

LIABILITY ENQUIRY FORM

BROKER DETAILS

Contact Name	
Broker Name	
Broker Address	
Telephone No	
E:Mail	

POLICYHOLDER DETAILS

Company Name	
Postal Address	
Post Code	
Tel No.	
Fax No	
Full Business Description	
How long has Business been established?Yrs

GENERAL DETAILS

Please provide full details of the goods carried	
Please give an estimated % of goods manually handled	
Please provide details of any other trading locations	
No of Vehicles operated of Hire & Reward	
Type of Vehicles operated	

INSURER DETAILS

Name of Current Insurer	
Renewal Date	
Policy No	

HAZARDOUS/DANGEROUS ACTIVITIES

Does the Proposer transport any of the following? If yes, then please provide full details	Yes	No
Radioactive substances or devices?		
Explosive Substances?		
Asbestos or Silica or material containing these substances?		
Toxic or Hazardous chemicals?		
Any materials giving rise to dust or fumes?		

Is the Insured involved in Loading/Un-Loading ?		
---	--	--

COVER

	Limit Required
Employers' Liability Indemnity Limit	£10 M
Public/Products Liability Indemnity Limit	£1 M / £2 M / £5 M

Third Party Property Damage Excess Required	£
---	---

	Yes	No
Does the Proposer purchase additional Personal Accident & Sickness Cover (including a weekly benefit) on behalf of their employees?		

WAGE ROLL (Please enter '0' where applicable)

	No of Employees	Wage Roll
Clerical/Administrative		£
Fitters / Warehousemen		£
Drivers		£
Other		£

TURNOVER

	Own Vehicles	Sub-Contractors
United Kingdom	£	£
Other European Union	£	£
Elsewhere (Please provide details)	£	£

Do you carry out any third party servicing? If so provide turnover:	£
---	---

Please indicate the turnover / wage roll of the business for the previous 3 years.	
--	--

NB. Sub-Contractors must hold identical PL cover.

HEALTH & SAFETY

	Yes	No
Does the Insured have a formal written Health & Safety Policy? If not, why?		
Does the Insured carry out & record risk assessments?		
Does the Insured carry out & record training?		
Does the Insured employ a competent H&S officer or use an outside H&S consultant?		
Are the Proposer's ways, work, machinery & plant properly fenced and in good working order and regularly inspected?		

CLAIMS

If Claim Free, enter number of years without a claim	Yrs
--	-----

Year	No	Paid	No	O/S

DETAILS OF LARGE CLAIMS (PROVIDE DETAILS OF MEASURES TAKEN TO PREVENT A FURTHER LOSS)

Incident Date	Details

ADDITIONAL DETAILS

Target Premium	£	Renewal / Expiring Terms
Notes		