

This Proposal Form has been designed to be completed electronically. Please click [here](#) to return by email.

## Scaffolders Combined Liability Proposal Form

Full Name of the Insured (including the name of all subsidiary companies):

1.

2. Full Business Description:

3. Business Address & Postcodes (if more than one location please state all premises – on an additional schedule if necessary):

Postcode:

4. **Employer Reference Number (Employer PAYE Reference):**

This information is compulsory for all companies with employees (paying total gross salaries of more than £503 per month) and you must include the ERN for all subsidiary companies if applicable – please provide a separate schedule if necessary).

5. Do you belong to any Trade Associations? If “Yes” please list the associations you belong to:

6. How long has the business been established ? \_\_\_\_\_

7. Date from which cover is required ? \_\_\_\_\_

8. We provide Limits of £10m for EL & £5m for PL/Pr – if you require different limits, please outline below :

**Employers' Liability** \_\_\_\_\_

**Public / Products Liability** \_\_\_\_\_

9. Wageroll Details:

Please state the estimated annual payments for the next 12 months

	<u>Estimates</u>	
Clerical / Administrative	_____	
Directors Clerical	_____	
Directors Manual	_____	
Other non-manual / supervisory	_____	(Please describe on page 2)
Manual at own premises only (PAYE)	_____	
Manual work away and at height (PAYE)	_____	

Wageroll Details (Continued):

	<u>Estimates</u>
Manual work away at ground level only (PAYE)	_____
Drivers (PAYE)	_____
Labour Only Subcontractors work away and at height	_____
Labour Only Subcontractors work away at ground level only	_____
Bona-Fide Subcontractors Payments	_____

Are all of your Employees UK domiciled & on UK Contracts of Employment ?

**If NO please provide details**

Do you carry out any work outside the UK ?

**If YES please provide details**

**Other non-manual / Supervisory details, if applicable:-**

10. Turnover Details:

Please state the estimated turnover (i.e. Gross Income) of the business during the next 12 months:

Contracting: \_\_\_\_\_  
 Cost of Materials: \_\_\_\_\_  
 Sales only: \_\_\_\_\_  
 Hire only: \_\_\_\_\_

11. Do you undertake design work for :-

a) your own contract/s ?   
 b) other work ?

12. Do you have a standard contract between you and your client to which you comply ?

If YES, what percentage of work undertaken is based upon this contract ? \_\_\_\_\_ %

13. During the last five years have you suffered any loss, or had any claims made against you or have any incidents occurred whether or not they have been claimed for?

**If “YES” please provide details – authenticated claims experience may be required if the risk incept:**

Date & Circumstances (Specify if EL or PL)	Paid	Outstanding

Has any Insurer:

- Refused to accept a proposal from you?
- Refused to continue a Policy of Insurance held by you?
- Imposed special terms on an Insurance Policy held by you?

14. Have you or any of your businesses ever been declared bankrupt, insolvent or gone into liquidation?  
Have any actions of bankruptcy been made against you? **(if YES please provide details)**

15. Have you, or any of your business partners or directors ever been convicted of or charged with a criminal offence, other than a motoring offence? **(if YES please provide details)**

16. Please confirm you comply with the Health & Safety at Work Act 1974.

17. a) Do you have a designated Health & Safety Manager ?
- b) Do you use an external Risk Management Consultant ?
- c) Have you ever been prosecuted under the Health & Safety at Work Act or other statute or regulations ? **(if YES please provide details)**

18. Do you have a written Health & Safety Policy in place?

Does it cover?:

- Risk Assessments:
- COSHH Assessments:
- Personal Protective Equipment:
- Manual Handling:
- Staff/Induction Training:
- Workplace Inspections:



Please provide full details in respect of questions 14, 15, 17 and 20, where applicable

**Declaration**

I declare that I am authorised to complete this proposal on behalf of the Business and that, to the best of my knowledge and belief, the statements and particulars in this proposal are true and correct and no material facts have been suppressed or mis-stated. I undertake to inform Insurers of any change to any material fact which occurs before any insurance based on this proposal is effected and acknowledge that this proposal, together with any other information supplied to Insurers, shall be the basis of such contract.

Signed:

Name:

Position:

Date: