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HAZARDOUS GOODS COMMERCIAL COMBINED

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PROPOSAL FORM



PROPOSAL FORM

DUTY OF FAIR PRESENTATION

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016



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PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. 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. Has the business changed name in the last 5 years? If "Yes" provide FULL details of all previous names below Yes No
19. Risk address (PLEASE NOTE A SEPARATE PROPOSAL FORM MUST BE COMPLETED FOR EACH RISK LOCATION TO BE COVERED)
20. Address 1
21. Address 2
22. Town 23. County 24. Postcode

PROCESS HAZARDS (TO BE COMPLETED IN ALL CASES)

- 25 a. Do you store any Hazardous Substances in accordance with the SCHEDULE 1 Hazardous Substances and Controlled Quantities - Part 2 - Named Hazardous Substances of The Planning (Hazardous Substances) Regulations 2015
http://www.legislation.gov.uk/uksi/2015/627/pdfs/uksi_20150627_en.pdf Yes No
- b. Do you store any Named Hazardous Substances in excess of the Controlled Quantities specified in the The Planning (Hazardous Substances) Regulations 2015
http://www.legislation.gov.uk/uksi/2015/627/pdfs/uksi_20150627_en.pdf Yes No
If "YES" provide details below
26. Do you store any chemicals:
- a. Over their boiling point Yes No
- b. In pressurised tanks Yes No
- c. In heated environment Yes No
27. Do you manufacture or blend any chemicals Yes No
If "Yes"
- a. Please detail processes undertaken in respect to chemical blending/manufacture
- b. Do you use heat in the above process Yes No
28. Is your site subject to the Control of Major Accident Hazard Regulations 1999? Yes No
If Yes, is it a lower tier or top tier site? Lower Tier Top Tier
29. Do the chemicals you store have the potential for a vapour cloud explosion? Yes No



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43. Are you the owner of the premises at the risk address? Yes No
If "No" state the landlord below
44. Is the premises in a good state of repair and is all plant and machinery in good order? Yes No
45. Is the premises detached and separated from any adjoining premises? Yes No
46. Are you the sole occupier or tenant of the buildings at the premises? Yes No
If "No" provide full details below of the other occupants
- | | | |
|------------------|-------|--|
| Other occupant 1 | Trade | |
| Other occupant 2 | Trade | |
| Other occupant 3 | Trade | |
47. If the premises is let to a tenant, is a tenancy agreement in force? Yes No
48. Is there a recorded Portable Appliance Testing (PAT) protocol in force? Yes No
49. Is your plant and machinery maintained in accordance with manufacturer's guidelines? Yes No
If "No" provide details below

50. Is your plant and machinery maintained under an annual maintenance contract and formal maintenance record? Yes No
51. Are formal maintenance records kept? Yes No

FIRE AND FLOOD ASSESSMENT

52. Has a fire risk assessment been carried out by a competent person within the last 12 months with all actions completed? Yes No
If "No" please explain below why not
53. Are suitable fire extinguishers on site? Yes No
54. Are all fire extinguishers &/or hose reels maintained and will they continue to be so? Yes No
55. What is the approximate distance from the premises to the nearest fire water hydrant? Distance (m)
56. Where is the nearest fire brigade station? How far away is it?
57. Is the premises sprinklered? Yes No If "Yes" what edition?
58. Are smoke detectors fitted in and/or to the premises? Yes No
59. Are the buildings fitted with fire detection or fire alarms systems? Yes No
If "Yes" in respect of **each** building referenced in your site plan Q 40.b. provide a **full description** below of the fire detection and fire alarm systems including name of installer and their trade association/membership (i.e. BAFE SP203 or LPS 1014)



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60. Confirm:

a. the type of signalling of the fire detection & alarm system

Audible only Digital communicator (Digicom) RedCare Dualcom Other – (e.g. Emizon)

b. detail below the ARC response protocol (not applicable to audible only) i.e. key holder or Fire & Rescue Service (FRS) or other

61. Is the fire alarm maintained by an LPS 1014 or BAFE SP203 approved company or otherwise in accordance with BS5839 Part 1 2002?

Yes No

62. Do you have a current Institute of Electrical Engineers Certificate?

Yes No

What date were the electrics last checked?

63. Is the property and other property in the area free from flooding?

Yes No

If "No" provide full details below

64. What is the distance from the nearest river, stream, reservoir or lake to the property to be insured?

SECURITY ARRANGEMENTS

65. Is there an intruder alarm at the premises?

Yes No

If "Yes" in respect of **each** building referenced in your site plan Q 40. b. provide a **full description** of the intruder alarm systems installed



PROPOSAL FORM

66. Confirm name of installer Registered NSI SSAIB
67. a. Confirm the type of signalling on the intruder alarm and attach a copy of the installers specification Attached
- Audible only Digital communicator (Digicom) RedCare Dualcom Other – (e.g. Emizon)
- b. What is the police level response? Level 1 Level 2 (Scotland only) Level 3
- c. Have there been any false alarms in the last twelve months? Yes No
If "Yes" provide details below
68. Is the intruder alarm maintained under a contract with the installer and will the contract remain in force during the term of this insurance? Yes No
69. Is the premises fitted with Closed Circuit Television? Yes No Monitored Recorded Loudspeakers
70. Is the premises guarded when unoccupied? Yes No
If "No" provide details below of security out of hours
71. Is the premises completely enclosed by fencing and is the entry controlled by gates? Yes No
If "No" provide details below of the access controls
72. Are five lever mortice deadlocks or their equivalent fitted to all external doors? Yes No
If "No" provide details below of locks present



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73. Is property (other than static fuel tanks) stored in the open. Yes No
If "Yes" provide details below of locks present

74. Is property stored in the open kept in a securely locked yard or compound Yes No

BUSINESS INTERRUPTION

75. Is cover required? Yes No

76. Do you have a Business Continuity Plan / Disaster Recovery Plan which is regularly updated and tested? Yes No

77. Standard cover includes extensions for interruption or interference with your business as a result of prevention of access to your premises, failure of utilities to the premises or damage at unspecified customers' or suppliers' premises. There are certain additional Optional Extensions as set out below.

- | | | | | |
|-----------------------------|----------|-----|----|----------------------------|
| a. Contract Sites in the UK | Required | Yes | No | GBP |
| b. Specified Customers | Required | Yes | No | Please give details below. |

| | |
|-------------------|--------|
| Names & Addresses | Limits |
| | GBP |
| | GBP |
| | GBP |
| | GBP |

- | | | | | |
|------------------------|----------|-----|----|----------------------------|
| c. Specified Suppliers | Required | Yes | No | Please give details below. |
|------------------------|----------|-----|----|----------------------------|

| | |
|-------------------|--------|
| Names & Addresses | Limits |
| | GBP |
| | GBP |
| | GBP |
| | GBP |

- | | | | | |
|----------------------|----------|-----|----|-----|
| d. Transit within UK | Required | Yes | No | GBP |
|----------------------|----------|-----|----|-----|

TERRORISM

78. Is cover required? Yes No

MONEY

79. Is cover required? Yes No

80. Are all safes locked and the keys to such safes removed from the premises outside business hours? Yes No
THIS IS A POLICY CONDITION UNLESS THE CIRCUMSTANCES BELOW APPLY.

- | | | | | |
|--|--|--|--|---|
| a. The premises are occupied out of business hours by you or an authorised employee and the safes are locked with the keys kept in a secure place not in the vicinity of the safes. | | | | |
| b. The safes containing money are locked and the keys to these safes are locked in a separate safe or strongroom, the keys to which are removed from the premises out of business hours. | | | | Yes No |

81. What is the estimated annual amount of Money in transit carried by your own employees? GBP



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82. What is the estimated annual amount of Money in transit in the custody of a security company? GBP

Note – "Money" means all money excluding National Insurance Cards, crossed cheques, crossed bankers drafts, crossed warrants, National Savings certificates, premium savings bonds, franking machine impressions, credit company sales vouchers and VAT invoices.

TRADE ALL RISKS

83. Is cover required? Yes No
(Cover can be provided for specific items at your premises only or outside your premises either restricted to the UK, EU or anywhere in the world. Under the Sum Insured section please indicate which is required.)

GOODS IN TRANSIT

84. Is cover required? Yes No
85. Do you obtain written references and confirm them with previous employers for all drivers? Yes No
86. Are your own vehicles fitted with alarms and/or immobilisers? Yes No
87. What is the estimated annual value of goods in transit carried in your own vehicles? GBP
88. What is the estimated annual amount of goods in transit by hauliers? GBP

COMPUTER BREAKDOWN

89. Is cover required? Yes No
90. Is all computer equipment subject to a maintenance contract with a competent computer maintenance firm, affording free parts and labour for repairs necessitated by breakdown arising from wear and tear or the fault of the maintenance firm? Yes No
THIS IS A POLICY CONDITION except where computer equipment is the subject of a guarantee by the manufacturer or supplier under which equivalent services are provided.

SUMS INSURED

91. **Material damage** Sum insured
Buildings (standard construction) GBP
(Standard construction means constructed of brick, stone, concrete or other non combustible materials and roofed with slate, tiles, concrete or other non combustible materials.)
Buildings (non-standard construction), outbuildings and portable / modular buildings GBP
Tenants improvements GBP
Loss of rent payable indemnity period 12 18 24 other GBP
Glass (note - standard policy limit is GBP 10,000. If this is in sufficient, please state required sum insured) GBP

| | In secure building | In unsecure building | In the open |
|---|--------------------|----------------------|-------------|
| Machinery and plant | GBP | GBP | GBP |
| General fixtures, fittings and all other contents | GBP | GBP | GBP |
| Stock in trade | GBP | GBP | GBP |
| Stock of non-ferrous metals | GBP | GBP | GBP |
| Fuel tanks including contents of fuel, diesel and oil | GBP | GBP | GBP |
| Customers goods and goods held in trust | GBP | GBP | GBP |
| Electrical office equipment (including computers) | GBP | GBP | GBP |
| Other | GBP | GBP | GBP |
| Other | GBP | GBP | GBP |



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92. Business Interruption

| | | | | | |
|----------------------------------|----|----|----|-------|-----|
| Estimated Gross Profit / Revenue | 12 | 18 | 24 | other | GBP |
| Additional cost of working | 12 | 18 | 24 | other | GBP |
| Rent receivable | 12 | 18 | 24 | other | GBP |
| Research expenditure | 12 | 18 | 24 | other | GBP |
| Book debts | 12 | 18 | 24 | other | GBP |

93. Money and Personal Accident / Assault (Note - if stipulated standard limits are insufficient, please state alternative required limit)

| | |
|--|-----|
| Non-negotiable money | GBP |
| Negotiable money contained in a locked safe or strongroom in the Insured's premises when closed for business | GBP |
| Negotiable money not contained in a locked safe or strongroom in the Insured's premises when closed for business | GBP |
| Negotiable money in private residence of directors / employees | GBP |
| Negotiable money in the Insured's premises during business hours | GBP |
| Negotiable money loss whilst in transit | GBP |

94. "All Risks" to Business Equipment

| | | | | |
|---------------|----|----|-----------|-----|
| Please define | UK | EU | Worldwide | GBP |
| Please define | UK | EU | Worldwide | GBP |

95. Goods in transit

| | |
|---|-----|
| Any one load by own vehicles | GBP |
| Any one consignment by carrier | GBP |
| Any one package (postal sending's only) | GBP |
| Any one location | GBP |

96. Computer All Risks

| | |
|--|-----|
| Computer equipment at the premises (including ancillary equipment and blank media) | GBP |
| Portable computer equipment | GBP |
| Increase Cost of Working / Reinstatement of Data | GBP |

GENERAL LIABILITY

| | | | | |
|---|-----|-----------------------|-----------------------|--------------------|
| 97. Employers Liability | Yes | No | Limit of indemnity | GBP |
| 98. Public & Products Liability | Yes | No | Limit of indemnity | GBP |
| 99. Is any section of your current policy underwritten on a Claims Made Basis. | | | | Yes No |
| If "Yes", please detail policy section | | | Retro active date | |
| 100. Total turnover for the company | | Next 12 months | Last 12 months | Penultimate |
| | GBP | GBP | GBP | |
| 101. Total Number of Employees / Directors (excluding Proprietor / Partners) including Labour only sub contractors (maximum any one time) | | | | |
| 102. Do you require contingent cover for bona fide sub-contractors (BFSC)? (No EL cover available) | | | | Yes No |
| a. Annual payments to BFSC | | | £ | |
| b. If BFSC are used, do you have a formal system to check the adequacy of their insurance? | | | | Yes No |



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c. Please confirm below what activities are undertaken

103. Do you discharge any hazardous waste products (e.g. chemicals, gases, radioactive substances, dust, fumes or vapours) into the atmosphere, sewers, waterways or elsewhere. If Yes, please give details of (a) storage / disposal methods, (b) treatment of waste (c) disposal licence held (d) landfill sites

Yes No

104. Do you carry out any work in confined spaces

Yes No

105. If work is carried out in confined spaces, is breathing apparatus used

Yes No

106. If breathing apparatus is used, has appropriate training been undertaken by all employees involved.
If "Yes", detail below who provides the training i.e. third party training company / dedicated in-house trainer

Yes No

107. Do you manufacture or blend any chemicals?
If "Yes", you should have completed Q28 in 'Process Hazards' section

Yes No

Questions 109 to 111: if the answer is "Yes" to any part of these questions please confirm the percentage of turnover in the corresponding box.

108. Do or will you or your sub-contractors work at any of the following locations:

| | | | |
|---|-----|----|---|
| a. Airports, airside, on or in the vicinity of, any aircraft? | Yes | No | % |
| b. Railway or railway installation for conveyance of goods or people including any leisure, amusement or funicular railway? | Yes | No | % |
| c. Nuclear installations or with radioactive substances or other sources of ionising radiation? | Yes | No | % |
| d. Offshore rig, platform or structure? | Yes | No | % |
| e. Outside of the UK? | Yes | No | % |

If the answer is "Yes" to any of the above questions provide full details below. Please use the 'Additional information' sheet if necessary

109. Do you or your sub-contractors use any of the following in connection with your business:

| | | | |
|---|-----|----|---|
| a. Lifts, cranes, hoists or other lifting apparatus? | Yes | No | % |
| b. Blow lamps, blow torches, electric oxy-acetylene or other burning, welding or cutting equipment, or any process involving the application of heat other than electrically powered soldering irons: | | | |
| i. At your premises? | Yes | No | % |
| ii. Away from your premises? | Yes | No | % |



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If the answer is "Yes" to any of the above questions provide full details below. Please use the 'Additional information' sheet if necessary

| | | | |
|---|-----|-----|----|
| 110. Do or will you or your sub-contractors undertake any of the following: | | | |
| a. Work at a height exceeding 15 metres? | Yes | No | % |
| If "Yes" please confirm: | | | |
| i. Maximum height worked | | | m |
| ii. Whether business operations include the erection/operation of scaffolding, mobile towers, hydraulic access platforms or similar | | Yes | No |
| b. Work at a depth exceeding 3 metres? | Yes | No | % |
| If "Yes" please confirm the maximum depth worked | | | m |
| c. Work on mechanically propelled vehicles or trailers? | Yes | No | % |
| If "Yes" please provide full details below | | | |
| d. Use a process involving noise level in excess of 90dB? | Yes | No | % |

HEALTH AND SAFETY

| | | |
|--|-----|----|
| 111. Please specify any accreditations you hold (e.g. ISO 9000 series) | | |
| 112. Do you have a written health and safety policy? | Yes | No |
| If "Yes" please confirm: | | |
| a. The year that it was originally prepared | | |
| b. The date of the last review | | |
| 113. Who is responsible for health and safety within your company? | | |
| a. Name of director/employee | | |
| b. Position within the company | | |
| c. Formal health and safety training qualifications | | |
| 114. Do you engage an external organisation for advice/audit of your health and safety policy systems? | Yes | No |
| If "Yes" provide details below | | |
| 115. Have you carried out formal risk assessments, documented with relevant safe systems of work? | Yes | No |
| 116. Do you have a formal plan for review of risk assessments? | Yes | No |
| 117. Do you have a formal safety-training plan for employees? | Yes | No |
| 118. Do you have a formal plan for the provision of Personal Protective Equipment (PPE) (as required by the Personal Protective Equipment at Work Regulations 1992)? | Yes | No |
| 119. Do employees sign for PPE and are records kept? | Yes | No |
| 120. Is all equipment tested in accordance with current legislation? | Yes | No |



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| | | |
|---|-----|----|
| 121. Are COSHH (Control of Substances Hazardous to Health) assessments carried out | Yes | No |
| 122. Have you documented procedures for high risk activities? | Yes | No |
| 123. Do you operate a formal permit to work scheme for high risk activities? | Yes | No |
| 124. Do you have a documented fire emergency plan? | Yes | No |
| 125. Do you have a formal occupational health plan (noise assessments etc)? | Yes | No |
| 126. Do you have a formal documented accident investigation plan? | Yes | No |
| 127. Describe any other health and safety activity or any additional comment as necessary | | |

ESTIMATED WAGES AND TURNOVER AND BUSINESS ACTIVITIES

128. Please provide total estimated wages and turnover in each category applicable to your business for the forthcoming twelve months

| | Wages | Turnover |
|--|-------|----------|
| Directors, clerical staff, managerial and sales not engaged in manual work | GBP | |
| Proprietor / partners own drawings not engaged in manual work | GBP | |
| Proprietor / partners own drawings if engaged in manual work | GBP | |
| Supervisors wages | GBP | |
| Drivers (for all business activities specified below) | GBP | |
| Mechanics | GBP | |
| Warehouseman | GBP | |
| Fuel / chemical haulage | | GBP |
| Waste oil / liquids haulage | | GBP |
| General haulage | | GBP |
| Blending (please state type) | GBP | GBP |
| Tank manufacture | GBP | GBP |
| Tank installation - commercial | GBP | GBP |
| Tank installation - domestic | GBP | GBP |
| Tank cleaning (external) | GBP | GBP |
| Tank cleaning (internal) without air fed breathing apparatus | GBP | GBP |
| Tank cleaning (internal) with air fed breathing apparatus | GBP | GBP |
| Drain cleaning / environmental jetting - no repairs | GBP | GBP |
| Drain repairs | GBP | GBP |
| Industrial cleaning - less than 10,000 psi | GBP | GBP |
| Industrial cleaning - greater than 10,000 psi | GBP | GBP |
| LPG decanting | GBP | GBP |
| LPG sales - no decanting | | GBP |
| Lube blending | GBP | GBP |
| Petrol equipment installation / maintenance | GBP | GBP |
| Airside works | | GBP |
| Offshore works | GBP | GBP |
| All other | GBP | GBP |
| All other | GBP | GBP |



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

- | | | |
|--|-----|----|
| a. 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 |
| b. 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, have there been any incidents that could have given rise to a claim under any of the cover(s) requested within the last 5 years, for example a small fire? | Yes | No |

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

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

