

# LEISURE AND WELLBEING 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

Date	Address where occurred	Cover Type	£ Paid	£ Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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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 declination, 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 circumstances to disclose?

Material circumstance details

Please give details of previous insurers in the last five years

[Empty box for providing details of previous insurers in the last five years]

**COVER REQUIRED**

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Please specify covers required

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

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(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, 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, give details

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

**Hotels, Pubs, Restaurants, Health Farms or Spa's**

Are the premises closed to guests for any period of more than three consecutive months?   
Are the premises within the meaning of the Hotel Proprietors Act 1956 or its equivalent?   
Are all valuables offered to you or deposited with you for safe custody, secured immediately in a safe or strong room?   
Provide accommodation for anyone other than tourists or commercial business travellers?

If Yes to any of the above, please give details

Do you provide any of the following:

- |                               |                          |               |                          |                  |                          |
|-------------------------------|--------------------------|---------------|--------------------------|------------------|--------------------------|
| solarium/sunbeds              | <input type="checkbox"/> | saunas        | <input type="checkbox"/> | turkish baths    | <input type="checkbox"/> |
| inflatable bouncy devices     | <input type="checkbox"/> | swimming pool | <input type="checkbox"/> | tennis courts    | <input type="checkbox"/> |
| indoor soft play areas        | <input type="checkbox"/> | gymnasium     | <input type="checkbox"/> | outdoor pursuits | <input type="checkbox"/> |
| children's outdoor playground | <input type="checkbox"/> |               |                          |                  |                          |

What entertainment is provided at the premises

- |                                    |                          |                                 |                          |
|------------------------------------|--------------------------|---------------------------------|--------------------------|
| Disco up to twice a week           | <input type="checkbox"/> | Dancing up to twice a week      | <input type="checkbox"/> |
| Live entertainment excluding bands | <input type="checkbox"/> | Beer festivals                  | <input type="checkbox"/> |
| Live bands up to twice a week      | <input type="checkbox"/> | Big screen nights               | <input type="checkbox"/> |
| Karaoke                            | <input type="checkbox"/> | Sports nights                   | <input type="checkbox"/> |
| Race Nights                        | <input type="checkbox"/> | Bingo                           | <input type="checkbox"/> |
| Quiz nights                        | <input type="checkbox"/> | All others, please state below: |                          |

Is the entertainment venue open to the public   
Is an admission charge made   
Deep fat frying equipment used at premises   
Do you hold a Rentokil annual cleaning contract

## 'Care Homes for the Elderly'

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Registered under the Care Standards Act 2000 or the Regulation of Care (Scotland) Act 2001

What is the registration category coding


If N, AP, NM or DCA give full details

If No, is the care provided limited to the provision of nursing care (excluding operations) for persons requiring it for their age

How many beds are provided under each of the following:

OP	<input type="text"/>	E	<input type="text"/>	DE	<input type="text"/>	MD	<input type="text"/>
LD	<input type="text"/>	PD	<input type="text"/>	D	<input type="text"/>	A	<input type="text"/>
TI	<input type="text"/>	SI	<input type="text"/>				

Are patients knowingly accepted with an infectious or contagious disease (eg: MRSA)



'Charities/Youth Organisations' - Details of activities undertaken away from the premises

What supervision levels will be in place away from the premises

Details of any fundraising activities/special events organised

		Sum Insured £
Buildings		
Tenants improvements and decorations		
Contents		
Stock and materials in trade		
High valued stock (1)	<input type="text"/>	
Greens and Playing Surfaces		
All other property – state:	<input type="text"/>	

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

Seasonal Increase – cover automatically included for the three months, November, December and January or for three different months, please state

Contingencies (please specify): Specified Contingencies       All Risks

Additional Contingencies: subsidence       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	£	Property Damage Excess for Quote	£
Current Theft Excess	£	Theft Excess for Quote	£
Current Subsidence Excess	£	Subsidence Excess for Quote	£

## GLASS

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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?  No of fittings

i.e. fixed wash hand basins, pedestals, baths, sinks, lavatory bowls, bidets, cisterns, shower trays and splashbacks (ex stock)

Counter cases?  No of cases

## COMPUTER

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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**

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**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**

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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		
Medical and veterinary equipment used away from the premises		
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, tv's, 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

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**

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**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?	
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	

**Money at Home**

Money at home of authorised persons	£500
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**Money in safe out of business hours**

Type of safe	Limit of cash in safe

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

<b>Any other loss of money</b>	£
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**Automated Telling Machines (ATM's)**

Who is responsible for the cash within the machine?	
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Who is responsible for damage to the ATM?	
---	--

Is the ATM wallmounted or freestanding?	
---	--

Maximum amount of cash held in the ATM	
--	--

What are the procedures for refilling the ATM including frequency and times?

--

Is cash kept in the ATM overnight?	
------------------------------------	--

How is cash delivered to the premises?

--

**Assault**

Cover required?

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%

**FROZEN FOODS**

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Is maintenance agreement in force?

If No, do the units have airtight sealed motors and compressors?

Description of unit	Year of manufacture	Sum Insured £

**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**

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**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 type="checkbox"/>	Unspecified Customers <input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Manufac. <input type="checkbox"/>	<input type="checkbox"/>	Property Stored <input type="checkbox"/>	<input type="checkbox"/>
Patterns <input type="checkbox"/>	<input type="checkbox"/>	Transit <input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicles <input type="checkbox"/>	<input type="checkbox"/>	Contract Sites <input type="checkbox"/>	<input type="checkbox"/>
Exhibition Sites <input type="checkbox"/>	<input type="checkbox"/>	Electricity <input type="checkbox"/>	<input type="checkbox"/>
Gas <input type="checkbox"/>	<input type="checkbox"/>	Water <input type="checkbox"/>	<input type="checkbox"/>
Telecommunications <input type="checkbox"/>	<input type="checkbox"/>	Prevention of Access <input type="checkbox"/>	<input type="checkbox"/>
Prev. of Access - Loss of Attract <input type="checkbox"/>	<input type="checkbox"/>		

Business Continuity Plan?  If Yes, please provide a copy

Is terrorism cover required?

**BOOK DEBTS**

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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**

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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**

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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

**PUBLIC AND PRODUCTS LIABILITY**

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**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:**

	Involving use of heat?	Not involving use of heat?
(Wages, Salaries and Payments)		
Own employees including Partners & Principles	£ <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:**

	Involving use of heat?	Not involving use of heat?
(Wages, Salaries and Payments)		
Own employees including Partners & Principles	£ <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 & 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**

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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, customs and excise or Inland Revenue 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**

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**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

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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**

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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**

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Please use this page for any additional information



**AVIVA**

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