

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

Combined Liability Proposal Form

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

2. Full Business Description:

3. What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, Treat or Supply?

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

Postcode:

5. **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).

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

7. How long has the business been established? _____

8. Date from which cover is required? _____

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

Employers’ Liability _____

Public / Products Liability _____

10. Estimated Gross Annual Wage Roll for:

Clerical & Managerial (Non-Manual): _____

Manual Staff working on your Premises only (please specify):

_____	_____
_____	_____
_____	_____
_____	_____

Manual Staff working away from your Premises (please specify):

_____	_____
_____	_____
_____	_____
_____	_____

11. Estimated Gross Turnover:

UK: _____

USA/Canada: _____

Elsewhere (please state):

_____	_____
_____	_____
_____	_____
_____	_____

12. 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 incepts:

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

13. 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 have a written emergency and/or evacuation plan in the event of say a bomb or fire.

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

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:

19. Please confirm that you inspect your premises and equipment daily and any repairs are carried out immediately.

20. Please confirm that you have a maintenance program in place for your equipment, which is undertaken as per the manufacturers' instructions.

21. Do you use concessionaires / Bona Fide Sub-Contractors?

If "YES", please confirm that they have their own Employers' Liability & Public / Products Liability policies in place, with limits of indemnity for not less than your own policy and that this is checked prior to any work taking place? You will need to provide this in the event of any claim taking place.

Please provide FULL details where requested for any previous question.

Please provide any material information, not already provided, of which insurers need to be made aware.

DECLARATION

IMPORTANT NOTICE

Please read the following carefully before you sign and date the form.

The Proposer has a duty to make a fair presentation to the Company of the risk to be insured.

A fair presentation of the risk is one in which the Proposer:

- discloses every material circumstance which the Proposer knows of or ought to know of;
- gives the Company sufficient information to put the Company on notice that it will need to make further enquiries in order to reveal those material circumstances;
- makes the disclosures as referred to above in a reasonably clear and accessible manner;
- ensures that every material representation of fact is substantially correct and that every material representation of expectation or belief is made in good faith.

A material fact is one that is likely to influence the Company's judgement and acceptance of your proposal.

This form must be signed by an individual who is part of the Proposer's senior management or is responsible for the Proposer's insurance. "Senior Management" means those individuals who play significant roles in the making of decisions about how the Proposer's activities are to be managed or organised.

I/we accept that completion of this proposal form does not bind the Proposer or COBRA London Markets Limited to effect a contract of insurance.

I/we undertake to inform COBRA London Markets Limited of any material change to any fact contained herein that occurs prior to inception of the insurance.

NAME:

POSITION

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SIGNATURE:

DATE:

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Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.

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