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ASBESTOS SURVEYING AND LABORATORY SERVICES SCHEME

6TH FLOOR ONE AMERICA SQUARE 17 CROSSWALL LONDON EC3N 2LB
TELEPHONE 020 7977 4800 | WWW.LONDONMARKETBROKING.CO.UK

PROPOSAL FORM





PROPOSAL FORM

PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. **NOTE** only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)

2. Address 1

3. Address 2

4. Town

5. County

6. Postcode

7. Does the business have an ERN exemption? Yes No 8. If "No" provide ERN

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

9. Full business description (if you have a brochure or company literature, please attach them to this form)

CURRENT INSURANCE ARRANGEMENTS

10. Insurer

11. Broker

12. Premium

13. Renewal date

14. Date commenced trading

15. Is the business VAT registered? Yes No

16. Please give details of any professional or trade associations you are affiliated to

17. Has any part of the current or any historic policy been written on a claims made basis? If so please give details including retroactive dates



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BUSINESS DETAILS

18. State total number of staff & work force (including directors & principals)
19. Schedule of employees. Give total estimate wages and/or salaries in each category for the forthcoming year
- 19.1 Clerical £
- 19.2 Own wages – split as follows:
- a. Full annual wages of asbestos surveyors £
 - b. Full annual wages of asbestos analysts £
 - c. All other non clerical wages
 - i. £
 - ii. £
 - iii. £
- 19.3 Payments to labour only sub contractors – split as follows:
- a. Payments for asbestos surveyors £
 - b. Payments for asbestos analysts £
 - c. All other payments
 - i. £
 - ii. £
 - iii. £
- 19.4 Payments to bona fide sub contractors – excluding asbestos removal £
- 19.5 Payments to bona fide sub contractors – asbestos removal £
- If asbestos removal please provide the names of the contractors and details of their current insurance arrangements

20. State estimated and actual contracting turnover for the following periods:
- a. Next 12 months £
 - b. Last 12 months £
 - c. Penultimate 12 months £
21. State approximate percentage of work carried out in each sector:
- a. Asbestos management surveys %
 - b. Asbestos refurbishments and demolition surveys %
 - c. Other %

22. State amount of indemnity required for Public and Products liability
- £2,000,000 £5,000,000 £10,000,000 Any other limit £

23. Have you or do you anticipate working outside the UK? If “Yes” please give full details on the ‘Additional Information’ sheet Yes No
24. Are you UKAS accredited? Yes No
25. Do you have Professional Indemnity insurance coverage in force? Yes No
- If “Yes” please complete the following:
- a. Name of insurer(s):
 - b. Renewal date:
 - c. Limit of indemnity:
 - d. Excess:



PROPOSAL FORM

GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a. | Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms? | Yes | No |
| b. | Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| c. | Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. | Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? | Yes | No |
| e. | Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? | Yes | No |
| f. | Have any of you committed any offence to which you have admitted and for which you have received an official police caution? | Yes | No |

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

CLAIMS HISTORY

In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years? Yes No

If the answer is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

DECLARATION

I/We declare that to the best of my/our knowledge and belief the answers and particulars given on the proposal form are true and complete, and that I/we have not withheld any material information. I/we understand that failure to disclose such information may result in claims not being met.

I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance. A Material Fact is one which an insurer would regard as likely to influence their assessment and acceptance of this insurance. **If you are unsure what to disclose, you should contact your adviser immediately.**

I/We understand that this proposal form, together with any other information supplied, shall form the basis of the contract of insurance.

Signature

Please print name

Date

Position



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