Data Storage Materials | £ <input type="text"/> |
| Any other equipment – please supply details: | £ <input type="text"/> |

Equipment used away from the premises – please supply details: £

Territorial limit required for equipment used away from the premises:

UK Europe Worldwide

Is your equipment of standard design and manufacture?

If NO, please supply details.

Do you require cover for Breakdown?

If YES, is the equipment subject to a full maintenance agreement? (that is a contract providing on call remedial or corrective maintenance, which includes the cost of parts and labour)

Hired In equipment

Limit of Indemnity required £

| | Estimated Annual Hiring Charges |
|---|---------------------------------|
| Recording, Production and Broadcasting Equipment | £ <input type="text"/> |
| Medical Equipment | £ <input type="text"/> |
| Office Equipment | £ <input type="text"/> |
| Manufacturing Control or Monitoring Equipment | £ <input type="text"/> |
| Software and programs including cost of replacement licences or dongles | £ <input type="text"/> |
| Data Storage Materials | £ <input type="text"/> |

Any other equipment – please supply details:

£

Equipment used away from the premises – please supply details:

£

Territorial limit required for equipment used away from the premises:

UK

Europe

Worldwide

Is your equipment of standard design and manufacture?

If NO, please supply details.

Do you require cover for equipment hired out?

If YES, please advise Estimated Hiring Out Charges and detail types of equipment

£

If YES, will hires be under written conditions which make the hirer responsible?

If NO, please provide details including a copy of any conditions used

Please give specific details of additional security measures in place to protect your electronic equipment

a) at the premises:

b) for any equipment used away from the premises:

Increased Cost of Working

Do you require cover for Increased Cost of Working?

If YES, please confirm the sum insured you require

£

Please confirm your required Indemnity Period if less than 12 months

Reinstatement of Data

Do you require cover for Reinstatement of Data?

If YES, please confirm the sum insured you require

£

BUSINESS ALL RISKS

Property to be insured

For each Item please specify the location that applies:

Premises only – The premises specified in the property damage section

UK – Anywhere in the UK including transit

European Union – Anywhere in the UK including transit and whilst temporarily removed anywhere within the European Union for up to 90 consecutive days

Worldwide – Anywhere in the UK including transit and whilst temporarily removed anywhere in the world for up to 90 consecutive days

| | Limit any one item £ | Sum Insured £ |
|---|----------------------|---------------|
| Fixed office equipment and installations | | |
| Portable office equipment (excl computers and word processors) | | |
| Computers and word processors | | |
| Computer systems records | | |
| Computer system records including the cost of reinstatement of information | | |
| Cash registers, weighing machines, bacon slicers and similar shop equipment | | |
| Portable Hand Tools | | |
| Employees Personal Belongings | | |
| Mobile telephone and communication equipment | | |
| Photographic equipment | | |
| Radio, television, audio and video equipment | | |
| Other - give details | | |
| | | |
| | | |

GOODS IN TRANSIT

Type of Goods carried excluding target goods below

Target Goods – cigars, cigarettes and tobacco, wines, spirits, radio, TVs, record players or computers, video or tape recorders, video tapes or cassettes, non-ferrous metals, clocks or watches, jewellery, gold, silver or precious stones, fur.

Proportion of total goods that are target goods (mandatory question if target goods are carried)

Unspecified vehicles and other carriage basis of cover

Please select type of carryings using the tick box(es) plus indicate each carrying as a percentage of the total under split

Carryings type

- Own private vehicles
- Own commercial vehicles
- Road
- Rail
- Post
- Other (please state)

Split

| | |
|--|---|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |

Sum Insured £

| | |
|---------------------------|--|
| Limit any one consignment | |
| Limit any one occurrence | |
| Estimated annual value | |

Specified own vehicle basis of cover

'Specified Vehicles' - if specified vehicle selected complete for each vehicle

| Vehicle make | Vehicle type | Reg No | Vehicle security features | Security device accreditation |
|--------------|--------------|--------|---------------------------|-------------------------------|
| | | | | |
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Is overnight cover required? If Yes, please give details of where the vehicle is left overnight and if the proposer has permanent garage premises

Are any of the proposer's vehicles left loaded and unattended at night?
If Yes, please give details of security and precautions taken

| | |
|-----------------------------------|---|
| Single vehicle limit | £ |
| Sum insured for Tools per vehicle | £ |

MONEY AND ASSAULT

Money

Stamped national insurance cards, crossed cheques, crossed giro cheques, crossed money orders, crossed postal orders, crossed bankers drafts, crossed warrants, national savings certificates, premium savings bonds, franking machine impressions, credit company sales vouchers and VAT invoices:

£250,000

| | |
|---|---|
| Estimated own annual carryings | £ |
| How often is money banked? | |
| How many people accompany each transit? | |

Carryings by a security company

| | |
|--|----------------------|
| Is cover required? | <input type="text"/> |
| If Yes, please supply a copy of the agreement | |
| Estimated annual carryings by a security company | £ |
| Limit any one loss | £ |
| Security company contractually liable for losses | <input type="text"/> |

Money at Home

| | |
|-------------------------------------|------|
| Money at home of authorised persons | £500 |
|-------------------------------------|------|

Money in safe out of business hours

| Type of safe | Limit of cash in safe |
|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| | |
|--|------|
| Money on the premises, during business hours | £ |
| Money outside safe, out of business hours | £250 |

| | |
|--------------------------------|---|
| Any other loss of money | £ |
|--------------------------------|---|

Assault

| | |
|-----------------|----------------------|
| Cover required? | <input type="text"/> |
|-----------------|----------------------|

Standard amount cover £10,000 (for death, total and permanent loss of sight in one or both eyes, loss of one or more limbs, any other total and permanent disablement which, after 24 months of Bodily Injury, prevents the Insured Person from pursuing any occupation) /£100 per week (total disablement within 24 months) /£50 per week (partial disablement within 24 months)

If you require a different limit from above please select one of the following limits

75% 150% 200% 250% 300%

ENGINEERING

Location of Plant (if different from the Premises)

Postcode

Cover options (please specify):

Sudden and Unforeseen

Breakdown, Explosion or Collapse

Accidental Damage

Unspecified basis

New replacement value of all Plant and Machinery £

Indemnity limit £250,000

Please specify Plant and Machinery that require our inspection service

Specified basis

| Description of Plant and Machinery | New replacement value £ | *Size of capacity | Inspection service |
|------------------------------------|-------------------------|-------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

* Please insert dimension, BTU, HP, KW, safe working load etc as appropriate

Indemnity limit £250,000

Optional Extensions

Damage to property

Damage to property arising from Explosion or Collapse of Steam Pressure Plant?

Damage to property arising from normal use of other insured Machinery and Plant?

Hired in Plant

Do you require Legal Liability cover for loss or damage to Hired in Plant?

If Yes, complete the following:

Annual hiring charge £

Small mechanical mobile plant and machinery
(i.e: compressor sets, generators, cement mixers, pumps)

Fork lift trucks and other handling plant
(i.e: pallet trucks, stackers order picking trucks)

Any other plant? Please specify:

Is Plant hired in under Model Conditions for the Hiring of Plant i.e. CPA or equivalent?

If No please attach a copy of the conditions.

EMPLOYEE DISHONESTY

Wage-roll and Turnover

Wage-roll Actual for past 12 Months £
Turnover / Income Estimated for next 12 Months £

Limit of Indemnity

What Limit of Indemnity do you require? (Maximum £5,000,000) £

Excess

What Excess do you require? £
(we suggest an excess in the region of 1% of Limit of Indemnity)

Employees

Employee includes Members of your staff, Trainees and Apprentices, Staff hired in from an agency, former Employees who have retired from you and now work exclusively for you as Consultants, former Employees for 30 days following their leaving

Are any of your Employees based overseas?

If Yes, are any of the overseas Employees to be included in this cover?

If Yes, please give details including the locations, wage-roll and turnover for each operation.

Are any of your Employees unpaid voluntary workers?

If Yes, please give details including numbers and the duties undertaken

Sole Signing of Cheques

The Controls impose a limit of £5,000 in respect of the sole signing of Cheques, or similar instruments by Employees (Principals, who are not also Employees, may sign to higher limits)

Do you need an increased limit in respect of sole signing of Cheques?

If Yes, please give details including the limit required.

Stock Checks

Do you have any "target" stocks?

If Yes, please give details including the proportion to overall stock levels.
(If you are in any doubt as to whether a line of stock is target please give details)

Cover Extension – Computer & Funds Transfer Frauds by Third Parties

Do you require cover for Computer & Funds Transfer Frauds by Third Parties?
(Minimum excess £5,000)

Cover Extension – Cheque Fraud by Third Parties

Do you require cover for Cheque Fraud by Third Parties? (Minimum excess £5,000)

Cover Extension – Interlocking Clause

We cover claims that occur (as opposed to claims discovered) during the entire period of cover.

We can extend cover under your new policy to include claims that occurred during the previous insurance once its discovery period has expired, provided that

- cover has remained in force without any break
- you have complied with the terms and conditions of the cover applicable including any reference requirements and any checks and controls.

If the discovery period under your previous cover is 24 months we do not normally charge for this extension.

Do you require the Interlocking Clause to apply?

If Yes, please complete details of previous insurers below

| Insurer | Policy Number | Start Date | End Date | Discovery Period |
|---------|---------------|------------|----------|------------------|
| | | | | |
| | | | | |

REVENUE PROTECTION

BUSINESS INTERRUPTION

Premises address

Postcode

Contingencies – do these follow Property Damage? If no, please specify the relevant options:

Specified Contingencies All Risks Theft Other (Please specify)

Additional Contingencies – please specify those required:

Full Failure of Utilities: Electricity Gas Water Telecommunications

Notifiable Diseases: at the premises in the area:

Subsidence

Action by Police Authority

Indemnity Period Other months

Basis of Cover Other

(Note: Declaration Linked – liability is limited to 133.1/3% of the declared estimate amount. Sum Insured Gross Profit, Revenue or Net Revenue of your business for the indemnity period)

Estimated amount or Sum insured £

Additional Increased Costs of Working £

Extensions – please tick those required and indicate % or limit

| | | | |
|---|--------------------------|--|---------|
| Specified Suppliers (please provide details) | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | % limit |
| Specified Suppliers (please provide details) | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | % limit |
| Specified Customers (please provide details) | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | % limit |
| Specified Customers (please provide details) | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | % limit |

| | | | |
|-----------------------------------|--------------------------|--|--|
| | % limit | | % limit |
| Unspecified Suppliers | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | Unspecified Customers <input type="checkbox"/> |
| Motor Vehicle Manufac. | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | Property Stored <input type="checkbox"/> |
| Patterns | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | Transit <input type="checkbox"/> |
| Motor Vehicles | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | Contract Sites <input type="checkbox"/> |
| Exhibition Sites | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | Electricity <input type="checkbox"/> |
| Gas | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | Water <input type="checkbox"/> |
| Telecommunications | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | Prevention of Access <input type="checkbox"/> |
| Prev. of Access - Loss of Attract | <input type="checkbox"/> | <input style="width: 90%;" type="text"/> | |

Business Continuity Plan? If Yes, please provide a copy

Is terrorism cover required?

BOOK DEBTS

Sum insured book debts £

Contingencies – do these follow Property Damage If no, please tick

Specified Contingencies Accidental Damage Theft Other (Please specify)

When records are not in use are they kept in (please select):

What proportion of outstanding debit balances can be traced from duplicate records %

LOSS OF LICENCE

Type of Licence

Sum Insured £

Has there ever been any opposition to the grant, renewal or transfer of the licence?

If Yes, give details

Is there any intention to apply for the transfer of licence in the next 12 months?

If Yes, give details

Have you, the licence holder ever had an application refused?

If Yes, give details

LEGAL LIABILITIES

GENERAL

Name your current liability insurers

How many years have you been insured with them?

Please specify any accreditations you hold for:
 Environmental management (e.g. ISO 14000 series):
 Other aspects of your business (e.g. Investors in People)

Are you a member of a relevant trade association for your industry?
 If yes, please provide name:
 If yes, do you participate in their Health and Safety scheme/initiative?

What is your employee absence rate for the last year?
 (i.e. the average number of days lost per employee)

What is your percentage rate of employee turnover for the last year?

For each of the past 3 years, please provide details of your employee and accident numbers

| | Last Year | Previous Year | Year minus 2 |
|----------------------------------|---|---|---|
| Total number of employees | <input style="width: 100%; height: 15px;" type="text"/> | <input style="width: 100%; height: 15px;" type="text"/> | <input style="width: 100%; height: 15px;" type="text"/> |
| Total number of All accidents | <input style="width: 100%; height: 15px;" type="text"/> | <input style="width: 100%; height: 15px;" type="text"/> | <input style="width: 100%; height: 15px;" type="text"/> |
| Total number of RIDDOR accidents | <input style="width: 100%; height: 15px;" type="text"/> | <input style="width: 100%; height: 15px;" type="text"/> | <input style="width: 100%; height: 15px;" type="text"/> |

Details of your Management of Health and Safety and Security of your Employees, Sub-Contractors, Sites and Premises

Safety Policy

Do you have a written and signed Health and Safety policy?

What is the date of the last review of the policy?

When was it last communicated to all employees?

How was it communicated to employees?

Knowledge of Health and Safety

Please give the name and position of the person(s) within your company that are responsible for Health and Safety.

Name
 Position

Do you have a competent person responsible for Health and Safety issues?

If yes, please provide name and position of such person and details of formal training given

Name
 Position
 Training

Please give the name of any external organisations you obtain Health and Safety advice from

Risk Assessment

List your main workplace hazards

List your main health hazards

Have all the required risk assessments been carried out and recorded?

When was the last risk assessment carried out?

Do you have a smoking policy at your business premises?

If no, please provide details of any smoking policy you have in place

Training

Please give details of health and safety training given to employees and contractors working for you

Is training recorded?

Do you supply and enforce use of Personal Protective Equipment where required?

If yes, please provide details

Workplace inspections

Is all equipment that needs statutory inspection identified and routinely inspected?

Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective action is taken?

How often are these inspections carried out?

Waste

What waste do you produce?

How do you store, manage and dispose of waste?

Products

Do you:

1 sample and test raw materials and/or components?

2 incorporate quality control procedures into your manufacturing process?

3 sample and test finished products?

If yes, what ratio of batch testing do you carry out?

4 have a product recall programme?

If yes, please provide details

5 hold ISO 9000 (or any other quality scheme) accreditation

Work Away

For any work away from premises:

1 what are the main hazards from such work?

2 is a full risk assessment carried out?

3 are method statements prepared for each contract/job?

4 if you use heat, what precautions are used?

5 If you use sub-contractors do you check that they have Employers and Public Liability Insurance?

If yes, do you record their insurance details?

EMPLOYERS' LIABILITY

| | |
|--|----------------------|
| Indemnity limit | <input type="text"/> |
| Number of EL Certificates | <input type="text"/> |
| ERN (Employer Reference Number / PAYE Reference) | <input type="text"/> |

If this section is to include Subsidiary Companies please provide names and ERN details in the "Additional Information" section below.

If you or any of your Subsidiary Companies, if applicable, are ERN / PAYE exempt please provide details in the "Additional Information" section below.

Please give details of any industrial deafness, disease or contamination claims in the last ten years

Any activity in high risk premises If yes, please provide details

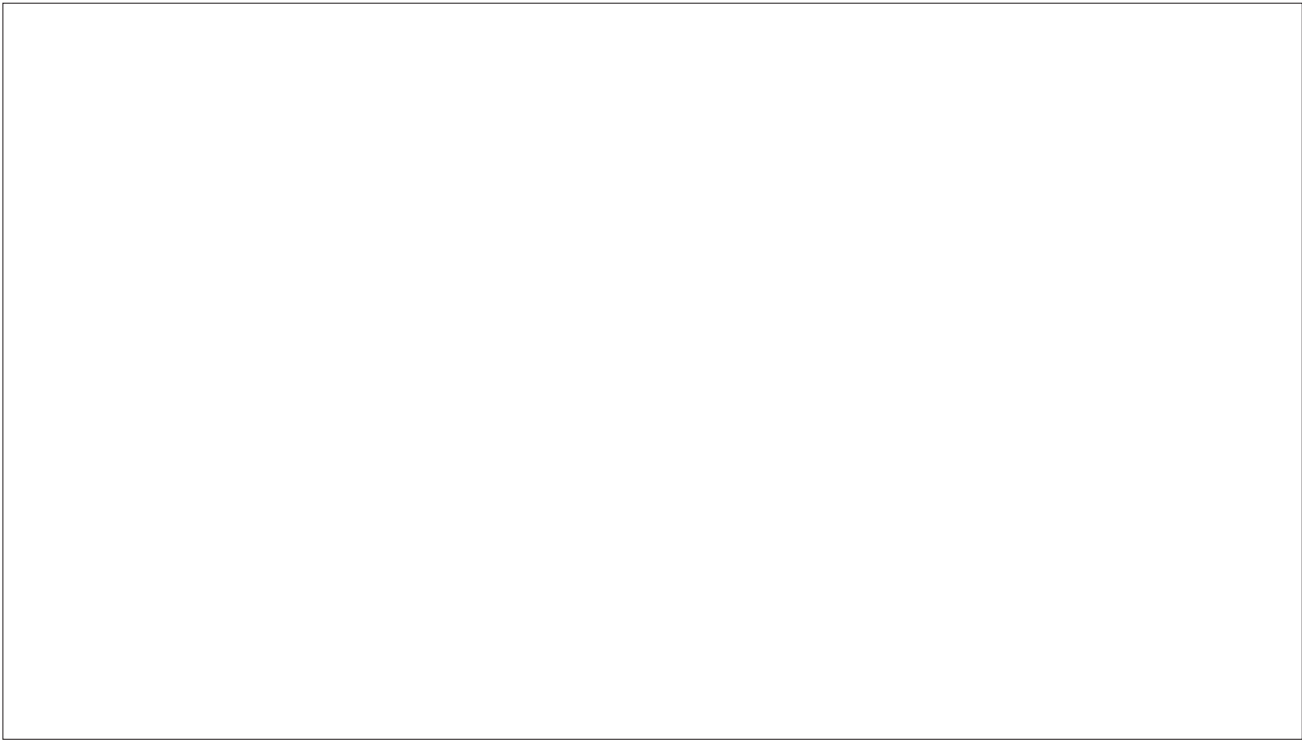
(High risk premises means work on power stations, nuclear installations or establishments, refineries, bulk storage or production premises in the oil, gas or chemical industries, offshore structures, computers or computer rooms, aircraft, aerospace or watercraft, railways, airports or work underground or underwater)

Employee wage breakdown

| Description | Wageroll | No of Employees |
|---|------------------------|----------------------|
| Clerical and Non-Manual | £ <input type="text"/> | <input type="text"/> |
| Work overseas, offshore or on ships | £ <input type="text"/> | <input type="text"/> |
| Woodworking machinists | £ <input type="text"/> | <input type="text"/> |
| Work carried out at height of more than 10 metres above ground or floor level | £ <input type="text"/> | <input type="text"/> |
| All other wages (describe duties below) | £ <input type="text"/> | <input type="text"/> |

Additional Information

Additional Information

A large, empty rectangular box with a thin black border, intended for providing additional information. It occupies the upper half of the page.

PUBLIC AND PRODUCTS LIABILITY

Public Liability

Indemnity limit

Estimated Turnover (next 12 months) £

Split in turnover between business activities:

Number of premises

Additional covers - please state

Work Away

Is work undertaken away from own premises

If Yes, please describe the nature of such work

Work at high risk premises:

| (Wages, Salaries and Payments) | Involving use of heat? | Not involving use of heat? |
|--|------------------------|----------------------------|
| Own employees including Partners & Principals | £ <input type="text"/> | £ <input type="text"/> |
| Labour only with own insurance and established Sub-Contractors | £ <input type="text"/> | £ <input type="text"/> |
| Labour only with no insurance | £ <input type="text"/> | £ <input type="text"/> |

Work not at high risk premises:

| (Wages, Salaries and Payments) | Involving use of heat? | Not involving use of heat? |
|--|------------------------|----------------------------|
| Own employees including Partners and Principals | £ <input type="text"/> | £ <input type="text"/> |
| Labour only with own insurance and established Sub-Contractors | £ <input type="text"/> | £ <input type="text"/> |
| Labour only with no insurance | £ <input type="text"/> | £ <input type="text"/> |

Products Liability

Indemnity Limit

What goods do you manufacture, sell, supply, repair, test, service or process?

Estimated annual total turnover for the coming year £

Give details of your turnover in the following categories. If there is no involvement for a category below enter 'NONE' in turnover column against that category.

| | | | |
|---|---------|---------------------|----------|
| | Country | Details of Products | Turnover |
| Import | | | |
| | | | |
| UK Market and exports other than to USA or Canada | | | |
| | | | |
| Exports to USA or Canada | | | |
| | | | |

Even if you have indicated above that you are not currently exporting to USA or Canada, if you have at any time in the last ten years knowingly exported goods to these countries please give details below

| Nature of Goods | Year(s) Supplied | Estimated total turnover the last 10 years |
|-----------------|---------------------|---|
| | | |
| | | |

Are goods supplied for nuclear, aviation, marine or offshore applications?

If Yes, please give details with the estimated turnover for each application of product

| Name and Application of Goods | % Turnover |
|-------------------------------|------------|
| | |
| | |
| | |

Additional Information

COMMERCIAL LEGAL PROTECTION

Standard cover includes Employment Disputes, Compensation Awards, Service Occupancy, Legal Defence, Property Protection, Bodily Injury, Full or Aspect Enquiries, Employer's Compliance, VAT disputes.

Standard Cover only

Optional Extensions (please tick)

Contract Disputes Cover

Tenancy Disputes Cover

Statutory Licence Protection

Debt Recovery

Limit of Indemnity

Total estimate wages and payments made to employees £

Is work undertaken away from the premises?

If Yes, please give details

Total estimated annual turnover £

Has there been any legal dispute, action, prosecution, HM Revenue and Customs investigations during the last five years?

If Yes, please give details

Are any redundancies envisaged in your business in the next 12 months?

If Yes, please give details

Have you been taken over, merged with or taken over any other company, or plan to do so with another company within the next 12 months?

If Yes, please give details

Additional Information

DIRECTORS AND OFFICERS SECTION

Is the Company/Entity:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| Private? | <input type="checkbox"/> | Public? | <input type="checkbox"/> |
| A Registered Charity? | <input type="checkbox"/> | Unincorporated? | <input type="checkbox"/> |

Existing Insurance Details

Does the Company or any director or officer currently have or have they previously had any other Directors and Officers Liability insurance cover in place?

If Yes, please state:

- Name of insurer:
- Periods of Insurance:
- Limit of Indemnity: £

Claims experience

Has any claim ever been made or prosecution brought against you in respect of the Company or its subsidiaries, in respect of any neglect, error, omission or other wrongful act committed in the capacity of director or officer whether in relation to the activities of the Company, its subsidiaries or any other company in which the directors or officers hold or have held office?

If Yes, please provide the following details of each incident:

| Date of intimation | Brief description of claim | Total payments including costs | Total outstanding reserves | Open/ Closed |
|--------------------|----------------------------|--------------------------------|----------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |

Are you aware, after enquiry, of any circumstances or incident which might:

- give rise to a claim against the Company or any of its subsidiaries or any director or officer of the Company or its subsidiaries?
- otherwise affect the insurers consideration of this insurance?

Have all claims or circumstances which might give rise to a claim been reported to insurers?

Has the Company been established for more than three years?

Has the Company been made a loss in any of the last three years?

Have your accounts been qualified in any of the last three years?

Do your total gross assets exceed your total liabilities?

General Information

Have you ever been refused Directors and Officers Liability insurance or quoted increased premiums or special conditions?

Your cover requirements

Please state the limit of indemnity you require: £

Your Company

Please provide details of all subsidiary companies requiring cover:

| Subsidiary name | Country of Registration/Domicile | % owned by parent company |
|-----------------|----------------------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

During the last three years has any acquisition or merger taken place?

Has the Company any acquisition, tender, offer or merger pending or under consideration?

Total percentage of shares held by directors and officers:

Does the Company or any of its subsidiaries have any operations, investments or other involvement in the United States of America or Canada?

How many officers and other employees have resigned, had their contracts of employment terminated within the last 12 months?

Are there now or have there been any employment practices claims made against the Company or any of its subsidiaries?

If Yes to any of the above, please provide full details:

EMPLOYEE BENEFITS

PERSONAL ACCIDENT

Has any person now proposed suffered any accident (other than trivial) or any serious illness over the last five years? If Yes, please give details

(Cover is only available to certain ages in good health, bodily and mentally, and free from physical defect or infirmity)

Contingencies

1. Death **2.** Total and permanent loss of sight in one or both eyes and/or total and permanent loss of hearing in one or both ears **3.** Loss of one or more limbs **4.** Any other total and permanent disablement which lasts without interruption for more than 12 months from the date of the accident and prevents the Insured Person from pursuing any occupation **5.** Temporary total disablement which prevents the Insured Person from pursuing their normal occupation **6.** Temporary partial disablement which prevents the Insured Person from pursuing a substantial part of their normal occupation.

Proprietors, partners or named employees

| | | |
|-------------------------|-----------------------------|---------------|
| Standard unit of cover: | Contingencies 1, 2, 3 and 4 | £20,000 |
| | Contingency 5 | £200 per week |
| | Contingency 6 | £100 per week |

| | | | |
|---|---|---|---|
| Name | Date of birth | Contingencies (please specify) | % of Standard |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Activities | Deferment Period | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | |

| | | | |
|---|---|---|---|
| Name | Date of birth | Contingencies (please specify) | % of Standard |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Activities | Deferment Period | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | |

| | | | |
|---|---|---|---|
| Name | Date of birth | Contingencies (please specify) | % of Standard |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Activities | Deferment Period | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | |

| | | | |
|---|---|---|---|
| Name | Date of birth | Contingencies (please specify) | % of Standard |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Activities | Deferment Period | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | |

| | | | |
|---|---|---|---|
| Name | Date of birth | Contingencies (please specify) | % of Standard |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Activities | Deferment Period | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | |

| | | | |
|---|---|---|---|
| Name | Date of birth | Contingencies (please specify) | % of Standard |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Activities | Deferment Period | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | |

Unnamed Employees

Standard basis of cover:

Contingencies 1, 2, 3 and 4
 Contingency 5
 Contingency 6

Annual wage
 Weekly wage
 50% of weekly wage

Contingencies (please specify) 1 2 3 4 5 6

Deferment Period

Cover restricted to accidents of occupation only

| | Maximum Number | | Est Annual Wages, Salaries and Other Earnings |
|---|----------------------|---|--|
| Clerical Staff/Managerial (Non Manual Labour) | <input type="text"/> | £ | <input type="text"/> |
| Woodworking Machinists | <input type="text"/> | £ | <input type="text"/> |
| Supervisory and Occasional Manual Work | <input type="text"/> | £ | <input type="text"/> |
| Manual Work | <input type="text"/> | £ | <input type="text"/> |

ANNUAL BUSINESS TRAVEL

Please note that this section will not provide cover if a person is travelling against the advice of a medical practitioner.

Please confirm the number of days travel to each of the following areas for the period of insurance

| | |
|-------------------------------------|----------------------|
| United Kingdom | <input type="text"/> |
| Europe | <input type="text"/> |
| United States of America and Canada | <input type="text"/> |
| Rest of the World | <input type="text"/> |

Do you have any business trips planned to a disturbed area
(A disturbed area is that defined by the Home Office deemed unsafe to travel to)

If YES, please specify destination

Will any of your business trips involve manual work

If YES, please specify details

ADDITIONAL INFORMATION

Please use this page for any additional information

Empty box for additional information.



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