

**BEECH UNDERWRITING**  
**COMBINED LIABILITY PROPOSAL FORM**

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**PROPOSER**

Full name of Insured including trading name and any subsidiary companies to be covered under this policy.

Address(s)

Telephone No.

Fax No.

Email

ERN (Employer's Reference Number):

*This must be provided if you have one. If in doubt, ask your accountant/book-keeper. Check PAYE records.*

Year Business Established (if new please provide details of Partners/Directors experience in this business).

Full Business Description (please provide full business activities and products information if applicable):

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**COVER REQUIRED**

*Below please provide limits sought/required and date cover would be required from*

Date Insurance to commence	12 months from			
Employers Liability	Limit of Indemnity	£ NOT INSURED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Liability	Limit of Indemnity	£ 2,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Products Liability	Limit of Indemnity	£ NOT INSURED	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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**GENERAL INFORMATION**

If your answer is 'Yes' to any of the following questions please provide full details using an additional sheet(s) of paper, signed and dated and attached to this proposal form, if necessary.

- a) Have any Insurers ever denied your proposal, cancelled or refused to renew your policy, or imposed special terms, conditions, inner limits or special excesses? Yes  No
- b) Have you ever been prosecuted under the Factories Act, Health and Safety at Work Act, the Consumer Protection Act, the Data Protection Act or any other Regulations? Yes  No
- c) Have you or any of your business Partners or Directors ever been convicted or charged (but not yet tried) with a criminal offence, other than a motoring offence? Yes  No

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**BUSINESS INFORMATION**

- a) Do your activities now or at any time in the past involve exposure to noise levels exceeding 85 decibels? Yes  No
- b) Do you work at height? If yes, please state to what maximum height limit (including use of cranes/hoists/platforms/slings/cradles/ropes etc.) Yes  No
- c) Do you carry out any excavation or work underground? If 'Yes', to what depth? Yes  No
- d) Do you use any form of heat work equipment or naked flame away from your own premises? Yes  No
- e) Do you ensure that sub contractors engaged by yourself have adequate liability insurances in force. Yes  No
- f) Have you directly or indirectly exported goods to North America in the last 5 years? Yes  No
- g) Have you supplied any goods or services for the nuclear, aerospace, marine or offshore industries? Yes  No
- h) Does your business involve any use of toxic and/or hazardous goods, materials, substances or waste? Yes  No
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**WAGES & TURNOVER ESTIMATES**

<u>Occupation/Trade</u>	<u>No. Of Employees</u>	<u>Annual Wages</u>
Clerical (non manual)		£
Manual (premises)		£
Manual (work away excluding use of heat)		£
Manual (work away including use of heat)		£
Wood Working Machinists		£
All Other Employees (please describe)		£
Labour only Sub Contractors (if not included above)		£
Bona Fide Sub Contractors		£

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<u>Area</u>	<u>Annual Turnover</u>
United Kingdom	£
European Union	£
North American	£
All Other	£

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**PREVIOUS LIABILITY INSURER**

Name	Policy No.	Expiry Date
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**CLAIMS – Minimum of last 5 years experience**

Date of Loss	Brief Description of Claim	Paid	Reserve

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**Important Notice - Information we need to know about**

The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable. The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable.

If you are in any doubt at all regarding any of the answers you have given, you should contact your insurance broker.

You must tell us as soon as you become aware of any changes to the information provided by you after you purchase your policy and during the period of your policy

**Duty of Fair Presentation**

You must make a fair presentation of the risk in a manner which would be reasonably clear and accessible before entering into this Policy including If You knew You did not provide a fair presentation of the risk or if You did not care whether You made a fair presentation of the risk We may avoid this Policy and retain all premiums and You shall reimburse Us in respect of all payments already made by Us In all other cases if You did not provide a fair presentation of the risk Our rights are set out below

1) if We would not have entered into this Policy if You had made a fair presentation of the risk We may avoid this Policy and return all premiums to You and You shall reimburse us in respect of all payments already made by Us

2) if We would have entered into this Policy but on different terms other than as to premium this Policy will be treated as if it had been entered into on those different terms

3) in addition if We would have entered into this Policy but would have charged a higher premium We may reduce proportionately the amount to be paid on any claim by reference to the calculation below in which "X" represents the percentage of the full value of the claim that We shall be required to pay

X = premium charged divided by the premium that would have been charged if You made a fair presentation of the risk all multiplied by 100

If you are in any doubt at all regarding any of the answers you have given, you should ask your broker

You must tell us within 14 days of you becoming aware if any of the information provided by you changes after you purchase your policy and during the period of your policy.

**DECLARATION** To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true. I understand that non-disclosure or misrepresentation of any of the answers given may entitle Underwriters to:

- cancel my policy and refuse to pay any claim, or
- not pay any claim in full, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

Signature of Proposer

Date

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